

SAMPLE BENEFITS & FEES: (at schedule E participating providers)

DESCRIPTION	UHP FEE (E) (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	\$53.00	\$109.00	\$56.00	52%
Resin-White	\$66.00	\$138.00	\$72.00	52%
Crown-High	\$555.00	\$916.00	\$361.00	39%
Crown-Base	\$510.00	\$850.00	\$340.00	40%
Root Canal	\$480.00	\$850.00	\$370.00	44%
Orthodontics	20% discount	\$5200.00	20%	20%

*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 E. 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)

All pricing subject to change without notice.