

DENTAL PPO

	Delta Dental - CURRENT DPO OPTION 1	Delta Dental - Renewal DPO OPTION 1	MettLife OPTION 1 RECOMMENDED	Ameritas Life Insurance Corp. OPTION 1	BCBS OPTION 2	Cigna OPTION 1	Dental Select OPTION 1- Co-	Lincoln Financial Group OPTION 1	The Standard Plan 1	United Concordia OPTION 1	UnitedHealthCare OPTION 1	UNUM OPTION 1
Annual Plan Maximum (Per person, per calendar year)	Per Participant Family \$30 \$150	Per Participant Family \$30 \$1,500	\$30 \$150	\$30 \$150	\$30 \$150	\$30 \$150	\$25 \$75	\$50 \$150	\$30 \$150	\$30 \$150	\$30 \$150	\$30 \$50/\$150 \$50/\$150
Preventive (Per person, per calendar year)	100%	100%	100%	100%	100%	100%	No maximum	100%	100%	100%	100%	100%
Basic Services Age covered	80%	80%	80%	80%	80%	80%	No	80%	80%	80%	80%	80%
Major Services Age limitation Orthodontic lifetime	50% 20 \$1,500	50% 20 \$1,500	50% 20 \$1,500	50% Adult and Child Coverage \$1,500	50% children to age 19 \$1,500	50% \$1,500	20% discount No maximum	50% 25 \$1,500	50% Adult & Child \$1,500	50% None \$1,500	50% Adult & Child \$1,500	50% to any age \$1,500
Frequencies	Frequency	Frequency	Frequency	Frequency	Frequency	Frequency	Frequency	Frequency	Frequency	Frequency	Frequency	Frequency
Periodic Oral Evaluation Intraoral complete Series or Panoramic X- rays	2 in a calendar year 1 in 60 months, combined (history check against each other)	2 in a calendar year 1 in 60 months, combined (history check against each other)	2 times in 1 calendar year 1 time in 5 calendar years	2 per benefit period 1 per 5 years	*	4 per calendar year 1 every 3 calendar years	Not Covered 2x per year	up to 2 per year 1 per 5 years	2 per benefit period 1 in 5 years	Matching Current	2 times per consecutive 12 months 1 time per consecutive 36 months	2 every 12 months
Bleaching X-Rays	1 in calendar year	1 in calendar year	1 time in 1 calendar year	1 per benefit period	*	2 per Calendar Year	2x per year	1 set per year	2 per benefit period	Matching Current	1 Series of Films per Calendar Year	1 set every 12 months under age 19, 1 set every 18 months 50% to adult over 2 every 12 months
Dental Prophylaxis	2 in a calendar year	2 in a calendar year	2 times in 1 calendar year	2 per benefit period	*	2 per Calendar Year	Varies by plan. Refer to full plan summary.	Up to 2 per year	2 per benefit period	Matching Current	2 times per consecutive 12 Months	2 every 12 months
Topical Fluoride Treatment	2 in a calendar year	2 in a calendar year	2 times in 1 calendar year	2 per benefit period	*	1 per Calendar Year	Varies by plan. Refer to full plan summary.	2 per year	2 per benefit period	Matching Current	Under age of 16 years and limited to 2 times per consecutive 12 months	2 every 12 months
Sealants	1 in 36 months	1 in 36 months	1 per tooth in 36 months for a child under age 15	1 per 3 years, age 15 and under	*	1 treatment per tooth every 3 years up to age 14	Varies by plan. Refer to full plan summary.	1 per 36 months	1 per 36 months	Matching Current	Limited to Covered persons under the age of 16 years and once per five or second permanent molar every consecutive 36 months.	1 per tooth every 3 years to age 16
Periodontal Maintenance (Prophy)	4 in calendar year combined with regular cleanings (D1110, D1120)	4 in calendar year combined with regular cleanings (D1110, D1120)	match Delta	2 per benefit period (Dental Prophylaxis contributes to the maintenance too)	*	Various limitations depending on service	1x per 60 months	up to 2 per year	2 per benefit period	Matching Current	Limited to 2 times per consecutive 12 months following active and adjunctive periodontal therapy, exclusive of gross debridement	2 every 12 months
Inlays and Onlays	1 in 60 months	1 in 60 months	1 replacement per tooth in 5 calendar years	1 per 5 years	*	Replacement every 5 years	1x per 60 months	1 per 5 years	1 per 60 months	Matching Current	Limited to 1 time per tooth per consecutive 60 months.	not within 5 years of previous placement
Crowns	1 in 60 months	1 in 60 months	1 replacement per tooth in 5 calendar years	1 per 5 years	*	Replacement every 5 years	Varies by plan	1 per 5 years	1 in 5 years	Matching Current	Limited to 1 time per tooth per consecutive 60 months.	not within 5 years of previous placement
Endodontic endosseous Implants	Non-covered benefit	Non-covered benefit	1 per tooth position in 5 calendar years	Not covered	*	1 every 5 years	1x per 60 months	Not Covered	Not Covered	Matching Current	Limited to 1 time per tooth per lifetime	NA
Dentures	1 in 60 months	1 in 60 months	1 per tooth position in 5 calendar years	1 per 5 years	*	Replacement every 5 years Reviewed if more than once	1x per 60 months	1 per 5 years	1 in 5 years	Matching Current	Limited to 1 per consecutive 60 months. No additional allowances for pre-dent or semi-dentition Once per tooth per consecutive 60 months	not within 5 years of previous placement
Fixed Bridges	1 in 60 months	3 Years	1 per tooth position in 5 calendar years	1 per 5 years	*	2 Years	1 Year	2 Years	1 Year	Matching Current	2 Years	not within 5 years of previous placement
Rate Guarantees												
Employees Only	291	291	\$36.86	\$36.86	\$42.68	\$38.99	\$38.20	\$41.00	\$41.00	\$38.88	\$41.00	\$38.74
Employee + Spouse	112	112	\$72.82	\$76.96	\$84.31	\$72.03	\$75.47	\$81.00	\$81.00	\$76.45	\$81.00	\$78.18
Employee + Child(ren)	117	117	\$82.00	\$80.76	\$88.48	\$80.83	\$79.19	\$85.00	\$85.00	\$80.45	\$85.00	\$80.16
Employee + Family	150	150	\$143.00	\$139.64	\$153.01	\$139.79	\$136.66	\$147.00	\$147.00	\$138.61	\$147.00	\$138.10
Estimated Monthly Premiums - Year 1	\$57,408	\$55,422	\$57,408	\$54,541	\$59,757	\$54,593	\$53,487	\$57,408	\$57,408	\$54,239	\$57,408	\$54,407
Estimated Annual Premiums - Year 1	\$688,896	\$669,864	\$688,896	\$654,892	\$717,079	\$655,113	\$644,842	\$688,896	\$688,896	\$650,867	\$688,896	\$650,867
Estimated Annual Premiums - Year 2	\$669,864	\$669,864	\$669,864	\$679,934	\$788,787	\$655,113	\$706,027	\$688,896	\$757,786	\$650,867	\$688,896	\$650,867
Estimated Annual Premiums - Year 3	\$669,864	\$669,864	\$669,864	\$686,665	\$867,665	\$720,624	\$776,629	\$757,786	\$833,564	\$715,954	\$757,786	\$784,693
Total Contract over 3 Years		\$2,009,592	\$1,907,514	\$2,166,369	\$2,373,531	\$2,030,851	\$2,124,498	\$2,135,578	\$2,280,246	\$2,017,688	\$2,135,578	\$2,146,557

SCORING												
Services Offered (Scale of 1 - 5) - 40	3	4	4	3	2	3	2	3	3	3	3	2
References (Scale of 1-5) - 20 pts	4	3	3	2	3	3	3	3	3	3	3	3
Fees (Scale of 1 - 5) - 40 pts	3	4	4	2	1	3	2	3	2	3	3	2
OVERALL SCORE	3.20	3.80	3.80	2.60	1.80	3.00	2.20	3.00	2.60	3.00	3.00	2.20

DMO

	MetLife	MetLife - Renewal	Cigna	Delta Dental	Dental Select	Lincoln Financial	United Concordia	UnitedHealthCare	UNUM
CURRENT	RECOMMENDED								
Office Visit	\$0	\$0	\$5	\$5	\$25	NA	\$0	NA	\$0
Periodic Oral Evaluation	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
X-Rays - Film periapical 1st film	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
X-Rays - Bitewing - 4	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Prophylaxis - Adult (once in 6 calendar months)	\$0	\$0	\$0	\$0	\$0	\$0	\$11	\$0	\$11
Prophylaxis - Child (once in 6 calendar months)	\$0	\$0	\$0	\$0	\$0	\$0	\$10	\$0	\$10
Resin-based Filling - one surface, anterior	\$0	\$0	\$0	\$5	\$23	\$0	\$33	\$0	\$33
Crown - porcelain high nobel	\$200	\$200	\$450	\$380	\$330	\$225	\$308	\$175	\$308
Endodontics - bicuspid	\$150	\$150	\$245	\$200	\$235	\$135	\$132	\$150	\$132
Extraction - removal of impacted tooth, completely bony	\$75	\$75	\$115	\$110	\$119	\$105	\$110	\$115	\$110
Participation Requirement	Current Level			10%					
Rate Guarantee		2 Years with a 7.5% renewal cap in Year 3	2 Years	2 Years with a 7.5% renewal cap in Year 3	1 Year	1 Year	2 Years	2 Years	1 Year
Employee Only	119	\$8.18	\$7.28	\$7.80	\$8.41	\$16.00	\$7.66	\$10.74	\$11.90
Employee + Spouse	56	\$15.56	\$13.85	\$14.83	\$16.00	\$16.02	\$20.94	\$23.90	\$23.90
Employee + Child(ren)	35	\$18.02	\$16.03	\$17.18	\$18.53	\$17.30	\$22.66	\$26.00	\$26.00
Employee + Family	69	\$26.62	\$23.69	\$25.38	\$27.37	\$23.35	\$32.75	\$44.30	\$44.30
Estimated Monthly Premiums	\$4,312	\$3,838	\$4,111	\$4,434	\$4,025	\$5,504	\$6,721	\$5,519	\$6,721
Estimated Annual Premiums - Year 1	\$51,747.12	\$46,050.96	\$49,334.40	\$53,206.44	\$48,303.72	\$66,042.60	\$80,654.40	\$66,230.64	\$80,654.40
Estimated Annual Premiums - Year 2		\$46,050.96	\$49,334.40	\$53,206.44	\$53,134.09	\$72,646.86	\$80,654.40	\$66,230.64	\$88,719.84
Estimated Annual Premiums - Year 3		\$49,504.78	\$54,267.84	\$57,196.92	\$58,447.50	\$79,911.55	\$88,719.84	\$72,853.70	\$97,591.82
Total Contract over 3 Years	-12.37%	\$141,606.70	\$152,936.64	\$163,609.80	\$159,885.31	\$218,601.01	\$250,028.64	\$205,314.98	\$266,986.06
SCORING									
Services Offered (Scale of 1 - 5) - 40 pts		4	2	3	3	4	2	4	2
References (Scale of 1-5) - 20 pts		4	3	3	3	3	3	3	3
Fees (Scale of 1 - 5) - 40 pts		5	4	3	3	2	1	3	1
OVERALL SCORE		4.40	3.00	3.00	2.60	3.00	1.80	3.40	1.80