Chuck Mackey, CEBS, CFP, CLU, RHU, ChFC, HealthPlan Services; 800-545-6441, X-6216, Fax: 877-506-2169; cmackey@healthplan.com; PO Box 30474 * Tampa, FL 33630-3474

ZIP CODE & AREA CHART

ACCESS PLAN IS NOT AVAILABLE IN ALL ZIP CODES. PLEASE VERIFY WITH YOUR AGENT.

ARIZONA
855-857, 859-860, 863-865 ..... AREA 3
850-853 ..... AREA 5
CALIFORNIA
932-933, 935, 937, 953 ..... AREA 6
919, 922, 930, 936, 939, 952, 955-956, 958 ..... AREA 7
910, 920-921, 923-925, 934, 957, 959-961 ..... AREA 8
917, 926-927, 931, 945-947, 954 ..... AREA 9
906-908, 911-912, 918, 928, 941, 943-944, 948, 950 ..... AREA A
900, 902, 904-905, 913, 915-916, 940, 942, 949, 951 ..... AREA B
901, 903, 914 ..... AREA C
COLORADO
807 ..... AREA 4
804-806, 808, 810-816 ..... AREA 5
809 ..... AREA 6
800-803 ..... AREA 7
CONNECTICUT
063 ..... AREA 6
062, 067 ..... AREA 7
060-061, 064-066 ..... AREA 8
068-069 ..... AREA 9
DELAWARE
199 ..... AREA 4
197 ..... AREA 7
198 ..... AREA 8
DISTRICT OF COLUMBIA
200, 202-205 ..... AREA 5
FLORIDA
323-326, 340-341, 343-345 ..... AREA 2
320-321, 327-328, 336-339, 347 ..... AREA 3
322, 335, 342, 346 ..... AREA 4
329, 349 ..... AREA 5
334 ..... AREA 6
333 ..... AREA 7
330 ..... AREA 8
331-332 ..... AREA A
ILLINOIS
624, 628-629 ..... AREA 1
609-620, 622-623, 625-626 ..... AREA 2
627 ..... AREA 3
604-605 ..... AREA 5
601, 603 ..... AREA 6
600, 602, 606-607 ..... AREA 7
INDIANA
471 ..... AREA 1
461, 463-464 ..... AREA 2
460, 462 ..... AREA 3
IOWA
504-508, 510, 512-523, 525, 526 ..... AREA 1
500-502, 509, 511, 524, 527, 528 ..... AREA 2
503 ..... AREA 3
KANSAS
664-665, 667-671, 673-679 ..... AREA 2
660, 666, 672 ..... AREA 3
661-662 ..... AREA 4
KENTUCKY
400-401, 403-404, 406-409, 412-418, 420-427 ..... AREA 2
402 ..... AREA 3
405, 410-411 ..... AREA 4
MARYLAND
215 ..... AREA 3
206, 216-218 ..... AREA 4
210-211, 214 ..... AREA 5
212-213, 219 ..... AREA 6
207-209 ..... AREA 7
MICHIGAN
498-499 ..... AREA 2
495 ..... AREA 3
484, 486-488, 490-494, 496-497 ..... AREA 4
489 ..... AREA 5
485 ..... AREA 6
480-483 ..... AREA 7
MINNESOTA
550, 553 ..... AREA 5
551, 554 ..... AREA 7
MISSOURI
634-639, 644-648, 650-651, 653-658 ..... AREA 1
652 ..... AREA 2
630, 633, 640 ..... AREA 3
631, 641 ..... AREA 4
NEBRASKA
680-681, 683-684, 686-699 ..... AREA 1
685 ..... AREA 2
NEW HAMPSHIRE
030-038 ..... AREA 5
NEVADA
890, 893, 898 ..... AREA 4
891 ..... AREA 5
894-895, 897 ..... AREA 7
NEW JERSEY
081, 083 ..... AREA 5
080, 082, 084 ..... AREA 6
085-087 ..... AREA 7
072, 077-078 ..... AREA 8
071, 073-075, 088-089 ..... AREA 9
070, 076, 079 ..... AREA A
OHIO
430-431, 433-435, 437-439, 448-451, 456-458 ..... AREA 2
436, 442-447, 453 ..... AREA 3
432, 440, 452, 454-455 ..... AREA 4
441 ..... AREA 6
OKLAHOMA
734-739, 743-749 ..... AREA 1
730-731, 740-741 ..... AREA 3
PENNSYLVANIA
153-154, 170-171 ..... AREA 3
150, 151, 156, 159-161, 185-187 ..... AREA 4
152, 165, 195-196 ..... AREA 5
180-181 ..... AREA 6
189, 193, 194 ..... AREA 7
190, 191 ..... AREA 8
TENNESSEE
370-371, 379-380, 382-385 ..... AREA 2
372, 381 ..... AREA 3
UTAH
843, 844, 846, 847 ..... AREA 5
840-841 ..... AREA 6
VERMONT
050-059 ..... AREA 5
VIRGINIA
227-228, 239, 242-246 ..... AREA 1
224-226, 229 ..... AREA 2
201, 240-241 ..... AREA 3
220-223, 230-231, 236-238 ..... AREA 4
232-235 ..... AREA 5
WISCONSIN
535, 538-539, 541, 544-548 ..... AREA 2
530-531, 534, 537, 540, 542-543, 549 ..... AREA 3
532 ..... AREA 4

MONTHLY PREMIUM CHART

TRADITIONAL PLAN

AREA	$1000 ANNUAL MAXIMUM SINGLE	$1000 ANNUAL MAXIMUM SINGLE +1	$1000 ANNUAL MAXIMUM FAMILY	$750 ANNUAL MAXIMUM SINGLE	$750 ANNUAL MAXIMUM SINGLE +1	$750 ANNUAL MAXIMUM FAMILY
1	32.30	64.70	97.00	30.20	60.20	90.30
2	34.80	69.50	104.10	32.30	64.70	97.00
3	37.70	75.40	113.20	35.00	70.00	105.10
4	40.40	80.90	121.20	37.60	75.10	112.70
5	43.50	87.00	130.30	40.40	80.90	121.20
6	47.00	93.90	140.70	43.70	87.20	130.80
7	50.70	101.10	151.70	47.10	94.10	141.20
8	54.50	108.80	163.10	50.70	101.10	151.70
9	57.60	115.00	172.60	53.60	107.20	160.70
A	60.90	121.60	182.50	56.60	113.20	169.80
B	64.80	129.60	194.50	60.20	120.40	180.70
C	72.50	144.80	217.30	67.40	134.70	202.10

ACCESS PLAN (PLAN NOT AVAILABLE IN ALL ZIP CODES)

AREA	$1000 ANNUAL MAXIMUM SINGLE	$1000 ANNUAL MAXIMUM SINGLE +1	$1000 ANNUAL MAXIMUM FAMILY	$1500 ANNUAL MAXIMUM SINGLE	$1500 ANNUAL MAXIMUM SINGLE +1	$1500 ANNUAL MAXIMUM FAMILY
1	26.50	53.00	79.50	30.00	60.00	89.90
2	28.40	56.70	85.10	32.10	64.10	96.00
3	30.90	61.90	92.70	34.90	69.80	104.70
4	33.20	66.20	99.40	37.40	74.90	112.20
5	35.50	71.10	106.50	40.10	80.20	120.20
6	38.60	77.00	115.50	43.70	87.20	130.80
7	41.50	83.00	124.70	47.00	93.90	140.70
8	44.80	89.50	134.10	50.70	101.10	151.70
9	47.10	94.10	141.20	53.30	106.50	159.70
A	49.90	99.80	149.80	56.40	112.80	169.40
B	53.30	106.50	159.70	60.20	120.40	180.70
C	59.20	118.60	177.80	67.10	134.10	201.10

PROGRESSIVE PLAN

AREA	$1000 ANNUAL MAXIMUM SINGLE	$1000 ANNUAL MAXIMUM SINGLE +1	$1000 ANNUAL MAXIMUM FAMILY	$750 ANNUAL MAXIMUM SINGLE	$750 ANNUAL MAXIMUM SINGLE +1	$750 ANNUAL MAXIMUM FAMILY
1	31.30	62.50	106.20	29.00	58.00	98.60
2	33.50	67.00	113.60	31.10	62.10	105.50
3	36.30	72.60	123.50	33.80	67.50	114.70
4	39.00	77.90	132.50	36.30	72.60	123.50
5	41.80	83.70	142.40	39.00	77.90	132.50
6	45.30	90.70	154.00	42.30	84.40	143.30
7	48.90	97.70	165.90	45.30	90.70	154.00
8	52.50	104.90	178.30	48.90	97.70	165.90
9	55.40	110.90	188.60	51.70	103.40	175.60
A	58.80	117.60	199.80	54.70	109.40	185.90
B	62.60	125.20	212.80	58.20	116.30	197.80
C	69.80	139.60	237.10	64.80	129.60	220.40

MONTHLY TREND FACTOR

EFFECTIVE DATE	TREND FACTOR
1/1/08	1.000
2/1/08	1.007
3/1/08	1.014
4/1/08	1.021
5/1/08	1.028
6/1/08	1.035
7/1/08	1.043
8/1/08	1.050
9/1/08	1.057
10/1/08	1.065
11/1/08	1.072
12/1/08	1.080

PREMIUM PAYMENT METHOD

PAYMENT METHOD	ADMINISTRATION FEE
EZ PAY	NONE
MONTHLY DIRECT BILL	$8.00 PER MONTH
QUARTERLY DIRECT BILL	$8.00 PER QUARTER

HOW TO CALCULATE YOUR BRIGHTONE® PLANS PREMIUM

1] Determine which plan design you would like to apply for.
- ❑ Traditional $750 Annual Maximum
- ❑ Traditional $1000 Annual Maximum
- ❑ Progressive $750 Annual Maximum
- ❑ Progressive $1000 Annual Maximum
- ❑ Access $1000 Annual Maximum
- ❑ Access $1500 Annual Maximum

2] Determine whom you want to insure under the plan.
- ❑ Applicant Only
- ❑ Applicant + 1 Dependent
- ❑ Applicant + 2 or More Dependents

3] Locate your residence address ZIP Code on the ZIP Code & Area Chart.
- ❑ Area 1 ❑ Area 4 ❑ Area 7 ❑ Area A
- ❑ Area 2 ❑ Area 5 ❑ Area 8 ❑ Area B
- ❑ Area 3 ❑ Area 6 ❑ Area 9 ❑ Area C

4] Match your area number/letter listed in the ZIP Code & Area Charts, to the same area number/letter listed on the Monthly Premium Chart for the plan you have chosen. This is your Monthly Base Premium. Enter it on the Premium Calculation Worksheet.

5] Choose a desired effective date and corresponding trend factor number. Enter this number on the Premium Calculation Worksheet and multiply the monthly premium by this number to obtain your monthly payment:
- ❑ 1/1/08 = 1.000 ❑ 4/1/08 = 1.021 ❑ 7/1/08 = 1.043 ❑ 10/1/08 = 1.065
- ❑ 2/1/08 = 1.007 ❑ 5/1/08 = 1.028 ❑ 8/1/08 = 1.050 ❑ 11/1/08 = 1.072
- ❑ 3/1/08 = 1.014 ❑ 6/1/08 = 1.035 ❑ 9/1/08 = 1.057 ❑ 12/1/08 = 1.080

6] Add the PSA Monthly Association dues of $2.00.

7] Select a premium payment method and add the monthly or quarterly administration fee on the Premium Calculation Worksheet to obtain your total monthly or quarterly payment.
- ❑ EZ Pay = No Charge
- ❑ Monthly Direct Bill = $8.00
- ❑ Quarterly Direct Bill = $8.00

**All plans are not available in every state. Ask about our Group Dental for groups of three or more.*

PREMIUM CALCULATION WORKSHEET

- ❑ **MONTHLY EZ PAY** One month premium required (no charge)
- ❑ **MONTHLY DIRECT BILLING OPTION** One month premium required ($8 monthly administration fee)
- ❑ **QUARTERLY DIRECT BILLING OPTION** Three months premium required ($8 quarterly administration fee)

MONTHLY BASE PREMIUM $ _____

TREND FACTOR x _____ .

MONTHLY PAYMENT = $ _____ OR **QUARTERLY PAYMENT** (MONTHLY ×3) = $ _____

MONTHLY ADMIN. FEE + $ _____ **QUARTERLY ADMIN. FEE** + $ _____

PSA MONTHLY DUES + $ 2.00 **PSA QUARTERLY DUES** + $ 6.00

PAYMENT WITH APPLICATION = $ _____ **PAYMENT WITH APPLICATION** = $ _____

MAKE CHECK PAYABLE TO: **PSA**

PLAN Services Association
HealthPlan Services
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A UNIFI Company

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