

Traditional Plan Rate Summary

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

Covered State: CA

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 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	130.36	39.84	81.48	86.20	124.12	38.56	79.00	83.60	120.44

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**