

Small Group- Virginia Dental Rate Template

Carrier Name:	
Market:	
Rate Effective Date:*	

Component ID	Plan Name	AV for Pediatric EHB	Exchange (On/Off/Both)	Areas Offered	Subscriber Rate	Subscriber/Spouse Rate	Subscriber/Dependent Rate	Family Rate
							Rating Area	Area Factor
							1	
							2	
							3	
							4	
							5	
							6	
							7	
							8	
							9	
							10	
							11	
							12	

* For small group rates that vary by quarter, please provide a separate sheet for each quarter.