

## Traditional Plan Rate Summary

(Effective dates: August 1, 2009 – January 1, 2010)

Covered State: AL, AR, DE, IN, OH, KY, MS, RI, WV, PA (All ZIPS except 189xx – 194xx)

### 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 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

#### 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: 24 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 80th to 90th 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.
- **Enhanced Plans: 1.03 (Not Available in MS)**
- **MAC Plans: .80**