

**SAMPLE BENEFITS & FEES: (at schedule A participating providers)**

DESCRIPTION	UHP FEE (A) (You pay the dentist)	TYPICAL COST** (Average Dental Fee)	SAVINGS (Your Savings)	% of SAVINGS
Exam	No Charge***	\$70.00	\$70.00	100%
Full X-rays	No Charge***	\$95.00	\$95.00	100%
Total Check-up****	\$55.00	\$262.00	\$207.00	79%
Couple Savings	\$110.00	\$524.00	\$414.00	79%
Family Savings	\$220.00	\$1048.00	\$828.00	79%
Amalgam-Silver	\$45.00	\$109.00	\$64.00	59%
Resin-White	\$55.00	\$138.00	\$83.00	60%
Crown-High	\$480.00	\$916.00	\$436.00	48%
Crown-Base	\$425.00	\$850.00	\$425.00	50%
Root Canal	\$385.00	\$850.00	\$465.00	55%
Orthodontics	\$3000.00	\$5200.00	\$2200.00	42%

\*In many areas at select participating providers.

\*\*According to American Dental Association Survey Center, 2003 Survey of Dental Fees, 90th Percentile

\*\*\*In conjunction with paid **once** annual check-up prophylaxis (cleaning) provided by participating select general practitioners on fee schedule A. Exam and X-rays performed outside of the annual check-up are charged at 25% off dentist's usual and customary rates.

\*\*\*\*Total check includes a comprehensive oral exam, full series X-Rays and annual check-up prophylaxis (cleaning).

For additional fees, call customer service. All pricing subject to change without notice.