Input Sheet	ed Dental Costs Pricing System Version 7.0
Group Name:	Group A
Area Code: (3-Digit Zip or Letter)	631
Industry Type:	SIC
Industry Designation:	http://www.siccode.com/ http://www.naics.com/
Search:	0000 Use Value Below
Direct Entry:	2222
Effective Date:	Month Year 1 2012
Enrolment: Tier Number:	4
Count:	Employee Employee Employee + Employee + Spouse + Child(ren) Spouse + Child(ren) Total 5 5 5 5 20
Census Type:	Both Age/Gender
	<20 2 20-24 3 25-29 2 30-34 3 35-39 2 40-44 3 45-49 2 50-54 3 55-59 56-64 Total Total Total 20 Total Total Student
Children Age:	Traditional 19 23
Net Rates Adequacy:	50%
Direct Assignment:	Yes
Participation:	No 100% 100%
Program Benefits:	Annual Maximum \$\begin{array}{c ccccccccccccccccccccccccccccccccccc
Family Maximum:	Maximum No \$ 4,000 Coverage Maximum
Orthodontia:	Coverage Maximum Same as Other Adult/Children \$ -
Include Vision:	No Discount Network Use
Network:	No Discount Network Use 20% 60%
User Utilization:	100%

Group Name:	Group A	
		Utilization Cost
Area Code: (3-Digit Zip or Letter)	631	Factor 0.926 0.999
Industry Type:	SIC	
Industry Designation:	2200 - 2299 - Textile Mill Products	0.950
Effective Date:	1/1/2012	0.985
	Employee + Spouse + Only + Spouse Child(ren) Employee + Child(ren)	Total
Enrolment:	5 5 5 5	20
Census Factor:	Employee Spouse 0.920 0.940	Total 20
Children Age Factor:	1.000	
Adequacy Factor:	50%	1.000
Direct Assignment Factor:	Yes	1.100
Participation Factor:	No	Factor: 1.000 1.000
Program Benefits:	Annual Maximum Coinsurance	Corridor
	\$ 1,500 100% OF OF	\$ 200 \$ 2,600 \$ - \$ -
Family Maximum:	None	
Orthodontia:	Same as Other Adult/Children	\$ -
Include Vision:	No	
Network:	No	
User Utilization:	100%	
Net Rates:	Manualists .	Count
Employee Only Employee + Spouse Employee + Child(ren) ployee + Spouse + Child(ren)	Monthly Annual \$ 28.44 \$ 341.28 \$ 57.50 \$ 690.00 \$ 65.38 \$ 784.56 \$ 94.44 \$ 1,133.28	

MarACon 2012 Dollar Based Dental Costs Pricing System Version 7.0 **Input Sheet Procedure Based Plan Group Name:** Group A **Effective Date:** 1/1/2012 \$ 50 **Annual Deductible Deductible Waved for Preventive** Yes **Program Benefits:** An<u>nual Maxim</u>um \$ 1,500 Coinsurance 100% Preventive Basic Major Orthodontia: Separate Maximum Adult/Children \$ 2,000 **Gross Rates:** Monthly **Employee Only** Employee + Spouse Employee + Child(ren) Employee + Spouse + Child(ren) **Net Rates:** Monthly Annual Count 28.00 336.00 **Employee Only** 56.58 \$ 678.96 Employee + Spouse Employee + Child(ren) 71.94 \$ 863.28 Employee + Spouse + Child(ren) 100.52 \$ 1,206.24 Group Total \$ 15,422.40 **Gross Rates:** Monthly **Annual** Count 40.47 **Employee Only** \$ 485.64 Employee + Spouse \$ 981.48 81.79 Employee + Child(ren)
Employee + Spouse + Child(ren) \$ 103.99 \$ 1,247,88 \$ 1,743.60 145.30 Group Total \$ 22,293.00 Credibility 32.6% Ratio 0.955 Experience \$ 21,300.00 Adjustment 0.985

Group Name:	Group A						
	Current Rates		Experience		Effective Date		
Employee Only	1	Start Date	1/1/2010		1/1/2012		
Employee + Spouse	2	End Date	9/30/2010		Adjustments		
Employee + Child(ren)	2.5	Paid Claims	\$15,000.00	Trend	1.128		
Employee + Spouse + Child(ren)	3.5	Average Employee Cour	nt	Benefit	1.000		
	te <u>d Experienc</u> e Clai	ms	Projected Monthly Count				
Employee Only	\$44.01		5				
Employee + Spouse	\$88.03		5				
Employee + Child(ren)	\$110.03		5				
Employee + Spouse + Child(ren)	\$154.05		5				
Monthly Claims	\$1,981						
Employee Only Employee + Spouse Employee + Child(ren) Employee + Spouse + Child(ren)	\$28.44 \$57.50 \$65.38 \$94.44						
Monthly Claims	\$1,229						
Recommended Credibility	25.8%						
User Credibility	25.8%						
Employee Only Employee + Spouse Employee + Child(ren) Employee + Spouse + Child(ren)	\$32.46 \$65.39 \$76.92 \$109.84	Re Employee Only Employee + Spouse Employee + Child(ren) Employee + Spouse + C	\$31.62 \$32.4 \$79.05 Child	Adminis PEPM % of Prem.	\$ 5.00 10.0%	\$37.60 \$75.20 \$94.00 \$131.60	