

# IAC Group Dental Rates

Effective 3/1/07



MEMBER OF THE IHC GROUP

NYSE: IHC

**Note:** The final rates that will be considered by the carrier will be based on the rate available at the time of final quote, the benefits selected and the final employee census of those applying for coverage. No warranties are made regarding rates, underwriting requirements, or transfer of benefits. The agent or broker assumes final responsibility for all information presented. Particular care should be exercised when discussing: 1) take-over benefits and 2) underwriting requirements. In no event should in-force coverage be terminated until acceptance of the group has been received. Premiums illustrated herein are valid only for the selected effective dates.



# Group Dental Rates

## Step 1

Find your base rate(s) by using the correct Area Factor Table (see back to find your area)

## Employer Paid Rates

Use these rates if the employer will be paying 50% or more of the premium. See the Product brochure for full participation requirements.

Use the Indemnity Plan State Listing to determine the correct Area						
Plan	Covering	Area 1	Area 2	Area 3	Area 4	Area 5
Superior Plan Indemnity* <i>(includes ortho)</i>	Employee	\$18.41	\$20.68	\$22.73	\$24.78	\$27.05
	Employee/Spouse	\$36.83	\$41.38	\$45.47	\$49.56	\$54.11
	EE+Child(ren)	\$37.96	\$42.65	\$46.87	\$51.09	\$55.78
	Family	\$62.22	\$69.90	\$76.82	\$83.74	\$91.42

Use the PPO Plan State Listing to determine the correct Area						
Plan	Covering	Area 1	Area 2	Area 3	Area 4	Area 5
Value Plan PPO	Employee	\$4.88	\$5.39	\$5.81	\$6.00	\$6.26
	Employee/Spouse	\$9.77	\$10.78	\$11.63	\$12.00	\$12.52
	EE+Child(ren)	\$10.07	\$11.12	\$11.98	\$12.37	\$12.90
	Family	\$16.49	\$18.21	\$19.63	\$20.26	\$21.13
Economy Plan PPO	Employee	\$11.60	\$12.81	\$13.81	\$14.25	\$14.86
	Employee/Spouse	\$23.21	\$25.63	\$27.62	\$28.51	\$29.73
	EE+Child(ren)	\$23.92	\$26.42	\$28.48	\$29.39	\$30.65
	Family	\$39.21	\$43.29	\$46.66	\$48.15	\$50.22
Superior Plan PPO <i>(includes ortho)</i>	Employee	\$15.21	\$16.79	\$18.10	\$18.68	\$19.48
	Employee/Spouse	\$30.42	\$33.59	\$36.21	\$37.36	\$38.97
	EE+Child(ren)	\$31.36	\$34.62	\$37.32	\$38.50	\$40.17
	Family	\$51.40	\$56.75	\$61.17	\$63.10	\$65.83

## Voluntary Rates

Use these rates if the employer will be paying less than 50% of the premium. Available to groups of 5+ eligible employees only. See the Product brochure for full participation requirements.

Use the Indemnity Plan State Listing to determine the correct Area						
Plan	Covering	Area 1	Area 2	Area 3	Area 4	Area 5
Superior Plan Indemnity* <i>(includes ortho)</i>	Employee	\$20.25	\$22.75	\$25.00	\$27.25	\$29.75
	Employee/Spouse	\$40.51	\$45.52	\$50.02	\$54.52	\$59.52
	EE+Child(ren)	\$41.76	\$46.92	\$51.56	\$56.20	\$61.35
	Family	\$68.45	\$76.90	\$84.50	\$92.11	\$100.56

Use the PPO Plan State Listing to determine the correct Area						
Plan	Covering	Area 1	Area 2	Area 3	Area 4	Area 5
Value Plan PPO	Employee	\$5.37	\$5.93	\$6.39	\$6.60	\$6.88
	Employee/Spouse	\$10.75	\$11.86	\$12.79	\$13.20	\$13.76
	EE+Child(ren)	\$11.08	\$12.23	\$13.18	\$13.60	\$14.19
	Family	\$18.14	\$20.03	\$21.59	\$22.28	\$23.24
Economy Plan PPO	Employee	\$12.76	\$14.09	\$15.19	\$15.67	\$16.35
	Employee/Spouse	\$25.53	\$28.19	\$30.38	\$31.36	\$32.70
	EE+Child(ren)	\$26.32	\$29.06	\$31.32	\$32.32	\$33.71
	Family	\$43.13	\$47.62	\$51.33	\$52.97	\$55.24
Superior Plan PPO <i>(includes ortho)</i>	Employee	\$16.73	\$18.47	\$19.91	\$20.55	\$21.43
	Employee/Spouse	\$33.46	\$36.95	\$39.83	\$41.10	\$42.86
	EE+Child(ren)	\$34.49	\$38.09	\$41.05	\$42.35	\$44.18
	Family	\$56.54	\$62.42	\$67.28	\$69.40	\$72.42

\*This is the only plan available in North Carolina.

## Step 2

Select the optional benefit packages that will be made available to all employees

Available to groups of 10+ enrolled employees

Add-on Benefit Packages	Factor or Cost
<i>Available on all plans</i> Package 1 – Implants and Veneers	1.06
<i>Economy PPO, Superior PPO and Superior Indemnity plans only</i> Package 2 – Move Endo & Perio to basic services	1.096
<i>Available as an option on Economy plan only. Included on Superior PPO and Superior Indemnity Plans</i> Package 3 – Orthodontia (Child only)	\$5.86 (per EE)
<i>Economy PPO, Superior PPO and Superior Indemnity plans only</i> Package 4 – Waiver of \$100 deductible for Prev/Diag/Basic/Major services	1.17

Note:

Orthodontia is not a factor and is a flat dollar amount per employee. When you reach the *Optional Benefit Packages* section of the **Rate Calculation Worksheet**, you will determine the dollar amount for orthodontia benefits and add it to the computed total.

This is mandatory for both the Superior plans and the Economy plan.

# Rate Calculation Worksheet - Putting it all together

## Enter the Base Rate (as listed in Step 1)

### Group Size Factor

2-9 employees: enter 1.227    50+ employees: enter 1.00  
 10-49 employees: enter 1.11

### Industry Load

For groups with SIC codes of 8100-9999, enter 1.20.  
 Dentist offices ineligible.

### Optional Benefit Packages 1, 2 and 4

Multiply the *Base Rate* by the optional benefit factor(s) elected.

### Dental Premium (with Benefit Packages 1, 2 and 4)

Multiply the total by the number of employees requesting coverage.

### Superior Plan Indemnity (includes ortho)

Covering	Base Rate		Group Size Factor	Industry Load	Package 1 Enter 1.06	Package 2 Enter 1.096	Package 4 Enter 1.17	=	Total (round to 2 decimal points)	x	Number of employees	TOTAL
EE Only	\$ _____	x	_____	x	_____	x	_____	=	\$ _____	x	# _____	\$ _____
EE/Spouse	\$ _____	x	_____	x	_____	x	_____	=	\$ _____	x	# _____	\$ _____
EE+Child(ren)	\$ _____	x	_____	x	_____	x	_____	=	\$ _____	x	# _____	\$ _____
Family	\$ _____	x	_____	x	_____	x	_____	=	\$ _____	x	# _____	\$ _____

### Value Plan PPO

Covering	Base Rate		Group Size Factor	Industry Load	Package 1 Enter 1.06	Package 2 Enter 1.096	Package 4 Enter 1.17	=	Total (round to 2 decimal points)	x	Number of employees	TOTAL
EE Only	\$ _____	x	_____	x	_____	x	Not Available	=	\$ _____	x	# _____	\$ _____
EE/Spouse	\$ _____	x	_____	x	_____	x	Not Available	=	\$ _____	x	# _____	\$ _____
EE+Child(ren)	\$ _____	x	_____	x	_____	x	Not Available	=	\$ _____	x	# _____	\$ _____
Family	\$ _____	x	_____	x	_____	x	Not Available	=	\$ _____	x	# _____	\$ _____

### Economy Plan PPO

Covering	Base Rate		Group Size Factor	Industry Load	Package 1 Enter 1.06	Package 2 Enter 1.096	Package 4 Enter 1.17	=	Total (round to 2 decimal points)	x	Number of employees	TOTAL
EE Only	\$ _____	x	_____	x	_____	x	_____	=	\$ _____	x	# _____	\$ _____
EE/Spouse	\$ _____	x	_____	x	_____	x	_____	=	\$ _____	x	# _____	\$ _____
EE+Child(ren)	\$ _____	x	_____	x	_____	x	_____	=	\$ _____	x	# _____	\$ _____
Family	\$ _____	x	_____	x	_____	x	_____	=	\$ _____	x	# _____	\$ _____

### Superior Plan PPO (includes ortho)

Covering	Base Rate		Group Size Factor	Industry Load	Package 1 Enter 1.06	Package 2 Enter 1.096	Package 4 Enter 1.17	=	Total (round to 2 decimal points)	x	Number of employees	TOTAL
EE Only	\$ _____	x	_____	x	_____	x	_____	=	\$ _____	x	# _____	\$ _____
EE/Spouse	\$ _____	x	_____	x	_____	x	_____	=	\$ _____	x	# _____	\$ _____
EE+Child(ren)	\$ _____	x	_____	x	_____	x	_____	=	\$ _____	x	# _____	\$ _____
Family	\$ _____	x	_____	x	_____	x	_____	=	\$ _____	x	# _____	\$ _____

Add the above totals to compute your subtotal

**1 Subtotal** \$ \_\_\_\_\_

**(Ortho – child only)** Must be included when selling either of the Superior Plans or if selling the Economy Plan with the optional Package 3.

### Ortho cost and Group Size Factor

2-9 employees: enter 1.227  
 10-49 employees: enter 1.11  
 50+ employees: enter 1.00

Multiply by \$5.86 the number of employees who are electing *EE+Child(ren)* or *Family Coverage*

$$\$5.86 \times \# \text{ _____} = \text{Subtotal (round to 2 decimal points)} \times \# \text{ of Employees Electing EE+Child(ren) or Family Coverage} = \text{2 Total for Ortho } \$ \text{ _____}$$

### TOTAL FOR GROUP DENTAL BENEFITS:

\*Add Administration Fee if standalone dental plan:

2-24 enrolled employees: Add \$15    25+ enrolled employees: Add \$25

Add **1** and **2**\*

\$ \_\_\_\_\_



# Group Dental Rates

Use the appropriate table to determine the correct Base Rate for the employees.

For Superior Plan PPO, Economy Plan PPO and Value Plan PPO				
Area 1	Area 2	Area 3	Area 4	Area 5
Alabama	Arizona	Kansas	Missouri	Indiana
Arkansas	Illinois			Nevada
Ohio	Iowa			
Oklahoma	Michigan			
South Carolina	Mississippi			
Tennessee	Nebraska			
Utah	New Mexico			
West Virginia	Pennsylvania			
Wisconsin	Texas			

For Superior Plan Indemnity Only					
State	Zip Code	Area	State	Zip Code	Area
Alabama	All	1	North Carolina	275-277	3
				282	4
Arizona	850-853	3		All Others	2
	All Others	2	Ohio	430-432, 434-436,	2
Arkansas	All	1		439-445, 450-452, 456	2
				All Others	1
Illinois	600-608	4	Oklahoma	730-731, 740-741	2
	610-619	2		All Others	1
	All Others	1	Pennsylvania	189-194	4
Indiana	460-466, 469, 473	2		All Others	2
	All Others	1	South Carolina	All	2
Iowa	All	2	Tennessee	370-372, 380-384	2
Kansas	660-661, 664-666, 672	2		All Others	1
	All Others	1	Texas	762-764, 768-769,	2
Michigan	480-485	3		788, 790-799,	2
	All Others	2		750-753, 760, 761, 770,	3
Mississippi	All	1		772-777, 786-787, 789	3
				All Others	1
Missouri	630-634, 640-641	2	Utah	All	3
	All Others	1	West Virginia	All	1
Nebraska	All	1	Wisconsin	532-534, 537	3
Nevada	893-898	5		All Others	2
	All Others	4			
New Mexico	All	2			