

Manual Rates – All Rates Include the EyeMed Discount Vision Plan

Contributory Manual Rates for groups 6 to 49 – Rates are effective January 1, 2012 (All rates are subject to change)

Classic*	Discount	Co-Pay Gold	Co-Pay Platinum	PPO Gold	PPO Platinum	Indemnity Plat.
Single	\$8.00	\$15.00	\$17.50	\$19.10	\$23.50	\$26.80
Two Party	\$12.00	\$31.10	\$37.90	\$40.80	\$50.30	\$57.60
Family	\$16.00	\$47.40	\$59.10	\$65.10	\$81.40	\$88.80

Classic Enhanced Benefits**	Discount	Co-Pay Gold	Co-Pay Platinum	PPO Gold	PPO Platinum	Indemnity Plat.
Single	\$8.00	\$15.00	\$17.50	\$20.90	\$25.70	\$29.20
Two Party	\$12.00	\$31.10	\$37.90	\$44.40	\$54.80	\$62.80
Family	\$16.00	\$47.40	\$59.10	\$71.00	\$88.80	\$96.80

Choice*	Discount	Co-Pay Gold	Co-Pay Platinum	PPO Gold	PPO Platinum	Indemnity Plat.
Single	\$8.00	\$15.00	\$17.50	\$16.40	\$20.10	\$22.80
Two Party	\$12.00	\$31.10	\$37.90	\$34.90	\$43.00	\$49.30
Family	\$16.00	\$47.40	\$59.10	\$55.70	\$69.70	\$76.00

Voluntary Manual Rates for groups 2 to 49 – Rates are effective January 1, 2012 (All rates are subject to change)

Classic*	Discount	Co-Pay Gold	Co-Pay Platinum	PPO Gold	PPO Platinum	Indemnity Plat.
Single	\$8.00	\$15.00	\$17.50	\$20.70	\$25.40	\$28.90
Two Party	\$12.00	\$31.10	\$37.90	\$44.00	\$54.30	\$62.20
Family	\$16.00	\$47.40	\$59.10	\$70.30	\$87.90	\$95.80

Classic Enhanced Benefits**	Discount	Co-Pay Gold	Co-Pay Platinum	PPO Gold	PPO Platinum	Indemnity Plat.
Single	\$8.00	\$15.00	\$17.50	\$22.50	\$27.70	\$31.60
Two Party	\$12.00	\$31.10	\$37.90	\$47.90	\$59.20	\$67.80
Family	\$16.00	\$47.40	\$59.10	\$76.60	\$95.80	\$104.60

Choice*	Discount	Co-Pay Gold	Co-Pay Platinum	PPO Gold	PPO Platinum	Indemnity Plat.
Single	\$8.00	\$15.00	\$17.50	\$17.60	\$21.70	\$24.70
Two Party	\$12.00	\$31.10	\$37.90	\$37.60	\$46.50	\$53.20
Family	\$16.00	\$47.40	\$59.10	\$60.10	\$75.20	\$81.90

Endodontics & Periodontics are standard in Major

***Classic/Choice Benefits include:**

- 12 month Waiting Period applies to Major and Orthodontic Services
- Specialist payment based on General Dentist fee schedule (Platinum In-Network only)

****Classic Enhanced Benefits include:**

- No Waiting Periods in Major and Orthodontic Services
- Specialist payment based on R&C (Platinum In-Network only)

Takeover Provision (If Applicable):

With proof of coverage and effective dates from the company's prior carrier - the employee's waiting period for major, and orthodontic services, if covered by the company's previous dental plan, will be reduced by the number of months the employee was covered by the prior carrier.

Monthly Administration Fee: \$2.00 per employee to a maximum of \$20.00.

Underwriting Guidelines

- All dual option plans must be quoted.
- The following industries must be quoted: Education, Schools and Legal/Law firms, Municipalities, Financial Institutions, Accountants, Medical, Insurance Companies and Agencies.
- Dental offices and dental related industries are not eligible for coverage.
- Rates will be separate by geographical area (by employer). Groups with 10% or more of eligible employees residing outside of the approved state are subject to underwriting review.
- Quoted groups are ineligible to use manual rates.
- Voluntary groups which have not previously offered a dental program within the last 12 months will not be eligible for removal of waiting periods.



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