



Traditional Plan Rate Summary

(Effective dates: August 1, 2009 – January 1, 2010)
 Covered State: MI, NC, SC, PA (incl. ZIPS 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
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 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

UNDERWRITING NOTES

- U&C Out of Network: 80th 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**
- **MAC Plans: .80**