

Dental Plans for Individuals and Families

with Optional Vision Benefits

CALCULATE YOUR CLIENT'S PREMIUM (Rates subject to change without notice)

Steps to Find Your Client's Dental/Vision Premium

Find Your Client's State

- 1 Find your client's ZIP Code, then the dental plan chosen. For each covered person, find the appropriate (adult or dependent child) rate from the table. Sum up the rates for all covered persons.
- 2 Determine trend factor based on requested effective date.
- 3 If Vision Option is chosen: For each covered person, find the appropriate (primary or each additional) rate from the table. Sum up the rates for all covered persons.
- 4 Add Total Dental Premium and Total Vision Premium.
- 5 Multiply by the Premium Mode Factor chosen.

Note: The rates disclosed in this document are deemed reliable, but not guaranteed. In the event of a discrepancy, customers will be charged the rate on file with the applicable state DOI.

PREMIUM CALCULATION

1 Dental Rate for Plan Chosen

	No. Covered		Premium	
Adults*	_____	x	_____	= _____
Dependent Child	_____	x	_____	= _____
			Subtotal	= _____

2 Trend Factor

	_____	x	Subtotal	= _____
Total Dental Premium			= _____

3 Vision Rate

	No. Covered		Premium	
Primary*	_____	x	_____	= _____
Each Additional	_____	x	_____	= _____
Total Vision Premium			= _____

4 Dental Premium + Vision Premium

			= _____
Premium Mode Factor			x _____
	Monthly=1, Quarterly=3, Semiannual=6, Annual=12			

Premium for Mode Chosen**			= _____
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* Primary applicant must be 18 years of age or older.

** The amount due will be the total amount for the payment mode chosen.

ALABAMA

1 DENTAL BASE RATES

PER COVERED

ZIP Codes	Plan	Adult	Dep Child
350-352, 354,	Premier Choice SM	28.79	26.19
356, 358-362,	Primary SM	14.50	16.40
365-366	Primary Preferred SM	22.97	20.45
Statewide	Premier Elite SM	37.54	33.48

3 VISION RATES

	Primary	Each Additional
Statewide	7.50	6.00

2 TREND FACTORS

Effective Dates	Factor
July 2016 through September 2016	1.180
October 2016 through December 2016	1.191
January 2017 through March 2017	1.203
April 2017 through June 2017	1.215
July 2017 through September 2017	1.227
October 2017 and Later	1.239

Golden Rule Insurance Company is the underwriter and Dental Benefit Providers, Inc. is the administrator of these plans.
Not For Consumer Use.

ARIZONA**1 DENTAL BASE RATES****PER COVERED**

ZIP Codes	Plan	Adult	Dep Child
850-853, 855-857,	Premier Choice SM	36.75	33.43
859-860, 863-864	Primary SM	18.51	20.93
	Primary Preferred SM	29.32	26.10
Statewide	Premier Elite SM	48.20	42.99

3 VISION RATES

	Primary	Each Additional
Statewide	7.50	6.00

2 TREND FACTORS

Effective Dates	Factor
July 2016 through September 2016	1.180
October 2016 through December 2016	1.191
January 2017 through March 2017	1.203
April 2017 through June 2017	1.215
July 2017 through September 2017	1.227
October 2017 and Later	1.239

ARKANSAS**1 DENTAL BASE RATES****PER COVERED**

ZIP Codes	Plan	Adult	Dep Child
716, 719-724,	Premier Choice SM	30.13	27.41
727, 729, 755	Primary SM	15.17	17.16
	Primary Preferred SM	24.04	21.40
Statewide	Premier Elite SM	42.53	37.93

3 VISION RATES

	Primary	Each Additional
Statewide	7.50	6.00

2 TREND FACTORS

Effective Dates	Factor
July 2016 through September 2016	1.180
October 2016 through December 2016	1.191
January 2017 through March 2017	1.203
April 2017 through June 2017	1.215
July 2017 through September 2017	1.227
October 2017 and Later	1.239

CALIFORNIA**1 DENTAL BASE RATES****PER COVERED**

ZIP Codes	Plan	Adult	Dep Child
Statewide	Premier Choice SM	44.81	40.76
	Primary SM	22.56	25.52
	Primary Preferred SM	35.74	31.82
	Premier Elite SM	61.49	54.84

3 VISION RATES

	Primary	Each Additional
Statewide	7.50	6.00

2 TREND FACTORS

Effective Dates	Factor
July 2016 through September 2016	1.180
October 2016 through December 2016	1.191
January 2017 through March 2017	1.203
April 2017 through June 2017	1.215
July 2017 through September 2017	1.227
October 2017 and Later	1.239

COLORADO**1 DENTAL BASE RATES****PER COVERED**

ZIP Codes	Plan	Adult	Dep Child
800-806, 808-813,	Premier Choice SM	39.70	36.11
815, 816	Primary Preferred SM	31.67	28.20
Statewide	Premier Elite SM	56.56	50.45

3 VISION RATES

	Primary	Each Additional
Statewide	6.40	5.20

2 TREND FACTORS

Effective Dates	Factor
July 2016 through September 2016	1.076
October 2016 and Later	1.086

CONNECTICUT**1 DENTAL BASE RATES****PER COVERED**

ZIP Codes	Plan	Adult	Dep Child
Statewide	Premier Choice SM	40.80	37.11
	Premier Elite SM	59.68	53.23

3 VISION RATES

	Primary	Each Additional
Statewide	7.50	6.00

2 TREND FACTORS

Effective Dates	Factor
July 2016 through September 2016	1.185
October 2016 through December 2016	1.197
January 2017 through March 2017	1.209
April 2017 and Later	1.221

DELAWARE**1 DENTAL BASE RATES****PER COVERED**

ZIP Codes	Plan	Adult	Dep Child
197, 198	Premier Choice SM	34.31	31.20
	Primary SM	17.28	19.54
	Primary Preferred SM	27.37	24.36
Statewide	Premier Elite SM	49.06	43.75

3 VISION RATES

	Primary	Each Additional
Statewide	7.00	5.65

2 TREND FACTORS

Effective Dates	Factor
July 2016 through September 2016	1.174
October 2016 and Later	1.186

DISTRICT OF COLUMBIA**1 DENTAL BASE RATES****PER COVERED**

ZIP Codes	Plan	Adult	Dep Child
200, 202-205	Premier Choice SM	34.31	31.20
	Primary SM	17.28	19.54
	Primary Preferred SM	27.37	24.36
	Premier Elite SM	49.06	43.75

3 VISION RATES

	Primary	Each Additional
Statewide	7.50	6.00

2 TREND FACTORS

Effective Dates	Factor
July 2016 through September 2016	1.180
October 2016 through December 2016	1.191
January 2017 through March 2017	1.203
April 2017 through June 2017	1.215
July 2017 through September 2017	1.227
October 2017 and Later	1.239

FLORIDA**1 DENTAL BASE RATES****PER COVERED**

ZIP Codes	Plan	Adult	Dep Child
330-334	Premier Choice SM	40.44	36.80
	Primary SM	20.36	23.04
	Primary Preferred SM	32.26	28.72
	Premier Elite SM	54.21	48.34
320-329, 335-339, 341-342, 344, 346-347, 349	Premier Choice SM	38.26	34.81
	Primary SM	19.27	21.80
	Primary Preferred SM	30.52	27.17
	Premier Elite SM	51.28	45.74

3 VISION RATES

	Primary	Each Additional
Statewide	7.00	5.65

2 TREND FACTORS

Effective Dates	Factor
July 2016 and Later	1.102

GEORGIA**1 DENTAL BASE RATES****PER COVERED**

ZIP Codes	Plan	Adult	Dep Child
300-303, 305-310,	Premier Choice SM	31.09	27.38
312-317,	Primary SM	14.72	16.64
319	Primary Preferred SM	25.01	21.58
Statewide	Premier Elite SM	47.44	40.84

3 VISION RATES

	Primary	Each Additional
Statewide	7.50	6.00

2 TREND FACTORS

Effective Dates	Factor
July 2016 through September 2016	1.174
October 2016 and Later	1.186

IOWA**1 DENTAL BASE RATES****PER COVERED**

ZIP Codes	Plan	Adult	Dep Child
500, 502-504	Premier Choice SM	30.64	27.87
506-507, 511,	Primary SM	15.43	17.45
515, 520, 522,	Primary Preferred SM	24.45	21.76
524, 526, 528			
Statewide	Premier Elite SM	43.45	38.75

3 VISION RATES

	Primary	Each Additional
Statewide	7.50	6.00

2 TREND FACTORS

Effective Dates	Factor
July 2016 through September 2016	1.180
October 2016 through December 2016	1.191
January 2017 through March 2017	1.203
April 2017 through June 2017	1.215
July 2017 through September 2017	1.227
October 2017 and Later	1.239

ILLINOIS**1 DENTAL BASE RATES****PER COVERED**

ZIP Codes	Plan	Adult	Dep Child
600-614,	Premier Choice SM	32.88	29.91
616-620, 622,	Primary SM	16.56	18.73
624-627, 629	Primary Preferred SM	26.23	23.35
Statewide	Premier Elite SM	48.33	43.10

3 VISION RATES

	Primary	Each Additional
Statewide	7.50	6.00

2 TREND FACTORS

Effective Dates	Factor
July 2016 through September 2016	1.180
October 2016 through December 2016	1.191
January 2017 through March 2017	1.203
April 2017 through June 2017	1.215
July 2017 through September 2017	1.227
October 2017 and Later	1.239

INDIANA**1 DENTAL BASE RATES****PER COVERED**

ZIP Codes	Plan	Adult	Dep Child
460-469,	Premier Choice SM	35.26	32.07
471-474,	Primary SM	17.76	20.08
477-479	Primary Preferred SM	28.13	25.04
Statewide	Premier Elite SM	48.73	43.46

3 VISION RATES

	Primary	Each Additional
Statewide	7.50	6.00

2 TREND FACTORS

Effective Dates	Factor
July 2016 and Later	1.184

KANSAS**1 DENTAL BASE RATES****PER COVERED**

ZIP Codes	Plan	Adult	Dep Child
Statewide	Premier Choice SM	33.74	30.69
	Primary SM	16.99	19.22
	Primary Preferred SM	26.92	23.96
	Premier Elite SM	46.44	41.41

3 VISION RATES

	Primary	Each Additional
Statewide	7.50	6.00

2 TREND FACTORS

Effective Dates	Factor
July 2016 through September 2016	1.191
October 2016 and Later	1.208

KENTUCKY**1 DENTAL BASE RATES****PER COVERED**

ZIP Codes	Plan	Adult	Dep Child
400-407, 409-411, 416, 420, 421,	Premier Choice SM	31.06	28.25
	Primary SM	15.64	17.69
423, 425-427, 452	Primary Preferred SM	24.78	22.06
Statewide	Premier Elite SM	42.29	37.71

3 VISION RATES

	Primary	Each Additional
Statewide	7.00	5.65

2 TREND FACTORS

Effective Dates	Factor
July 2016 through September 2016	1.180
October 2016 through December 2016	1.191
January 2017 through March 2017	1.203
April 2017 through June 2017	1.215
July 2017 through September 2017	1.227
October 2017 and Later	1.239

LOUISIANA**1 DENTAL BASE RATES****PER COVERED**

ZIP Codes	Plan	Adult	Dep Child
700-701,	Premier Choice SM	30.23	27.50
703-708,	Primary SM	15.22	17.22
710-713	Primary Preferred SM	24.11	21.47
Statewide	Premier Elite SM	42.92	38.28

3 VISION RATES

	Primary	Each Additional
Statewide	7.50	6.00

2 TREND FACTORS

Effective Dates	Factor
July 2016 through September 2016	1.180
October 2016 through December 2016	1.191
January 2017 through March 2017	1.203
April 2017 through June 2017	1.215
July 2017 through September 2017	1.227
October 2017 and Later	1.239

MAINE**1 DENTAL BASE RATES****PER COVERED**

ZIP Codes	Plan	Adult	Dep Child
Statewide	Premier Choice SM	44.53	40.50
	Primary SM	22.42	25.36
	Primary Preferred SM	35.51	31.62
	Premier Elite SM	65.13	58.09

3 VISION RATES

	Primary	Each Additional
Statewide	7.50	6.00

2 TREND FACTORS

Effective Dates	Factor
July 2016 through September 2016	1.076
October 2016 and Later	1.086

MARYLAND**1 DENTAL BASE RATES****PER COVERED**

ZIP Codes	Plan	Adult	Dep Child
Statewide	Premier Choice SM	31.84	28.96
	Primary SM	16.03	18.13
	Primary Preferred SM	25.40	22.61
	Premier Elite SM	45.53	40.61

3 VISION RATES

	Primary	Each Additional
Statewide	7.50	6.00

2 TREND FACTORS

Effective Dates	Factor
July 2016 through September 2016	1.180
October 2016 through December 2016	1.191
January 2017 through March 2017	1.203
April 2017 through June 2017	1.215
July 2017 through September 2017	1.227
October 2017 and Later	1.239

MICHIGAN**1 DENTAL BASE RATES****PER COVERED**

ZIP Codes	Plan	Adult	Dep Child
Statewide	Premier Choice SM	32.15	29.24
	Primary SM	16.19	18.31
	Primary Preferred SM	25.64	22.83
	Premier Elite SM	47.29	42.17

3 VISION RATES

	Primary	Each Additional
Statewide	7.50	6.00

2 TREND FACTORS

Effective Dates	Factor
July 2016 through September 2016	1.180
October 2016 through December 2016	1.191
January 2017 through March 2017	1.203
April 2017 through June 2017	1.215
July 2017 through September 2017	1.227
October 2017 and Later	1.239

MISSISSIPPI**1 DENTAL BASE RATES****PER COVERED**

ZIP Codes	Plan	Adult	Dep Child
386, 388,	Premier Choice SM	27.48	25.00
	Primary SM	13.84	15.65
390-395	Primary Preferred SM	21.92	19.52
Statewide	Premier Elite SM	39.41	35.15

3 VISION RATES

	Primary	Each Additional
Statewide	7.50	6.00

2 TREND FACTORS

Effective Dates	Factor
July 2016 through September 2016	1.180
October 2016 through December 2016	1.191
January 2017 through March 2017	1.203
April 2017 through June 2017	1.215
July 2017 through September 2017	1.227
October 2017 and Later	1.239

MISSOURI**1 DENTAL BASE RATES****PER COVERED**

ZIP Codes	Plan	Adult	Dep Child
630, 631, 633, 636,	Premier Choice SM	33.56	30.53
640, 641, 644	Primary SM	16.90	19.11
647-648, 652-653,	Primary Preferred SM	26.77	23.83
655-658			
Statewide	Premier Elite SM	45.74	40.80

3 VISION RATES

	Primary	Each Additional
Statewide	7.50	6.00

2 TREND FACTORS

Effective Dates	Factor
July 2016 through September 2016	1.180
October 2016 through December 2016	1.191
January 2017 through March 2017	1.203
April 2017 through June 2017	1.215
July 2017 through September 2017	1.227
October 2017 and Later	1.239

NEBRASKA**1 DENTAL BASE RATES****PER COVERED**

ZIP Codes	Plan	Adult	Dep Child
680-681,	Premier Choice SM	29.91	27.21
683-686,	Primary SM	15.06	17.04
688	Primary Preferred SM	23.86	21.24
Statewide	Premier Elite SM	41.89	37.36

3 VISION RATES

	Primary	Each Additional
Statewide	7.50	6.00

2 TREND FACTORS

Effective Dates	Factor
July 2016 through September 2016	1.180
October 2016 through December 2016	1.191
January 2017 through March 2017	1.203
April 2017 through June 2017	1.215
July 2017 through September 2017	1.227
October 2017 and Later	1.239

NEVADA**1 DENTAL BASE RATES****PER COVERED**

ZIP Codes	Plan	Adult	Dep Child
Statewide	Premier Elite SM	61.49	54.84

3 VISION RATES

	Primary	Each Additional
Statewide	7.50	6.00

2 TREND FACTORS

Effective Dates	Factor
July 2016 through September 2016	1.174
October 2016 and Later	1.186

NORTH CAROLINA**1 DENTAL BASE RATES****PER COVERED**

ZIP Codes	Plan	Adult	Dep Child
Statewide	Premier Choice SM	40.52	36.86
	Primary SM	20.40	23.08
	Primary Preferred SM	32.32	28.78
	Premier Elite SM	53.17	47.42

3 VISION RATES

	Primary	Each Additional
Statewide	7.50	6.00

2 TREND FACTORS

Effective Dates	Factor
July 2016 and Later	1.152

NORTH DAKOTA**1 DENTAL BASE RATES****PER COVERED**

ZIP Codes	Plan	Adult	Dep Child
Statewide	Premier Elite SM	44.02	39.26

3 VISION RATES

	Primary	Each Additional
Statewide	6.40	5.20

2 TREND FACTORS

Effective Dates	Factor
July 2016 through September 2016	1.185
October 2016 through December 2016	1.197
January 2017 through March 2017	1.209
April 2017 through June 2017	1.221
July 2017 through September 2017	1.233
October 2017 and Later	1.245

OHIO**1 DENTAL BASE RATES****PER COVERED**

ZIP Codes	Plan	Adult	Dep Child
Statewide	Premier Choice SM	31.31	28.48
	Primary SM	15.77	17.83
	Primary Preferred SM	24.98	22.24
	Premier Elite SM	45.94	40.97

3 VISION RATES

	Primary	Each Additional
Statewide	7.50	6.00

2 TREND FACTORS

Effective Dates	Factor
July 2016 through September 2016	1.180
October 2016 through December 2016	1.191
January 2017 and Later	1.203

OKLAHOMA**1 DENTAL BASE RATES****PER COVERED**

ZIP Codes	Plan	Adult	Dep Child
730-731, 735,	Premier Choice SM	32.79	29.82
737,740-741,	Primary SM	16.51	18.67
744, 747-749	Primary Preferred SM	26.15	23.28
Statewide	Premier Elite SM	44.99	40.12

3 VISION RATES

	Primary	Each Additional
Statewide	7.50	6.00

2 TREND FACTORS

Effective Dates	Factor
July 2016 through September 2016	1.180
October 2016 through December 2016	1.191
January 2017 through March 2017	1.203
April 2017 through June 2017	1.215
July 2017 through September 2017	1.227
October 2017 and Later	1.239

OREGON**1 DENTAL BASE RATES****PER COVERED**

ZIP Codes	Plan	Adult	Dep Child
970-975,	Premier Choice SM	44.81	40.76
	Primary SM	22.56	25.52
977-979	Primary Preferred SM	35.74	31.82
Statewide	Premier Elite SM	61.49	54.84

3 VISION RATES

	Primary	Each Additional
Statewide	7.50	6.00

2 TREND FACTORS

Effective Dates	Factor
July 2016 through September 2016	1.180
October 2016 through December 2016	1.191
January 2017 through March 2017	1.203
April 2017 through June 2017	1.215
July 2017 through September 2017	1.227
October 2017 and Later	1.239

PENNSYLVANIA**1 DENTAL BASE RATES****PER COVERED**

ZIP Codes	Plan	Adult	Dep Child
Statewide	Premier Choice SM	40.52	36.85
	Primary SM	20.41	23.07
	Primary Preferred SM	32.32	28.78
	Premier Elite SM	57.96	51.70

3 VISION RATES

	Primary	Each Additional
Statewide	7.50	6.00

2 TREND FACTORS

Effective Dates	Factor
July 2016 and Later	1.000

SOUTH CAROLINA**1 DENTAL BASE RATES****PER COVERED**

ZIP Codes	Plan	Adult	Dep Child
Statewide	Premier Choice SM	36.43	33.14
	Primary SM	18.35	20.75
	Primary Preferred SM	29.06	25.87
	Premier Elite SM	47.81	42.64

3 VISION RATES

	Primary	Each Additional
Statewide	7.50	6.00

2 TREND FACTORS

Effective Dates	Factor
July 2016 through September 2016	1.180
October 2016 through December 2016	1.191
January 2017 through March 2017	1.203
April 2017 through June 2017	1.215
July 2017 through September 2017	1.227
October 2017 and Later	1.239

TENNESSEE**1 DENTAL BASE RATES****PER COVERED**

ZIP Codes	Plan	Adult	Dep Child
Statewide	Premier Choice SM	30.13	27.41
	Primary SM	15.17	17.16
	Primary Preferred SM	24.04	21.40
	Premier Elite SM	42.53	37.93

3 VISION RATES

	Primary	Each Additional
Statewide	7.00	5.65

2 TREND FACTORS

Effective Dates	Factor
July 2016 through September 2016	1.180
October 2016 through December 2016	1.191
January 2017 through March 2017	1.203
April 2017 through June 2017	1.215
July 2017 through September 2017	1.227
October 2017 and Later	1.239

TEXAS**1 DENTAL BASE RATES****PER COVERED**

ZIP Codes	Plan	Adult	Dep Child
750-757, 759-763,	Premier Choice SM	33.14	30.14
765-778, 780-789,	Primary SM	16.69	18.88
791, 793-794,	Primary Preferred SM	26.43	23.53
796-797, 799			
Statewide	Premier Elite SM	44.55	39.73

3 VISION RATES

	Primary	Each Additional
Statewide	7.50	6.00

2 TREND FACTORS

Effective Dates	Factor
July 2016 through September 2016	1.180
October 2016 through December 2016	1.191
January 2017 through March 2017	1.203
April 2017 through June 2017	1.215
July 2017 through September 2017	1.227
October 2017 and Later	1.239

UTAH**1 DENTAL BASE RATES****PER COVERED**

ZIP Codes	Plan	Adult	Dep Child
Statewide	Premier Choice SM	35.78	32.54
	Primary SM	18.02	20.38
	Primary Preferred SM	28.54	25.41
	Premier Elite SM	47.65	42.50

3 VISION RATES

	Primary	Each Additional
Statewide	7.50	6.00

2 TREND FACTORS

Effective Dates	Factor
July 2016 through September 2016	1.180
October 2016 through December 2016	1.191
January 2017 through March 2017	1.203
April 2017 through June 2017	1.215
July 2017 through September 2017	1.227
October 2017 and Later	1.239

WASHINGTON**1 DENTAL BASE RATES****PER COVERED**

ZIP Codes	Plan	Adult	Dep Child
Statewide	Premier Choice SM	47.08	42.81
	Primary SM	23.70	26.80
	Primary Preferred SM	37.54	33.43
Statewide	Premier Elite SM	64.60	57.61

3 VISION RATES - Not Available**2 TREND FACTORS****PrimarySM, Primary PreferredSM**

Effective Dates	Factor
July 2016 through September 2016	1.020
October 2016 through December 2016	1.030
January 2017 through March 2017	1.040
April 2017 through June 2017	1.050
July 2017 through September 2017	1.061
October 2017 and Later	1.071

Premier ChoiceSM, Premier EliteSM

Effective Dates	Factor
July 2016 and Later	1.000

WEST VIRGINIA**1 DENTAL BASE RATES****PER COVERED**

ZIP Codes	Plan	Adult	Dep Child
253, 255, 257,	Premier Choice SM	33.49	30.46
260, 262-263,	Primary SM	16.87	19.08
265	Primary Preferred SM	26.72	23.78
Statewide	Premier Elite SM	47.56	42.41

3 VISION RATES

	Primary	Each Additional
Statewide	7.50	6.00

2 TREND FACTORS

Effective Dates	Factor
July 2016 through September 2016	1.180
October 2016 through December 2016	1.191
January 2017 through March 2017	1.203
April 2017 through June 2017	1.215
July 2017 through September 2017	1.227
October 2017 and Later	1.239

WISCONSIN**1 DENTAL BASE RATES****PER COVERED**

ZIP Codes	Plan	Adult	Dep Child
Statewide	Premier Choice SM	31.12	28.31
	Primary SM	15.67	17.73
	Primary Preferred SM	24.83	22.10
	Premier Elite SM	49.17	43.85

3 VISION RATES - Not Available**2 TREND FACTORS**

Effective Dates	Factor
July 2016 through September 2016	1.180
October 2016 through December 2016	1.191
January 2017 through March 2017	1.203
April 2017 through June 2017	1.215
July 2017 through September 2017	1.227
October 2017 and Later	1.239

WYOMING**1 DENTAL BASE RATES****PER COVERED**

ZIP Codes	Plan	Adult	Dep Child
820-831, 834	Premier Elite SM	47.68	42.53

3 VISION RATES

	Primary	Each Additional
Statewide	7.50	6.00

2 TREND FACTORS

Effective Dates	Factor
July 2016 through September 2016	1.180
October 2016 through December 2016	1.191
January 2017 through March 2017	1.203
April 2017 through June 2017	1.215
July 2017 through September 2017	1.227
October 2017 and Later	1.239