



# Employers Dental Rate Summary

Effective dates: February 1, 2010 - January 1, 2011

Covered State: NY



## Two Star (Perio/Endo in Major)

In & Out of Network: 100/80/50, \$50 deductible waived for preventive, \$1,000 Annual Maximum, Contributory

2- 9 Enrolled Employees				10 – 49 Enrolled Employees				50 – 99 Enrolled Employees			
EE	EE + SP	EE + CH	FAM	EE	EE + SP	EE + CH	FAM	EE	EE + SP	EE + CH	FAM
48.76	99.76	105.59	152.05	46.44	95.02	100.56	144.80	45.05	92.16	97.54	140.46

## Three Star (Perio/Endo in Basic)

In & Out of Network: 100/80/50, \$50 deductible waived for preventive, \$1,000 Annual Maximum, Contributory

2- 9 Enrolled Employees				10 – 49 Enrolled Employees				50 – 99 Enrolled Employees			
EE	EE + SP	EE + CH	FAM	EE	EE + SP	EE + CH	FAM	EE	EE + SP	EE + CH	FAM
51.32	105.01	111.14	160.04	48.88	100.01	105.86	152.43	47.41	97.01	102.67	147.85

## Two Star Starter (No Major Services)

In & Out of Network: 100/80/0, \$50 deductible waived for preventive, \$1,000 Annual Maximum, Contributory

2- 9 Enrolled Employees				10 – 49 Enrolled Employees				50 – 99 Enrolled Employees			
EE	EE + SP	EE + CH	FAM	EE	EE + SP	EE + CH	FAM	EE	EE + SP	EE + CH	FAM
36.95	74.14	88.53	123.34	35.20	70.61	84.32	117.46	34.14	68.48	81.78	113.94

## Three Star Starter (Perio/Endo in Basic; No Major Services)

In Network: 100/80/0, \$50 deductible waived for preventive, \$1,000 Annual Maximum, Contributory

2- 9 Enrolled Employees				10 – 49 Enrolled Employees				50 – 99 Enrolled Employees			
EE	EE + SP	EE + CH	FAM	EE	EE + SP	EE + CH	FAM	EE	EE + SP	EE + CH	FAM
45.94	93.99	99.47	143.25	43.75	89.51	94.73	136.42	42.43	86.82	91.89	132.33

### UNDERWRITING NOTES

- U&C Out of Network: 80<sup>th</sup> Percentile.
- Employer Contribution: 25% of Total Premium
- Participation: Minimum 60% (50% if waivers provided)
- Wait Periods -Waived if Takeover with prior coverage
  - o If Virgin and 35 or more enrolled, no wait
  - o If Virgin and <35 enrolled, 12 month for Major Svcs.
  - o Orthodontia: 12 month wait
- Three deductibles per family
- Dental Rewards included (Annual maximum rollover benefit)
- Monthly Administration Fee: \$18

### ADJUSTMENT FACTORS – MULTIPLY RATE BY:

- U&C Out of Network: From 80<sup>th</sup> to 90<sup>th</sup> Percentile: 1.02
- Non-Contributory (100% Employer paid for EE and Dependents): .92
- Voluntary (100% EE paid). Available for 10+ enrolled (20% min. participation): 1.15
- Deductible: From \$50 to \$100: .95
- Calendar Year Maximum: From \$1,000 to \$1,500: 1.11
- Child Only Orthodontia (\$1,000 Lifetime Max/5+ enrolled Min.): 1.02
- Other options available. Please call EDT at 1-800-243-2534 X 1 for more information.