

MarACon 2009 Dollar Based Dental Costs Pricing System Version 4.0
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:

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

Net Rates Adequacy:

Direct Assignment:

Participation:

Program Benefits:	Annual Maximum	Coinsurance	OF	Corridor	Used
	<input type="text" value="\$ 1,500"/>	<input type="text" value="100%"/>		<input type="text" value="\$ 200"/>	<input type="text" value="\$ 200"/>
		<input type="text" value="0%"/>	OF	<input type="text" value="\$ 50"/>	<input type="text" value="\$ 50"/>
		<input type="text" value="80%"/>	OF	<input type="text" value="\$ 500"/>	<input type="text" value="\$ 500"/>
		<input type="text" value="60%"/>	OF	<input type="text" value="\$ -"/>	<input type="text" value="\$ 1,500"/>

Family Maximum:

Orthodontia:

Include Vision:

**MarACon 2009 Dollar Based Dental Costs Pricing System Version 4.0
Rate Sheet**

Group Name:

Area Code: **Factor**

Utilization	Cost
0.926	0.999

Industry Type:

Industry Designation:

Effective Date:

	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Spouse + Child(ren)	Total
Enrolment:	5	5	5	5	20

	Employee	Spouse	Total
Census Factor:	1.000	1.000	

Adequacy Factor:

Direct Assignment Factor:

Participation Factor: **Factor:**

Program Benefits:	Annual Maximum	Coinsurance	OF	Corridor
	\$ 1,500	100%	OF	\$ 200
		0%	OF	\$ 50
		80%	OF	\$ 500
		60%	OF	\$ 1,500

Family Maximum:

Orthodontia:

Include Vision:

Net Rates:	Monthly	Annual	Count
Employee Only	\$ 37.69	\$ 452.28	5
Employee + Spouse	\$ 75.38	\$ 904.56	5
Employee + Child(ren)	\$ 83.96	\$ 1,007.52	5
Employee + Spouse + Child(ren)	\$ 121.65	\$ 1,459.80	5

Group Total

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Input Sheet Procedure Based Plan

Group Name:

Effective Date:

Annual Deductible:

Deductible Waived for Preventive:

Program Benefits:

Annual Maximum	<input type="text" value="\$ 1,500"/>	Coinsurance	<input type="text" value="100%"/>	Preventive Basic Major
			<input type="text" value="80%"/>	
			<input type="text" value="50%"/>	

Orthodontia:

Gross Rates:

	Monthly
Employee Only	<input type="text" value="\$ 40.00"/>
Employee + Spouse	<input type="text" value="\$ 75.00"/>
Employee + Child(ren)	<input type="text" value="\$ 100.00"/>
Employee + Spouse + Child(ren)	<input type="text" value="\$ 140.00"/>

Net Rates:

	Monthly	Annual	Count
Employee Only	<input type="text" value="\$ 29.01"/>	<input type="text" value="\$ 348.12"/>	<input type="text" value="5"/>
Employee + Spouse	<input type="text" value="\$ 58.02"/>	<input type="text" value="\$ 696.24"/>	<input type="text" value="5"/>
Employee + Child(ren)	<input type="text" value="\$ 71.01"/>	<input type="text" value="\$ 852.12"/>	<input type="text" value="5"/>
Employee + Spouse + Child(ren)	<input type="text" value="\$ 100.02"/>	<input type="text" value="\$ 1,200.24"/>	<input type="text" value="5"/>
Group Total	<input type="text" value="\$ 15,483.60"/>		

Gross Rates:

	Monthly	Annual	Count
Employee Only	<input type="text" value="\$ 41.93"/>	<input type="text" value="\$ 503.16"/>	<input type="text" value="5"/>
Employee + Spouse	<input type="text" value="\$ 83.87"/>	<input type="text" value="\$ 1,006.44"/>	<input type="text" value="5"/>
Employee + Child(ren)	<input type="text" value="\$ 102.65"/>	<input type="text" value="\$ 1,231.80"/>	<input type="text" value="5"/>
Employee + Spouse + Child(ren)	<input type="text" value="\$ 144.58"/>	<input type="text" value="\$ 1,734.96"/>	<input type="text" value="5"/>
Group Total	<input type="text" value="\$ 22,381.80"/>		
Ratio	<input type="text" value="0.952"/>		
Experience	<input type="text" value="\$ 21,300.00"/>		
Credibility	<input type="text" value="32.6%"/>		
Adjustment	<input type="text" value="0.984"/>		

**MarACon 2009 Dollar Based Dental Costs Pricing System Version 4.0
Experience Rating Sheet**

Group Name:

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

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

Monthly Claims

Manual Claims
Employee Only
Employee + Spouse
Employee + Child(ren)
Employee + Spouse + Child(ren)
\$37.69
\$75.38
\$83.96
\$121.65

Monthly Claims

Recommended Credibility

User Credibility

Credible Claims	Recommended Renewal Costs	Administration	Premium Equivalent
Employee Only	Employee Only	PEPM	\$43.62
Employee + Spouse	Employee + Spouse	% of Prem.	\$87.24
Employee + Child(ren)	Employee + Child(ren)	\$ 5.00	\$109.06
Employee + Spouse + Child(ren)	Employee + Spouse + Child	10.0%	\$152.68
\$38.72	\$37.03		
\$77.44	\$74.06		
\$89.18	\$92.58		
\$127.90	\$129.61		
Monthly Claims	Monthly Claims		Monthly Claims
\$1,666	\$1,666		\$1,963