Individual- Vii	rginia Dental Rate Te	mplate						
		_						
Carrier Name:								
Market:								
Rate Effective Date:								
Component ID	Plan Name	AV for Pediatric EHB	Exchange (On/Off/Both)	Areas Offered	Ages Offered	Base Rate	Rating Area	Area Factor
							1	
							2	
							3	
							4	
							5	
							6	
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