

**Retail Sales Firm Located in 48 States
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	4/1/2001 to 12/31/2001	1/1/2002 to 12/31/2002	1/1/2003 to 09/01/2003 (8 Mos)
Funding Factors (includes Admin fees)			
EE	\$ 19.33	\$ 20.69	\$ 23.10
Family	\$ 51.57	\$ 53.64	\$ 57.70
EE Only Contribution	\$ 19.33	\$ 20.69	\$ 23.10
EE Family Contribution	\$ 51.57	\$ 53.64	\$ 57.70
Submitted Claims	\$ 196,099.83	\$ 363,931.02	\$ 230,343.55
Budgeted Paid Claims	\$ 229,014.61	\$ 323,390.69	\$ 217,171.30
Paid Claims	\$ 105,224.16	\$ 188,530.15	\$ 124,103.55
Loss Ratio	45.9%	58.3%	57.1%
Percentage of Claims Paid	53.7%	51.8%	53.9%
Avg Cost per EE per month (incl admin fee)	\$ (15.72)	\$ (12.63)	\$ (13.41)
Other Results on Calendar Year Basis (Service Dates)	2001(9Mos)	2002	2003(8Mos)
Total number of Claims	891	1262	743
Average Claim	\$ 269.38	\$ 269.38	\$ 275.45
Average Reimbursement	\$ 140.15	\$ 141.71	\$ 149.00
Average # of Claims per EE	0.8	0.9	0.7
Number of Eligible Employees			
Number of Enrolled Employees	1,162	1,362	1,097
Number of Enrolled Dependents	590	863	742