

**MICHIGAN DENTAL ASSOCIATION**  
Benefit Rates and Rate Changes

revised 01-14-10

Area 1

January 2010 - December 2010 Monthly Rates (Quarterly Billed)

	Group Number					
	10048	80121	80122	80123	80124	
	<b>&lt;30</b>					
	<b>30 - 44</b>					
	<b>45 - 54</b>					
	<b>55 - 64</b>					
	<b>65+</b>					
<b>CMM 250 (suffix 000)</b> Comprehensive Major Medical Traditional	Single 2 person Family	\$ 390.32 \$ 878.15 \$ 1,092.29	\$ 433.62 \$ 975.60 \$ 1,213.56	\$ 558.69 \$ 1,256.98 \$ 1,563.78	\$ 848.90 \$ 1,909.92 \$ 2,376.43	\$ 710.10 \$ 1,597.64 \$ 1,987.75
<b>CMM 500 (suffix 001)</b> Comprehensive Major Medical Traditional	Single 2-Person Family	\$ 337.01 \$ 758.14 \$ 942.94	\$ 374.41 \$ 842.32 \$ 1,047.69	\$ 482.30 \$ 1,085.06 \$ 1,349.81	\$ 732.68 \$ 1,648.33 \$ 2,050.85	\$ 612.82 \$ 1,378.69 \$ 1,715.25
<b>CMM 1500 (suffix 002)</b> Comprehensive Major Medical Traditional	Single 2-Person Family	\$ 258.59 \$ 581.72 \$ 723.40	\$ 287.23 \$ 646.18 \$ 803.62	\$ 369.95 \$ 832.28 \$ 1,035.25	\$ 561.90 \$ 1,264.10 \$ 1,572.73	\$ 469.88 \$ 1,057.09 \$ 1,315.08
<b>CMM 2500 (suffix 006)</b> Comprehensive Major Medical Traditional	Single 2-Person Family	\$ 234.30 \$ 527.09 \$ 655.39	\$ 260.26 \$ 585.51 \$ 728.10	\$ 335.14 \$ 754.01 \$ 937.84	\$ 508.93 \$ 1,145.00 \$ 1,424.48	\$ 425.55 \$ 957.40 \$ 1,190.99
<b>Flexible Blue Plan 3 (suffix 010)</b> Health Saving Account PPO Network	Single 2-Person Family	\$ 203.32 \$ 457.42 \$ 568.56	\$ 225.89 \$ 508.21 \$ 631.78	\$ 290.78 \$ 654.20 \$ 813.43	\$ 441.33 \$ 992.94 \$ 1,234.96	\$ 369.13 \$ 830.49 \$ 1,032.82
<b>Flexible Blue Plan 4 (suffix 011)</b> Health Saving Account PPO Network	Single 2-Person Family	\$ 228.73 \$ 514.63 \$ 639.82	\$ 254.17 \$ 571.85 \$ 711.02	\$ 327.20 \$ 736.19 \$ 915.53	\$ 496.67 \$ 1,117.51 \$ 1,390.10	\$ 415.35 \$ 934.55 \$ 1,162.39
<b>Community Blue Plan 3 (suffix 003)</b> PPO Network	Single 2-Person Family	\$ 333.99 \$ 751.41 \$ 934.55	\$ 371.14 \$ 835.00 \$ 1,038.59	\$ 477.99 \$ 1,075.43 \$ 1,337.81	\$ 725.97 \$ 1,633.32 \$ 2,032.17	\$ 607.20 \$ 1,366.12 \$ 1,699.61
<b>Community Blue Plan 4 (suffix 004)</b> PPO Network	Single 2-Person Family	\$ 320.33 \$ 720.63 \$ 896.25	\$ 355.95 \$ 800.80 \$ 996.03	\$ 458.42 \$ 1,031.32 \$ 1,282.95	\$ 696.18 \$ 1,566.24 \$ 1,948.72	\$ 582.28 \$ 1,309.98 \$ 1,629.77
<b>Community Blue Plan 12 (suffix 012)</b> PPO Network	Single 2-Person Family	\$ 290.29 \$ 653.09 \$ 812.21	\$ 322.57 \$ 725.74 \$ 902.63	\$ 415.38 \$ 934.56 \$ 1,162.54	\$ 630.75 \$ 1,419.11 \$ 1,765.62	\$ 527.50 \$ 1,186.83 \$ 1,476.52
<b>Supplemental for CMM and CB</b> Complimentary to Medicare	1 Comp 2 Comp	\$ 266.33 \$ 532.92	\$ 296.24 \$ 592.74	\$ 381.09 \$ 762.44	\$ 577.94 \$ 1,156.14	\$ 482.42 \$ 965.12
<b>Supplemental w/o RX (009)</b> Complimentary to Medicare	1 Comp 2 Comp	NA NA	NA NA	NA NA	NA NA	\$ 218.36 \$ 437.00