

Traditional Plan Rate Summary

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

Covered State: CT, NH, NJ

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 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

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 (Not Available in NJ)**