



Employers Dental Rate Summary

Effective Dates: August 1, 2012-January 1, 2013

Covered State: NY (Except Zip Codes 120-149)



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
48.76	99.76	105.59	152.05	46.44	95.02	100.56	144.80	45.05	92.16	97.54	140.46

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
51.32	105.01	111.14	160.04	48.88	100.01	105.86	152.43	47.41	97.01	102.67	147.85

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
36.95	74.14	88.53	123.34	35.20	70.61	84.32	117.46	34.14	68.48	81.78	113.94

Three Star Starter (Perio/Endo in Basic; 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
45.94	93.99	99.47	143.25	43.75	89.51	94.73	136.42	42.43	86.82	91.89	132.33

Rates stated above are based upon the U & C Out of Network at the 80th percentile. For any other available options, please see the Plan Adjustment Factor sheet.



Employers Dental Rate Summary

Effective Dates: August 1, 2012-January 1, 2013

Covered State: NY (Only Zip Codes 120-149)



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 & 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
32.32	66.12	69.40	100.24	30.76	62.96	66.12	95.44	29.84	61.08	64.16	92.60

Rates stated above are based upon the U & C Out of Network at the 80th percentile. For any other available options, please see the Plan Adjustment Factor Sheet.