

**Plant Located in Chattanooga, Tennessee
Direct Reimbursement Dental Plan**

Plan Design	100% of \$125, 0% of \$25, and 50% of the next \$1,750 Maximum benefit of \$1,000 per year, Ortho included			
Plan Year	2/01/2000 to 01/31/2001	2/01/2001 to 01/31/2002	1/1/2002 to 12/31/2002	1/1/2003 to 09/01/2003 (8 Mos)
Funding Factors (includes Admin fees)				
EE	\$ 14.82	\$ 15.15	\$ 16.24	\$ 18.25
Family	\$ 38.80	\$ 39.61	\$ 42.38	\$ 46.70
EE Only Contribution	\$ 5.94	\$ 5.94	\$ 8.14	\$ 9.14
EE Family Contribution	\$ 22.06	\$ 22.06	\$ 34.25	\$ 37.79
Submitted Claims	\$ 357,941.00	\$ 335,401.00	\$ 339,420.46	\$ 223,277.29
Budgeted Paid Claims	\$ 254,697.00	\$ 246,038.00	\$ 236,471.00	\$ 169,740.00
Paid Claims	\$ 223,315.00	\$ 196,464.00	\$ 193,802.66	\$ 129,688.25
Loss Ratio	87.7%	79.9%	82.0%	76.4%
Percentage of Claims Paid	62.4%	58.6%	57.1%	58.1%
Avg Cost per EE per month (incl admin fee)	\$ 13.36	\$ 8.03	\$ 5.24	\$ 2.30
Other Results on Calendar Year Basis (Service Dates)			2002	2003(8Mos)
Total number of Claims			1517	907
Average Claim			218.68	228.75
Average Reimbursement			123.79	133.92
Average # of Claims per EE			1.7	1.1
Number of Eligible Employees				
Number of Enrolled Employees			887	791
Number of Enrolled Dependents			832	772