



## Traditional Plan Rate Summary

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

Covered State: CO, DC, FL, GA, MA, MD, ME, MO, UT, VA, VT, WI



### 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 Employee			
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 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

#### 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 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.
- **Enhanced Plans: 1.03 (Not Available in TX and Enhanced Starter Plans not Available in MA)**
- **MAC Plans: .80 (Not Available in MA)**