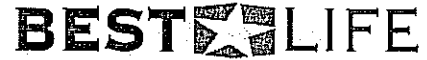


**EMPLOYER-SPONSORED DENTAL QUOTE**



Employer: **Lexicon Staffing, Inc.**  
 Agent: **iMed Oregon**  
 Plan: **Indemnity Mid \$1000 Maximum \$25 Deductible Perio In Basic Endo In Basic No Ortho**  
 Effective Date: **July 1, 2008** State: **OR** Zip: **972** Area: **6**

Dental Benefit Plan	Indemnity
<b>Deductible</b> Applies to Class II & III Services	<b>\$25</b>
<b>Annual Maximum</b>	<b>\$1000</b>
<b>Reimbursement</b>	DenteMax PPO network overlay and UCR @ 80th percentile Ingenix
<b>Class I - Preventative Services</b> Routine oral exam, cleanings, fluoride treatment for children, x-rays, sealants	<b>100%</b>
<b>Class II - Basic Services</b> Fillings (amalgam, porcelain and plastic), extractions and oral surgery, general anesthesia, emergency palliative treatment, space maintainers for children, pathology	<b>80%</b>
<b>Class III - Major Services *</b> Crowns & gold fillings, Inlays, onlays and pontics, fixed bridges, complete & partial dentures	<b>50%</b>
<b>Endodontics</b>	<b>Class II</b>
<b>Periodontics</b>	<b>Class II</b>
<b>Class IV - Orthodontics *</b> Lifetime maximum Age limitation	<b>Not covered</b>
<b>Children's Good Vision Benefit</b> For dependent children through age 20 only	<b>Not covered</b>
<p><small>* 12 month wait applies to Class III and Class IV services. Waiting period is waived for employees who have had 12 consecutive months of comparable coverage under a prior plan and who are in a group with 5-9 employees enrolling with proof of continuous coverage and comparable prior group coverage. Waiting period is automatically waived for all employees in a group with 10+ employees enrolling.</small></p>	
<b>Special Dental Accident Benefit</b>	Up to \$1000 maximum coverage for accidental injury to sound, natural teeth.