

**PACIFIC DENTAL INDEMNITY PLAN BI-WEEKLY RATES
APRIL 1, 2005 THROUGH MARCH 31, 2007**

AREA	Employee Only	Employee + Spouse	Employee + Child	Employee + 3 Dependents	Employee + 4 or more Dependents
1	14.00	\$28.00	\$23.00	\$39.00	\$47.00
2	16.00	\$30.00	\$25.00	\$43.00	\$52.00
3	17.00	\$33.00	\$27.00	\$47.00	\$56.00
4	19.00	\$36.00	\$30.00	\$51.00	\$61.00
5	20.00	\$39.00	\$33.00	\$56.00	\$67.00
6	22.00	\$43.00	\$35.00	\$61.00	\$73.00

**PACIFIC DENTAL INDEMNITY PLAN MONTHLY RATES
APRIL 1, 2005 THROUGH MARCH 31, 2007**

AREA	Employee Only	Employee + Spouse	Employee + Child	Employee + 3 Dependents	Employee + 4 or more Dependents
1	30.36	59.90	49.18	84.48	101.84
2	33.08	64.86	53.60	92.08	111.02
3	36.08	70.70	58.44	100.40	121.04
4	39.32	77.08	63.70	109.44	131.94
5	42.88	84.04	69.46	119.32	143.86
6	46.74	91.58	75.70	130.08	156.82

**PACIFIC DENTAL INDEMNITY PLAN QUARTERLY RATES
APRIL 1, 2005 THROUGH MARCH 31, 2007**

AREA	Employee Only	Employee + Spouse	Employee + Child	Employee + 3 Dependents	Employee + 4 or more Dependents
1	91.08	179.70	147.54	253.44	305.52
2	99.24	194.58	160.80	276.24	333.06
3	108.24	212.10	175.32	301.20	363.12
4	117.96	231.24	191.10	328.32	395.82
5	128.64	252.12	208.38	357.96	431.58
6	140.22	274.74	227.10	390.24	470.46