

**MarACon 2010 Procedure Based Dental Costs Pricing System Version 2.0  
Input Sheet**

**Group Name:**

**Area Code:**   
(3-Digit Zip or Letter)

**Industry Type:**

**Industry Designation:** <http://www.siccode.com/> <http://www.naics.com/>

**Search:**

**Direct Entry:**

**Effective Date:**  **Month**  **Year**

**Enrolment:**  
**Tier Number:**

	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Spouse + Child(ren)	Total
<b>Count:</b>	<input type="text" value="5"/>	<input type="text" value="5"/>	<input type="text" value="5"/>	<input type="text" value="5"/>	<input type="text" value="20"/>

**Census Type:**

**Census:**

	Male	Female
<b>Total</b>	<input type="text"/>	<input type="text"/>

**Total**

**Children Age:**  **Dependent**  **Student**

**Claim Type:**

**Virgin Case:**

	Employee	Dependent
<b>Participation:</b>	<input type="text" value="Employee / Dependents"/>	<input type="text" value="85%"/>
	<input type="text" value="85%"/>	<input type="text" value="85%"/>

**User Utilization:**

**PPO Participation:**

**MarACon 2010 Procedure Based Dental Costs Pricing System Version 2.0  
Rate Sheet**

**Group Name:**

**Net In Network Rates:**

	<b>Monthly</b>	<b>Annual</b>
<b>Employee Only</b>	\$ 27.84	\$ 334.08
<b>Employee + Spouse</b>	\$ 55.68	\$ 668.16
<b>Employee + Child(ren)</b>	\$ 66.80	\$ 801.60
<b>Employee + Spouse + Child(ren)</b>	\$ 94.64	\$ 1,135.68

**PPO Utilization:**

**Net Out of Network Rates:**

	<b>Monthly</b>	<b>Annual</b>
<b>Employee Only</b>	\$ 27.84	\$ 334.08
<b>Employee + Spouse</b>	\$ 55.68	\$ 668.16
<b>Employee + Child(ren)</b>	\$ 66.80	\$ 801.60
<b>Employee + Spouse + Child(ren)</b>	\$ 94.64	\$ 1,135.68

**Net Rates:**

	<b>Monthly</b>	<b>Annual</b>	<b>Count</b>
<b>Employee Only</b>	\$ 27.84	\$ 334.08	5
<b>Employee + Spouse</b>	\$ 55.68	\$ 668.16	5
<b>Employee + Child(ren)</b>	\$ 66.80	\$ 801.60	5
<b>Employee + Spouse + Child(ren)</b>	\$ 94.64	\$ 1,135.68	5

**Group Total**

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 Input Sheet Procedure Based Plan In Network

Group Name: Plan 1

Enter Class Designations on the 'Class Designation' Spreadsheet

Allowable Type  Percentile Screen(UCR Only)

Enter Co-Pays on the 'ProcedureCopays' Spreadsheet

Annual Deductible Level Benefits

Deductible Waved for Preventive

Program Benefits: Annual Maximum  
 Level Benefits

Coinsurance  
 Level Benefits   
 Preventive  
 Basic  
 Major  
 Other  
 Orthodontia

Waiting Periods:  
 Preventive  
 Basic  
 Major  
 Other  
 Orthodontia

TMJ Maximum:

Orthodontia:

Net In Network Rates:

	Monthly	Annual
Employee Only	\$ 27.84	\$ 334.08
Employee + Spouse	\$ 55.68	\$ 668.16
Employee + Child(ren)	\$ 66.80	\$ 801.60
Employee + Spouse + Child(ren)	\$ 94.64	\$ 1,135.68

PPO Utilization:

Net Rates:

	Monthly	Annual	Count
Employee Only	\$ 27.84	\$ 334.08	5
Employee + Spouse	\$ 55.68	\$ 668.16	5
Employee + Child(ren)	\$ 66.80	\$ 801.60	5
Employee + Spouse + Child(ren)	\$ 94.64	\$ 1,135.68	5

Group Total



**MarACon 2010 Procedure Based Dental Costs Pricing System Version 2.0  
Non Level Benefits**

**Group Name:** Plan 1

**Maximum Carry Forward Model**

**Requires Annual Exam for Increase**

Program Benefits:	In Network			Out of Network		
	Year 1	Year 2	Year 3	Year 1	Year 2	Year 3
<b>Annual Deductible</b>	\$ 50	\$ 50	\$ 50	\$ 50	\$ 50	\$ 50
<b>Annual Maximum</b>	\$ 1,500	\$ 1,500	\$ 1,500	\$ 1,500	\$ 1,500	\$ 1,500
<b>Coinsurance</b>						
Preventive	100%	100%	100%	100%	100%	100%
Basic	80%	80%	80%	80%	80%	80%
Major	50%	50%	50%	50%	50%	50%
Other	60%	60%	60%	60%	60%	60%
Orthodontia	50%	50%	50%	50%	50%	50%

**MarACon 2010 Procedure Based Dental Costs Pricing System Version 2.0  
Experience Rating Sheet**

Group Name:

Plan 1

	Current Rates	Start Date	Experience	Effective Date
Employee Only	1	1/1/2009	1/1/2009	1/1/2010
Employee + Spouse	2	End Date	9/30/2009	Adjustments
Employee + Child(ren)	2.5	Paid Claims	\$15,000.00	1.068
Employee + Spouse + Child(ren)	3.5	Average Employee Count	20	Trend Benefit 1.000

	Projected Experience Claims	Projected Monthly Count
Employee Only	\$41.67	5
Employee + Spouse	\$83.34	5
Employee + Child(ren)	\$104.18	5
Employee + Spouse + Child(ren)	\$145.85	5

Monthly Claims \$1,875

	Manual Claims
Employee Only	\$27.84
Employee + Spouse	\$55.68
Employee + Child(ren)	\$66.80
Employee + Spouse + Child(ren)	\$94.64

Monthly Claims \$1,225

Recommended Credibility 25.8%

User Credibility 25.8%

	Credible Claims	Recommended Renewal Costs	Administration	Premium Equivalent
Employee Only	\$31.41	Employee Only \$30.95	PEPM \$ 5.00	\$41.47
Employee + Spouse	\$62.83	Employee + Spouse \$61.90	% of Prem. 20.0%	\$82.93
Employee + Child(ren)	\$76.46	Employee + Child(ren) \$77.38		\$103.67
Employee + Spouse + Child(ren)	\$107.87	Employee + Spouse + Child \$108.33		\$145.13
Monthly Claims	\$1,393	\$1,393		\$1,866

**Preventive = 1; Basic = 2; Major = 3; Other Major = 4; Orthodontia = 5**

Procedures	Class Designation	
	In Network	Out of Network
Oral Exams	1	1
Emergency	1	1
Radiographs	1	1
Prophylaxis	1	1
Fluoride Treatment	1	1
Sealents	1	1
Space Maintainers	1	1
Amalgams	2	2
Crowns	3	3
Endodontics	2	2
Periodontics	2	2
Dentures	3	3
Bridges	3	3
Simple Extraction	2	2
Other Oral Surgery	2	2
Orthodontia	5	5

Procedures	Network Discounts In Network
Oral Exams	0%
Emergency	0%
Radiographs	0%
Prophylaxis	0%
Fluoride Treatment	0%
Sealents	0%
Amalgams	0%
Crowns	0%
Endodontics	0%
Periodontics	0%
Dentures	0%
Bridges	0%
Simple Extraction	0%
Other Oral Surgery	0%
Orthodontia	0%

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	In Network	Out of Network
120	0.00	0.00
140	0.00	0.00
150	0.00	0.00
210	0.00	0.00
220	0.00	0.00
272	0.00	0.00
274	0.00	0.00
330	0.00	0.00
1110	0.00	0.00
1120	0.00	0.00
1203	0.00	0.00
1351	0.00	0.00
2140	0.00	0.00
2150	0.00	0.00
2160	0.00	0.00
2330	0.00	0.00
2331	0.00	0.00
2335	0.00	0.00
2740	0.00	0.00
2750	0.00	0.00
2751	0.00	0.00
2752	0.00	0.00
2790	0.00	0.00
2792	0.00	0.00
2950	0.00	0.00
3310	0.00	0.00
3320	0.00	0.00
3330	0.00	0.00
4260	0.00	0.00
4341	0.00	0.00
4910	0.00	0.00
5110	0.00	0.00
5213	0.00	0.00
5214	0.00	0.00
6240	0.00	0.00
6750	0.00	0.00
6752	0.00	0.00
7111	0.00	0.00
7210	0.00	0.00
7230	0.00	0.00
7240	0.00	0.00
8999	0.00	0.00

**MarACon 2010 Procedure Based Dental Costs Pricing System Version 2.0**

**Plan 1**

**Child**

**Out of Network**

	<b>Preventive</b>	<b>Basic</b>	<b>Major</b>	<b>Other</b>	<b>Total</b>	<b>Orthodontia</b>	<b>Gtotal</b>
<b>%</b>	24.4%	20.2%	6.7%	0.0%		48.6%	
<b>Base Rates</b>	10.68	8.84	2.92	0.00	22.44	21.33	43.77
<b>%</b>	24.4%	20.2%	6.7%	0.0%	98.4%	48.7%	98.6%
<b>Base Deductible</b>	0.00	1.27	0.17	0.00	1.44	0.09	1.53
<b>%</b>	0.0%	83.0%	11.1%	0.0%		5.9%	
<b>Adjusted %</b>	0.0%	83.0%	11.1%	0.0%		5.9%	
<b>Adjusted Deductible</b>	0.00	1.27	0.17	0.00	1.44	0.09	1.53
<b>Less Deductible</b>	10.68	7.57	2.75	0.00	21.00	21.24	42.24
<b>Coinsurance</b>	100%	80%	50%	60%		50%	
<b>Coinsurance Factor</b>	1.000	0.780	0.450	0.560		0.450	
<b>Times coins Factor</b>	10.68	5.90	1.24	0.00	17.82	9.56	27.38
<b>Maximum</b>	1500	1500	1500	1500		2000	
<b>Adjusted Maximum</b>	914	631	212	0	1757	4065	5822
<b>Maximum Lookup</b>	0.00	0.03	0.40	0.40	0.83	10.74	11.57
<b>Maximum Adjustment</b>	0.00	0.02	0.20	0.24	0.46	5.28	5.74
<b>Less Maximum</b>	10.68	5.88	1.04	0.00	17.60	4.28	21.88
<b>Waiting Period Factor</b>	1.000	1.000	1.000	1.000		1.000	
<b>Times Waiting Period</b>	10.68	5.88	1.04	0.00	17.60	4.28	21.88
<b>User Utilization</b>	0.926	0.926	0.926	0.926		0.926	
<b>Times Utilization</b>	9.89	5.44	0.96	0.00	16.29	3.96	20.25
<b>Claim Level Factors</b>	1.000	1.000	1.000	1.000		1.000	
<b>Times Claim Level</b>	9.89	5.44	0.96	0.00	16.29	3.96	20.25
<b>Industry Factor</b>	0.950	0.950	0.950	0.950		0.950	
<b>Times Industry</b>	9.40	5.17	0.91	0.00	15.48	3.76	19.24
<b>TMJ</b>	0.00	0.00	0.00	0.00		0.00	
<b>Plus TMJ</b>	9.40	5.17	0.91	0.00	15.48	3.76	20.15
<b>Age/Gender/Student</b>	1.000	1.000	1.000	1.000		1.000	
<b>Times Above</b>	9.89	5.44	0.96	0.00	16.29	3.96	20.25
<b>Voluntary Factor</b>	1.000						
<b>Total</b>	20.25						