

Ameritas BrightOne Plans are available only to members of the Plan Services Association.

## WHAT KINDS OF SERVICES ARE COVERED?

- 1] **TYPE 1 CARE**
- Oral Exams
  - Prophylaxis (cleanings)
  - Fluoride treatments (for children under 19)
- 2] **TYPE 2 CARE**
- X-rays: full-mouth series, bitewings, occlusal, panoramic
  - Amalgams (fillings), space maintainers
  - Simple extractions
- 3] **TYPE 3 CARE**
- Endodontics (root canals)
  - Periodontics (gum disease)
  - Crowns, bridges, onlays, pontics, general anesthesia (if medically necessary)
  - Sedant

## EYE CARE

**BrightOne Access Plans provide optional access to the VSP Network to maximize cost savings. By going to a VSP member doctor, each covered person receives:**

- 1] One eye exam per calendar year covered in full
- 2] 20% off the cost of lenses and frames when a complete pair of prescription glasses is purchased
- 3] 15% discount on contact lens fitting and evaluation) when purchasing contacts
- 4] No up front paperwork
- 5] Savings averaging 15% off contracted laser centers' prices for laser vision correction surgery or an additional 5% off the centers' promotional price.

Insureds also have the option of choosing their own eye care provider. Benefits for service from a non-VSP provider are paid on a scheduled amount per area.

For additional information about eye care benefits, including a list of network doctors, call VSP Customer Service at 1-800-877-7195 or visit them online at [www.usp.com](http://www.usp.com).

## WHAT ALLOWANCES IMPACT MY PLAN?

**WISE BUYER** (Traditional Plan)

Reimbursements are based on the median dental fees charged per procedure in the specific zip code area where dental services were performed.

**USC 90TH PERCENTILE** (Progressive Plan and Access Plan Out-of-Network)

Usual and Customary (U&C) - Benefits for a given dental procedure are paid according to the usual and customary charge for that procedure within a particular ZIP code area. BrightOne Plans utilize the 90th percentile of U&C, which means that 9 out of 10 dentists in a specific area charge at or below the plan allowance for a procedure.

**MAC** (Access Plan In-Network)

Maximum Allowable Charge (MAC) - A discounted dental procedure charge that is derived from the array of provider charges within a particular ZIP code area. MAC fees are associated with a PPO plan and are accepted by participating providers.

For more information visit us at [www.healthplan.com](http://www.healthplan.com)

Marketed and Administered by:

**PLAN SERVICES**  
A Division of Ameritas

HealthPlan Services HealthPlan Services is a leading managed health care services company, providing distribution, enrollment, billing and collection, claims administration, and risk management services for health care payors and providers. H&S customers include insurance companies, HMOs and other managed care organizations, and organizations with self-funded health care plans. Based in Tampa, Florida, the company serves over 100,000 businesses, covering over 1.6 million members in the United States.

Insured by:



The Dental and Eye Care Experts

A Division of Ameritas Life Insurance Corp.

AN AMERITAS ACACIA COMPANY

division of Ameritas Life Insurance Corp., which consistently earns high ratings for financial strength and stability from independent insurance industry analysts.

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**BRIG<sup>SM</sup>HT**  
**ONE PLANS**  
one life dental insurance



It's smart to put your money  
where your mouth is.

FOR INDIVIDUALS, FAMILIES AND SOLE PROPRIETORS

COVERAGE OF TYPE 1, TYPE 2 AND TYPE 3 SERVICES

FREEDOM TO USE ANY DENTIST

CHOICE OF PLANS

EASY BILLING

ADULT AND CHILD ORTHODONTIA AVAILABLE

# A Single-Minded Focus on your HEALTH and WELL-BEING.



According to The American Dental Hygienists' Association, every \$1 spent on prevention in oral health care saves \$8 to \$50 on restorative and emergency procedures. That's one reason why BrightOne Plans pay 100% of the amount allowed for preventive care, and offer comprehensive benefits for you and your family, at reasonable rates. Because you can't really put a price tag on good health... and a beautiful smile.



## TRADITIONAL PLAN

This comprehensive coverage gives you the freedom to use any dentist you wish, and pays 100% of the amount allowed for Type 1 care after a short elimination period. The plan features high coinsurance levels, low deductibles and a choice of calendar year maximums.

## PROGRESSIVE PLAN

Visiting a dentist (PPO & non-PPO) and having a covered procedure completed each year qualifies the insured to increase their coinsurance level the next year. Insureds who do not receive a covered procedure in a calendar year revert to the lowest level. You may use the dentist of your choice, and select your calendar year maximum. Orthodontia benefits for adults and children are included after a 12-month elimination period.

## ACCESS PLAN not available in all states\*

This plan provides the opportunity to reduce your out-of-pocket costs by using an in-network provider, yet you are always free to select a dentist not associated with the Ameritas PPO. The plan also covers a yearly eye exam. Select a Vision Service Plan (VSP) participating provider for an eye exam covered at 100% and access to additional discounts. Insureds also have the option of choosing a non-VSP provider. (Benefits are paid on a scheduled amount per area).

<b>TYPE 1 CARE (Preventive)</b>	100% 3-month elimination period
<b>TYPE 2 CARE (Basic)</b>	80% 6-month elimination period
<b>TYPE 3 CARE (Major)</b>	50% 12-month elimination period
<b>CALENDAR YEAR DEDUCTIBLES</b> <small>per person</small>	\$0 for Type 1 \$50 for Type 2 and Type 3
<b>CALENDAR YEAR MAXIMUMS</b> <small>per person</small>	\$750 or \$1000
<b>ORTHODONTIA</b>	NOT COVERED
<b>EYE CARE EXAMS</b>	NOT AVAILABLE
<b>CLAIM ALLOWANCE</b>	<b>WISE BUYER</b> claim allowance is based on the median dental fees charged per procedure in the specific zip code area where dental services were performed.

100% No elimination period	12-month elimination period
60% — 70% — 80%	6-month elimination period
30% — 40% — 50%	12-month elimination period
\$0 for Type 1 \$25 for Type 2 \$100 Lifetime for Type 3	
\$750 or \$1000	
NO DEDUCTIBLE \$600 lifetime maximum \$200 maximum per calendar year	12-month elimination period
NOT AVAILABLE	
<b>USUAL AND CUSTOMARY (UCC)</b> - Benefits for a given dental procedure are paid according to the usual and customary charge for that procedure within a particular ZIP code area. This plan utilizes the 90th percentile of UCC, which means that 9 out of 10 dentists in a specific area charge at or below the plan allowance for a procedure.	

<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>
100% 3-month elimination period	80% 3-month elimination period
80% 6-month elimination period	60% 6-month elimination period
50% 18-month elimination period	40% 18-month elimination period
\$0 for Type 1 \$5 per visit Type 2 & Type 3	\$0 for Type 1 \$50 Type 2 & Type 3
\$1000 or \$1500	\$1000 or \$1500
NOT COVERED	NOT COVERED
INCLUDED 3-month elimination period	INCLUDED 3-month elimination period
<b>MAXIMUM ALLOWABLE CHARGE (MAC)</b> - A discounted dental procedure charge that is derived from the array of provider charges within a particular ZIP code area. MAC fees are associated with a PPO plan and are accepted by participating providers.	<b>USUAL AND CUSTOMARY (UCC)</b> - Benefits for a given dental procedure are paid according to the usual and customary charge for that procedure within a particular ZIP code area. This plan utilizes the 90th percentile of UCC, which means that 9 out of 10 dentists in a specific area charge at or below the plan allowance for a procedure.

## LIMITATIONS & EXCLUSIONS

- Ameritas BrightOne Plans coverage does not provide benefits for:
- For Type 1 procedures, in the first three months that the insured is covered under this section for Traditional and Access Plans.
  - For Type 2 procedures, in the first six months that the insured is covered under this section.
  - For Type 3 procedures, in the first 12 months that the insured is covered under this section for Traditional and Progressive Plans, and in the first 18 months for Access Plans.
  - For any treatment which is for cosmetic purposes. Facings on crowns or pontics beyond the second bicuspid are considered cosmetic.
  - To replace any prosthetic appliance, crown, onlay restoration, or fixed partial denture within five years of the date of the last placement of these items. But if a replacement is required because of an accidental bodily injury sustained while the insured person is covered under this section, it will be a covered expense.
  - For initial placement of any prosthetic appliance or fixed partial denture unless such placement is needed because of the extraction of one or more teeth while the insured person is covered under this section. But the extraction of a third molar (wisdom tooth) will not qualify under the above.
  - Any such appliance or fixed partial denture must include the replacement of the extracted tooth or teeth.
  - For any procedure begun before the insured person was covered under this section.
  - For any procedure begun after the insured's insurance under this section terminates; or for any prosthetic dental appliances installed or delivered more than 90 days after the insured's insurance under this section terminates.
  - To replace lost or stolen appliances.
  - For appliances, restorations, or procedures to:
    - alter vertical dimension;
    - restore or maintain occlusion; or
    - splint or replace tooth structure lost as a result of abrasion or attrition.

## ORTHODONTIA LIMITATIONS

Covered Expenses will not include and benefits will not be payable for expenses incurred:

- For a Program which was begun before the insured became covered under this section.
- Before the insured has been insured under this section for at least 12 consecutive months.
- In any quarter of a Program if the insured was not covered under this section for the entire quarter.
- After the insured's insurance under this section terminates.
- For which the insured is entitled to benefits under any workers' compensation or similar law, or charges for services or supplies received as a result of any dental condition caused or contributed to by an injury or sickness arising out of or in the course of any employment for wage or profit.
- For charges for which the insured person is not liable or which would not have been made had no insurance been in force.
- For necessary care and treatment or parameters of care.
- Because of war or any act of war, declared or not.

## ELIGIBILITY

**APPLICANT** Any member of the Plan Services Association  
**DEPENDENT** Any dependent who is a spouse, or an unmarried child under age 19, or under age 25 for unmarried, full-time students dependent on the applicant for support. (The limiting age for dependent children may vary by state.)

To find provider in your area, visit <http://www.ameritasgroup.com/provider>

This brochure highlights the features of our BrightOne Plans. A complete description is the Certificate of Insurance issued to each insured member of the Plan Services Association.

All benefits are subject to provisions in group policy form 9000 issued to the Plan Services Association.

**HEALTHPLAN SERVICES PSA MEMBERSHIP ENROLLMENT FORM (IF NOT ALREADY A MEMBER).**

I hereby apply for full associate membership in the Plan Services Association (PSA). Upon completion of this enrollment form and payment of initial dues (\$2 monthly), I understand that: (a) I will be entitled to PSA's benefits; (b) these benefits may change from time to time; (c) my membership will become effective on the day this Enrollment Form is dated and signed; (d) I am eligible to apply for Association Group dental insurance; and (e) I authorize the release of my name and address listed on this application to PSA.

**X**

REQUIRED MEMBER'S SIGNATURE TITLE DATE

If you wish to apply for association group dental insurance, please complete the application below.

**AMERITAS BRIGHTONE<sup>SM</sup> PLANS MEMBER APPLICATION**

Insured by Ameritas Life Insurance Corp.

**SECTION ONE — APPLICANT INFORMATION**

MARRIED  DIVORCED  SINGLE  WIDOWED  MALE  FEMALE  
 NAME OF PRIMARY APPLICANT (LAST, FIRST, MI) MARITAL STATUS SOCIAL SECURITY NUMBER DOB GENDER  
 PRIMARY APPLICANTS ADDRESS (P.O. BOXES ARE NOT ACCEPTED) CITY STATE ZIP  
 ( ) ( )  
 PHONE NUMBERS HOME WORK E-MAIL ADDRESS  
 BILLING ADDRESS (IF DIFFERENT FROM ABOVE) CITY STATE ZIP  
**DEPENDENT COVERAGE:** (check one)  APPLICANT ONLY  APPLICANT PLUS ONE DEPENDENT  SPOUSE OR  CHILD  APPLICANT PLUS TWO OR MORE DEPENDENTS  SPOUSE AND/OR  CHILDREN HOW MANY \_\_\_\_\_

**SECTION TWO — COVERAGE INFORMATION**

**REQUESTED EFFECTIVE DATE:** MONTH \_\_\_\_\_ YEAR \_\_\_\_\_ (NOTE: PLAN EFFECTIVE DATE IS ALWAYS FIRST OF THE MONTH AND SUBJECT TO WRITTEN APPROVAL.)  
**SELECT PLAN DESIGN (CHOOSE ONE OF THE THREE PLANS):**  **TRADITIONAL**  \$750 ANNUAL MAXIMUM  \$1000 ANNUAL MAXIMUM  
 **PROGRESSIVE**  \$750 ANNUAL MAXIMUM  \$1000 ANNUAL MAXIMUM  
 **ACCESS**  \$1000 ANNUAL MAXIMUM  \$1500 ANNUAL MAXIMUM

**SECTION THREE — BILLING INFORMATION**

**PAYMENT METHOD (PRODUCER PAYMENTS ARE NOT ACCEPTED)**  
 **MONTHLY EZ PAY** One month premium required (no charge)  
 **MONTHLY DIRECT BILLING OPTION** One month premium required (\$8 monthly administration fee)  
 **QUARTERLY DIRECT BILLING OPTION** Three months premium required (\$8 quarterly administration fee)  
 MONTHLY BASE PREMIUM \$ \_\_\_\_\_  
 TREND FACTOR x \_\_\_\_\_  
 MONTHLY PAYMENT = \$ \_\_\_\_\_ OR QUARTERLY PAYMENT (MONTHLY X 3) = \$ \_\_\_\_\_  
 MONTHLY ADMIN. FEE + \$ \_\_\_\_\_ QUARTERLY ADMIN. FEE + \$ \_\_\_\_\_  
 PSA MONTHLY DUES + \$ **2.00** PSA QUARTERLY DUES + \$ **6.00**  
 PAYMENT WITH APPLICATION = \$ \_\_\_\_\_ PAYMENT WITH APPLICATION = \$ \_\_\_\_\_

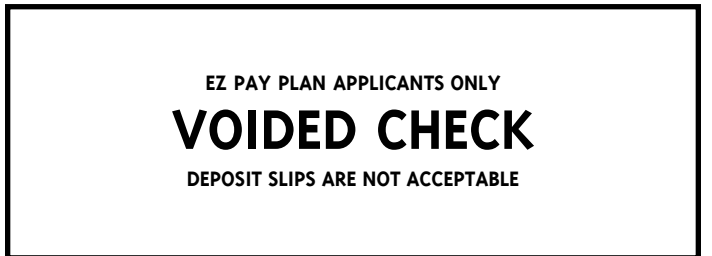
**EZ PAY AGREEMENT**

**X**  
 PAYOR NAME OR DEPOSITOR IF DIFFERENT RELATIONSHIP TO APPLICANT PRIMARY PAYOR SIGNATURE DATE  
 NAME OF FINANCIAL INSTITUTION CHECKING / SAVINGS ACCOUNT NUMBER

FINANCIAL INSTITUTION ADDRESS CITY STATE ZIP  
 SPECIFY TYPE OF ACCOUNT  CHECKING  SAVINGS **ABA 9 DIGIT ROUTING NUMBER (SEE BELOW OR PLEASE CALL YOUR FINANCIAL INSTITUTION FOR ASSISTANCE)**

Ameritas and/or HealthPlan Services, acting as Plan Administrator on behalf of Ameritas, is hereby authorized to present checks drawn on my checking or savings account on the first business day of each month, until this authorization is terminated. I understand that premiums already paid will be refunded to me if my Certificate is not issued. I further authorize the bank named to pay and charge to my account those payments that are drawn on my account by HealthPlan Services, and I agree that the bank named shall be fully protected in honoring any such payments. The bank's rights and treatment of each payment shall be the same as if it were signed by me. If any such payment is dishonored, whether with or without cause, I understand that the bank shall not be liable whatsoever, even though such dishonor results in a forfeiture of insurance. The authorizations above remain in effect until the bank is notified of termination by me in writing. To terminate coverage, I will also notify Ameritas and/or HealthPlan Services in writing.

Joe Smith 1117  
 123 Main Street  
 Anytown, IL 12345  
**ATTACH YOUR INITIAL CHECK OR MONEY ORDER FOR PREMIUM PAYMENT**  
 Date \_\_\_\_\_  
 Pay to the order of **PLAN SERVICES ASSOCIATION** \$ \_\_\_\_\_ Dollars  
 For \_\_\_\_\_ Dollars  
**ROUTING NUMBER**  
 ①23456789 1234567891011 1117



**SECTION FOUR — CONTRACT PLEASE SIGN**

In several states, we are required to advise you of the following: Any person who knowingly and with intent to defraud provides false, incomplete or misleading information in an application for insurance, or who knowingly presents a false or fraudulent claim for payment of a loss or benefit, is guilty of a crime and may be subject to fines and criminal penalties, including imprisonment. In addition, insurance benefits may be denied if false information provided by an applicant is materially related to a claim. Note for Florida Residents: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree. As a member, I hereby apply for insurance. These benefits were explained in the plan's solicitation materials which I have read and understand. I represent that the information I have provided is complete and accurate.

**X**  
 APPLICANT'S SIGNATURE DATE

**SECTION FIVE — PRODUCER INFORMATION**

NAME SOCIAL SECURITY NUMBER LICENSE NUMBER  
 AGENCY NAME (IF APPLICABLE) E-MAIL ADDRESS FOR GA'S USE  
 ( ) ( ) ( )  
 PHONE NUMBERS HOME WORK FAX  
 ADDRESS CITY STATE ZIP

ARE YOU LICENSED / APPOINTED WITH AMERITAS LIFE INSURANCE CORP.?  YES  NO SERVICE FEES PAYABLE TO (CHECK ONE)  INDIVIDUAL  FIRM  OTHER, PLEASE SPECIFY \_\_\_\_\_

I understand and agree that before I present this product to any client if I'm not already appointed with Ameritas, I must apply to and be appointed with Ameritas.

PRODUCER'S SIGNATURE DATE

## ZIP CODE & AREA CHART

<b>ARIZONA</b> 855-857, 859-860, 863-865 ..... AREA 3 850-853 ..... AREA 5	<b>DISTRICT OF COLUMBIA</b> 200, 202-205 ..... AREA 5	<b>KANSAS</b> 664-665, 667-671, 673-679 ..... AREA 2 660, 666, 672 ..... AREA 3 661-662 ..... AREA 4	630, 633, 640 ..... AREA 3 631, 641 ..... AREA 4
<b>CALIFORNIA</b> 932-933, 935, 937, 953 ..... AREA 6 919, 922, 930, 936, 939, 952, 955-956, 958 ..... AREA 7 910, 920-921, 923-925, 934, 957, 959-961 ..... AREA 8 917, 926-927, 931, 945-947, 954 ..... AREA 9 906-908, 911-912, 918, 928, 941, 943-944, 948, 950 ..... AREA A 900, 902, 904-905, 913, 915-916, 940, 942, 949, 951 ..... AREA B 901, 903, 914 ..... AREA C	<b>FLORIDA</b> 323-326, 340-341, 343-345 ..... AREA 2 320-321, 327-328, 336-339, 347 ..... AREA 3 322, 335, 342, 346 ..... AREA 4 329, 349 ..... AREA 5 334 ..... AREA 6 333 ..... AREA 7 330 ..... AREA 8 331-332 ..... AREA A	<b>KENTUCKY</b> 400-401, 403-404, 406-409, 412-418, 420-427 ..... AREA 2 402 ..... AREA 3 405, 410-411 ..... AREA 4	<b>NEBRASKA</b> 680-681, 683-684, 686-699 ..... AREA 1 685 ..... AREA 2
<b>COLORADO</b> 807 ..... AREA 4 804-806, 808, 810-816 ..... AREA 5 809 ..... AREA 6 800-803 ..... AREA 7	<b>ILLINOIS</b> 624, 628-629 ..... AREA 1 609-620, 622-623, 625-626, 627 ..... AREA 2 604-605 ..... AREA 5 601, 603 ..... AREA 6 600, 602, 606-607 ..... AREA 7	<b>MARYLAND</b> 206, 216-218 ..... AREA 3 210-211, 214 ..... AREA 5 212-213, 219 ..... AREA 6 207-209 ..... AREA 7	<b>NEW HAMPSHIRE</b> 030-038 ..... AREA 5
<b>CONNECTICUT</b> 063 ..... AREA 6 062, 067 ..... AREA 7 060-061, 064-066 ..... AREA 8 068-069 ..... AREA 9	<b>INDIANA</b> 471 ..... AREA 2 461, 463-464 ..... AREA 3 460, 462 ..... AREA 3	<b>MICHIGAN</b> 498-499 ..... AREA 2 495 ..... AREA 3 484, 486-488, 490-494, 496-497 ..... AREA 4 489 ..... AREA 5 485 ..... AREA 6 480-483 ..... AREA 7	<b>NEVADA</b> 890, 893, 898 ..... AREA 4 891 ..... AREA 5 894-895, 897 ..... AREA 7
<b>DELAWARE</b> 199 ..... AREA 4 197 ..... AREA 7 198 ..... AREA 8	<b>IOWA</b> 504-508, 510, 512-523, 525, 526 ..... AREA 1 500-502, 509, 511, 524, 527, 528 ..... AREA 2 503 ..... AREA 3	<b>MINNESOTA</b> 550, 553 ..... AREA 5 551, 554 ..... AREA 7	<b>NEW JERSEY</b> 081, 083 ..... AREA 5 080, 082, 084 ..... AREA 6 085-087 ..... AREA 7 072, 077-078 ..... AREA 8 071, 073-075, 088-089 ..... AREA 9 070, 076, 079 ..... AREA A
		<b>MISSOURI</b> 634-639, 644-648, 650-651, 653-658 ..... AREA 1 652 ..... AREA 2	<b>NEW MEXICO</b> 505-506, 508, 510, 512-513, 515-516, 518-519, 521-522, 524-525, 527-528, 530-531, 533-534, 536-537, 539-540, 542-543, 545-546, 548-549, 551-552, 554-555, 557-558, 560-561, 563-564, 566-567, 569-570, 572-573, 575-576, 578-579, 581-582, 584-585, 587-588, 590-591, 593-594, 596-597, 599-600, 602-603, 605-606, 608-609, 611-612, 614-615, 617-618, 620-621, 623-624, 626-627, 629-630, 632-633, 635-636, 638-639, 641-642, 644-645, 647-648, 650-651, 653-654, 656-657, 659-660, 662-663, 665-666, 668-669, 671-672, 674-675, 677-678, 680-681, 683-684, 686-687, 689-690, 692-693, 695-696, 698-699, 701-702, 704-705, 707-708, 710-711, 713-714, 716-717, 719-720, 722-723, 725-726, 728-729, 731-732, 734-735, 737-738, 740-741, 743-744, 746-747, 749-750, 752-753, 755-756, 758-759, 761-762, 764-765, 767-768, 770-771, 773-774, 776-777, 779-780, 782-783, 785-786, 788-789, 791-792, 794-795, 797-798, 800-801, 803-804, 806-807, 809-810, 812-813, 815-816, 818-819, 821-822, 824-825, 827-828, 830-831, 833-834, 836-837, 839-840, 842-843, 845-846, 848-849, 851-852, 854-855, 857-858, 860-861, 863-864, 866-867, 869-870, 872-873, 875-876, 878-879, 881-882, 884-885, 887-888, 890-891, 893-894, 896-897, 899-900, 902-903, 905-906, 908-909, 911-912, 914-915, 917-918, 920-921, 923-924, 926-927, 929-930, 932-933, 935-936, 938-939, 941-942, 944-945, 947-948, 950-951, 953-954, 956-957, 959-960, 962-963, 965-966, 968-969, 971-972, 974-975, 977-978, 980-981, 983-984, 986-987, 989-990, 992-993, 995-996, 998-999

## MONTHLY PREMIUM CHART

TRADITIONAL PLAN \$1000 ANNUAL MAXIMUM				\$750 ANNUAL MAXIMUM		
AREA	SINGLE	SINGLE +1	FAMILY	SINGLE	SINGLE +1	FAMILY
1	27.30	54.70	82.00	25.50	50.90	76.40
2	29.40	58.70	88.10	27.30	54.70	82.00
3	31.90	63.80	95.70	29.60	59.20	88.90
4	34.20	68.40	102.50	31.80	63.50	95.30
5	36.70	73.50	110.20	34.20	68.40	102.50
6	39.70	79.40	119.00	36.90	73.70	110.60
7	42.80	85.50	128.30	39.80	79.60	119.40
8	46.00	92.00	137.90	42.80	85.50	128.30
9	48.70	97.30	146.00	45.30	90.60	135.90
A	51.50	102.90	154.40	47.90	95.70	143.60
B	54.80	109.60	164.50	50.90	101.90	152.80
C	61.30	122.50	183.80	57.00	113.90	170.90

ACCESS PLAN \$1000 ANNUAL MAXIMUM				\$1500 ANNUAL MAXIMUM		
AREA	SINGLE	SINGLE +1	FAMILY	SINGLE	SINGLE +1	FAMILY
1	22.40	44.80	67.20	25.30	50.70	76.00
2	24.00	48.00	72.00	27.10	54.20	81.20
3	26.10	52.30	78.40	29.50	59.00	88.50
4	28.00	56.00	84.00	31.60	63.30	94.90
5	30.00	60.10	90.10	33.90	67.80	101.70
6	32.60	65.10	97.70	36.90	73.70	110.60
7	35.10	70.20	105.40	39.70	79.40	119.00
8	37.80	75.60	113.40	42.80	85.50	128.30
9	39.80	79.60	119.40	45.00	90.10	135.10
A	42.20	84.40	126.70	47.70	95.40	143.20
B	45.00	90.10	135.10	50.90	101.90	152.80
C	50.10	100.30	150.40	56.70	113.40	170.10

PROGRESSIVE PLAN \$1000 ANNUAL MAXIMUM				\$750 ANNUAL MAXIMUM		
AREA	SINGLE	SINGLE +1	FAMILY	SINGLE	SINGLE +1	FAMILY
1	26.40	52.80	89.80	24.50	49.10	83.40
2	28.30	56.60	96.10	26.30	52.50	89.30
3	30.70	61.40	104.40	28.60	57.10	97.00
4	33.00	65.90	112.10	30.70	61.40	104.40
5	35.40	70.80	120.40	33.00	65.90	112.10
6	38.30	76.70	130.30	35.70	71.30	121.20
7	41.30	82.60	140.30	38.30	76.70	130.30
8	44.40	88.70	150.80	41.30	82.60	140.30
9	46.90	93.80	159.50	43.70	87.40	148.50
A	49.70	99.50	169.00	46.20	92.50	157.20
B	52.90	105.90	180.00	49.20	98.40	167.30
C	59.00	118.00	200.50	54.80	109.60	186.50

MONTHLY TREND FACTOR		PREMIUM PAYMENT METHOD	
EFFECTIVE DATE	TREND FACTOR	PAYMENT METHOD	ADMINISTRATION FEE
1/1/06	1.000	EZ PAY	NONE
2/1/06	1.007	MONTHLY DIRECT BILL	\$8.00 PER MONTH
3/1/06	1.014	QUARTERLY DIRECT BILL	\$8.00 PER QUARTER
4/1/06	1.021		
5/1/06	1.028		
6/1/06	1.035		
7/1/06	1.043		
8/1/06	1.050		
9/1/06	1.057		
10/1/06	1.065		
11/1/06	1.072		
12/1/06	1.080		

## HOW TO CALCULATE YOUR BRIGHTONE<sup>SM</sup> PLANS PREMIUM

- Determine which plan design you would like to apply for.
    - Traditional \$750 Annual Maximum
    - Traditional \$1000 Annual Maximum
    - Progressive \$750 Annual Maximum
    - Progressive \$1000 Annual Maximum
    - Access \$1000 Annual Maximum
    - Access \$1500 Annual Maximum
  - Determine whom you want to insure under the plan.
    - Applicant Only
    - Applicant + 1 Dependent
    - Applicant + 2 or More Dependents
  - Locate your residence address zip code on the Zip Code & Area Chart.
    - Area 1     Area 4     Area 7     Area A
    - Area 2     Area 5     Area 8     Area B
    - Area 3     Area 6     Area 9     Area C
  - Match your area number/letter listed in the Zip Code & Area Charts, to the same area number/letter listed on the Monthly Premium Chart for the plan you have chosen. This is your Monthly Base Premium. Enter it on the Premium Calculation Worksheet.
  - Choose a desired effective date and corresponding trend factor number. Enter this number on the Premium Calculation Worksheet and multiply the monthly premium by this number to obtain your monthly payment:
    - 1/1/06 = 1.000     4/1/06 = 1.021     7/1/06 = 1.043     10/1/06 = 1.065
    - 2/1/06 = 1.007     5/1/06 = 1.028     8/1/06 = 1.050     11/1/06 = 1.072
    - 3/1/06 = 1.014     6/1/06 = 1.035     9/1/06 = 1.057     12/1/06 = 1.080
  - Add the PSA Monthly Association dues of \$2.00.
  - Select a premium payment method and add the monthly or quarterly administration fee on the Premium Calculation Worksheet to obtain your total monthly or quarterly payment.
    - EZ Pay = No Charge
    - Monthly Direct Bill = \$8.00
    - Quarterly Direct Bill = \$8.00
- \*All plans are not available in every state. Ask about our Group Dental for groups of three or more.*

## PREMIUM CALCULATION WORKSHEET

- MONTHLY EZ PAY** One month premium required (no Charge)
- MONTHLY DIRECT BILLING OPTION** One month premium required (\$8 monthly administration fee)
- QUARTERLY DIRECT BILLING OPTION** Three months premium required (\$8 quarterly administration fee)

MONTHLY BASE PREMIUM	\$	_____
TREND FACTOR	x	_____
MONTHLY PAYMENT	= \$	_____
MONTHLY ADMIN. FEE	+ \$	_____
PSA MONTHLY DUES	+ \$	2.00
PAYMENT WITH APPLICATION	= \$	_____

OR	QUARTERLY PAYMENT ( MONTHLY x3)	= \$	_____
	QUARTERLY ADMIN. FEE	+ \$	_____
	PSA QUARTERLY DUES	+ \$	6.00
	PAYMENT WITH APPLICATION	= \$	_____

MAKE CHECK  
PAYABLE TO: PSA

PLAN Services  
Association

HealthPlan Services

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