

CIGNA Dental - NewYork Field Rates 2003

Site: Metro
PCS: GV-04 WV-04 W1-04 KV-04 K1-04

Voluntary

EE	\$14.82	\$17.18	\$18.31	\$19.61	\$20.56
EE+Family	\$32.56	\$39.31	\$42.88	\$45.09	\$47.67
EE	\$14.82	\$17.18	\$18.31	\$19.61	\$20.56
EE+1	\$23.66	\$28.40	\$30.65	\$32.53	\$34.50
EE+2+	\$37.74	\$45.65	\$50.02	\$52.42	\$55.35

Contributory

EE	\$13.96	\$16.12	\$17.01	\$17.78	\$18.81
EE+Family	\$30.35	\$36.59	\$39.48	\$40.61	\$43.70
EE	\$13.96	\$16.12	\$17.01	\$17.78	\$18.81
EE+1	\$22.18	\$26.47	\$28.21	\$29.48	\$31.43
EE+2+	\$35.15	\$42.50	\$46.04	\$47.11	\$50.82

Rate Assumptions:

- * The contributory rates require a minimum employer contribution of 25% of the overall premium
- * Only one schedule option per group can be implemented.
- * The rates are guaranteed for one year.
- * Rates are valid for up to 500 eligibles located in New York in the Site specified
- * Rates are valid if 5% or less of the population is located in a different Site or a different state
- * Effective date of coverage between 1/1/2003-12/31/2003.
- * There must be a minimum of 10 subscribers enrolled
- * Please make note of SIC code (if industry is suspect, may require a waiting period).
- * Post Enrollment Kits mailed to EE homes.
- * If voluntary dental, Section 125 plan required.
- * Rates are valid for traditional funding only
- * Commissions: 15% (any commissions over 4% requires a Service Fee Form)
- * Rates are valid only where there is an existing CIGNA Dental Managed network in place.
- * Rates based upon eligibility being the first of the month.
- * Rates do not include the cost for specialized printing, special enrollment forms, tape eligibility, or separate billing districts.

These rates are subject to final underwriting approval and may be changed due to differences in benefits, changes in census data, or any changes in risk as determined by CIGNA Healthcare.