

# Dental Blue<sup>®</sup> PPO plan rates

Monthly rates effective April 1, 2010

Out-of-network (OON) reimbursement for Dental Blue plans is at the 80th percentile.

Rating Areas are the same as all other Anthem Blue Cross and Anthem Blue Cross Life and Health Insurance Company Small Group products.

		Dental Blue Silver 100 - 80			Dental Blue Silver Plus 100 - 80			Dental Blue Gold 100 - 80		
Areas:		1, 2, 7	3, 6, 8	4, 5, 9	1, 2, 7	3, 6, 8	4, 5, 9	1, 2, 7	3, 6, 8	4, 5, 9
Employee Only	Group Size 2-9	\$42	\$48	\$54	\$47	\$55	\$61	\$47	\$55	\$62
	10-24	38	44	48	42	50	56	42	49	55
	25-50	35	40	44	38	45	50	39	45	51
Employee & Spouse	Group Size 2-9	83	94	104	92	108	121	93	109	122
	10-24	74	85	93	84	98	110	84	98	110
	25-50	68	78	85	75	89	100	77	90	101
Employee & Child	Group Size 2-9	79	89	98	79	93	103	86	102	113
	10-24	71	80	88	72	85	94	77	92	102
	25-50	64	73	80	65	77	85	71	84	94
Employee & Children	Group Size 2-9	117	132	147	117	138	155	130	152	171
	10-24	105	118	132	107	126	141	117	137	154
	25-50	96	108	121	96	113	127	107	126	141
Employee & Family	Group Size 2-9	141	160	178	143	169	187	157	185	207
	10-24	127	144	160	130	154	171	141	167	187
	25-50	116	131	146	117	139	154	129	153	171

		Dental Blue Gold Plus 100 - 80			Dental Blue Platinum 100 - 80			Dental Blue Platinum Plus 100 - 80		
Areas:		1, 2, 7	3, 6, 8	4, 5, 9	1, 2, 7	3, 6, 8	4, 5, 9	1, 2, 7	3, 6, 8	4, 5, 9
Employee Only	Group Size 2-9	\$48	\$57	\$63	\$65	\$71	\$78	\$77	\$85	\$94
	10-24	44	52	58	58	63	69	68	76	83
	25-50	40	47	52	55	60	66	65	72	78
Employee & Spouse	Group Size 2-9	95	112	126	129	139	155	153	170	186
	10-24	87	102	115	114	124	138	136	151	165
	25-50	78	92	103	110	118	132	129	143	156
Employee & Child	Group Size 2-9	89	105	117	120	133	145	142	159	173
	10-24	81	96	106	107	118	129	126	141	153
	25-50	73	87	96	102	113	124	119	133	145
Employee & Children	Group Size 2-9	133	156	175	178	198	216	214	237	259
	10-24	121	142	159	158	176	192	190	210	229
	25-50	109	128	144	152	168	184	180	199	217
Employee & Family	Group Size 2-9	161	190	212	218	241	263	259	286	314
	10-24	147	173	193	194	215	234	229	254	279
	25-50	133	157	174	186	206	224	217	240	263

# Dental PPO and Dental HMO plan rates Monthly rates effective January 1, 2010

Areas:	Basic Option Dental PPO			Standard Option PPO			High Option Dental PPO		
	1, 2, 7	3, 6, 8	4, 5, 9	1, 2, 7	3, 6, 8	4, 5, 9	1, 2, 7	3, 6, 8	4, 5, 9
Employee Only	\$33	\$35	\$39	\$44	\$51	\$56	\$65	\$70	\$74
Employee & Spouse	62	70	75	91	98	108	127	137	149
Employee & Child	50	55	58	74	84	91	121	130	137
Employee & Children	72	80	86	116	124	137	179	193	206
Employee & Family	101	110	121	144	160	175	217	233	251

Areas:	Dental Net		
	1, 2, 3, 7	4, 5, 6, 9	8
Employee Only	\$23	\$18	\$21
Employee & Spouse	35	27	32
Employee & Child	35	27	32
Employee & Children	53	41	48
Employee & Family	53	41	48

Areas:	Voluntary Dental PPO
All Areas	
Employee Only	\$35
Employee & Spouse	72
Employee & Child	54
Employee & Children	76
Employee & Family	106

Areas:	Voluntary Dental Saver SelectDHMO Plan
All Areas	
Single	\$12
Two-party	22
Three-party*	32

\*employee, spouse and child(ren), or employee and child(ren)