



Traditional Plan Rate Summary

Effective Dates: August 1, 2012-January 1, 2013

Covered States: AL, AR, DE, IN, OH, KY, MS, RI, TN, WV, PA (All Zip Codes except 189-194)

TX (Only Zip Codes 754-756, 758-759, 765-769, 776-785, 788, 790, 792-799, 885)



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
29.76	60.88	63.72	92.08	28.32	58.04	60.64	87.68	27.48	56.28	58.84	85.04

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
33.48	68.56	71.68	103.68	31.84	65.28	68.28	98.72	30.88	63.32	66.20	95.76

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
21.60	43.20	53.88	74.08	20.52	41.12	51.32	70.56	19.92	39.88	49.80	68.44

Three Star Starter (Perio/Endo in Basic; 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
29.96	61.40	64.16	92.80	28.48	58.44	61.08	88.36	27.64	56.68	59.24	85.72

Rates stated above are based upon the U & C Out of Network at the 80th percentile. For any other available options, please see the Plan Adjustment Factor Sheet.



Traditional Plan Rate Summary

Effective Dates: August 1, 2012-January 1, 2013



Covered States: MI, MT, NC, ND, SC, PA (Only Zip Codes 189-194)

GA (Only Zip Codes 301,302,304,307-310,312-319,398) MD (Only Zip Codes 206,207,210-212,214-219)

TX (Only Zip Codes 733,751-753,757,760-764,770-775,786,789,791)

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
34.32	70.16	73.68	106.40	32.64	66.88	70.16	101.36	31.68	64.84	68.04	98.28

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
36.08	73.88	77.60	112.00	34.36	70.40	73.88	106.68	33.36	68.24	71.64	103.44

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
25.48	51.08	62.76	86.64	24.28	48.60	59.76	82.52	23.56	47.16	57.96	80.04

Three Star Starter (Perio/Endo in Basic; 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
32.32	66.12	69.40	100.24	30.76	62.96	66.12	95.44	29.84	61.08	64.16	92.60

Rates stated above are based upon the U & C Out of Network at the 80th percentile. For any other available options, please see the Plan Adjustment Factor Sheet.



Traditional Plan Rate Summary

Effective Dates: August 1, 2012-January 1, 2013



Covered States: AZ, CO, DC, FL, IA, ID, IL, KS, MA, ME, MN, MO, NE, NM, UT, VA, VT, WI, WY

GA (Except Zip Codes 301,302,304,307-310,312-319,398) TX (Except Zip Codes 733,751-770,772-786,788-799,885)

MD (Except Zip Codes 206,207,210-212,214-219) NJ (Only Zip Codes 071,072,073,075,080,081,082,083,084,085,086,087)

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
36.20	74.08	78.64	113.16	34.48	70.52	74.92	107.76	33.44	68.40	72.68	104.56

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
40.72	83.40	88.56	127.36	38.80	79.40	84.32	121.28	37.64	77.00	81.80	117.72

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
27.08	54.24	66.44	91.84	25.80	51.68	63.28	87.48	25.00	50.08	61.32	84.84

Three Star Starter (Perio/Endo in Basic; 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
36.44	74.60	79.24	114.00	34.76	71.08	75.44	108.56	33.68	68.92	73.24	105.36

Rates stated above are based upon the U & C Out of Network at the 80th percentile. For any other available options, please see the Plan Adjustment Factor Sheet.



Traditional Plan Rate Summary

Effective Dates: August 1, 2012-January 1, 2013

Covered States: CT, NH

NJ (Except Zip Codes 071,072,073,075,080,081,082,083,084,085,086,087)



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
39.44	80.72	85.40	123.00	37.52	76.84	81.36	117.16	36.44	74.56	78.92	113.64

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
44.36	90.88	96.16	138.48	42.24	86.52	91.56	131.92	41.00	83.88	88.80	127.96

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
29.88	59.96	71.60	99.76	28.44	57.12	68.20	95.04	27.60	55.40	66.16	92.16

Three Star Starter (Perio/Endo in Basic; 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
39.72	81.28	86.04	123.92	37.84	77.44	81.96	118.04	36.68	75.08	79.44	114.52

Rates stated above are based upon the U & C Out of Network at the 80th percentile. For any other available options, please see the Plan Adjustment Factor Sheet.



Traditional Plan Rate Summary

Effective Dates: August 1, 2012-January 1, 2013

Covered States: AK, CA, NV



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
43.36	88.80	93.96	135.32	41.32	84.52	89.48	128.84	40.08	82.00	86.76	124.96

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
46.72	95.56	101.12	145.68	44.44	91.00	96.32	138.76	43.16	88.32	93.44	134.56

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
32.88	65.96	78.76	109.72	31.28	62.84	75.04	104.52	30.36	60.92	72.76	101.40

Three Star Starter (Perio/Endo in Basic; 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
41.76	85.48	90.52	130.96	39.84	81.48	86.20	124.12	38.56	79.00	83.60	120.44

Rates stated above are based upon the U & C Out of Network at the 80th percentile. For any other available options, please see the Plan Adjustment Factor Sheet.