

**Social Services Firm Located in Chattanooga, Tennessee
Direct Reimbursement Dental Plan**

Plan Design 100% of \$150, 0% of \$50, and 50% of the next \$1,750
Maximum benefit of \$1,000 per year, Ortho included

Plan Year 4/01/2001 to 03/31/2002 4/01/2002 to 03/31/2003 4/1/2003 to 09/01/2003
(5 Mos.)

Funding Factors

EE	\$ 15.26	\$ 15.26	\$ 15.26
Ee + Spouse	\$ 26.63	\$ 26.63	\$ 26.63
Ee + Children	\$ 38.00	\$ 38.00	\$ 38.00
Family	\$ 49.37	\$ 49.37	\$ 49.37

Submitted Claims \$ 69,767.50 \$ 88,292.26 \$ 30,991.90

Budgeted Paid Claims \$ 58,423.00 \$ 57,299.00 \$ 24,194.00

Paid Claims \$ 42,207.35 \$ 50,511.13 \$ 17,815.46

Loss Ratio 72.2% 88.2% 73.6%

Percentage of Claims Paid 60.5% 57.2% 57.5%

Avg Cost per EE per month (incl admin fee) \$ (6.50) \$ (2.70) \$ (5.88)

Other Results on Calendar Year Basis (Service Dates) 2002 2003(8Mos)

Total number of Claims 400 260

Average Claim 201.28 214.87

Average Reimbursement 116.82 124.93

Average # of Claims per EE 1.6 1.1

Number of Eligible Employees

Number of Enrolled Employees 257 247

Number of Enrolled Dependents 214 179

Notes This is a voluntary plan with the employees contributing the total projected cost. The plan currently has approximately 33% participation.