



A.S.R.S.

Plan Name: PPO plus Premier

Proposed Effective Date: 01/01/2021

Quote is valid for 60 days from effective date.

If you have questions, please contact:

Heather Mollon | Director, Client Services

Phone: 602-588-3914

Mobile: 623-208-3268

hmollon@deltadentalaz.com



Dental Benefits Proposal for A.S.R.S.
Proposed Effective Date: 01/01/2021
Plan Name: PPO plus Premier
Alternative High Plan Option: A Best and Final

DELTA DENTAL PPO PLUS PREMIER®

Benefit Coverage	Delta Dental PPO Dentist	Delta Dental Premier Dentist ¹	Out-of-Network Dentist ¹
Individual Deductible/Family Deductible	\$50/\$150	\$50/\$150	\$50/\$150
Annual Maximum Benefit	\$2,500	\$2,500	\$2,500
Lifetime Orthodontia	Not covered	Not covered	Not covered
Preventive Services	80%	80%	80%
Basic Services	80% ²	80% ²	80% ²
Major Services	Year 1: 25% Year 2+: 50%	Year 1: 25% Year 2+: 50%	Year 1: 25% Year 2+: 50%
Orthodontia	Not covered	Not covered	Not covered
Rate of Reimbursement	PPO Fee	Premier R&C	80th Percentile
Is Patient Responsible for Dentist's Total Billed Charges?	No	No	Yes - dentist can collect up to their full billed charges

¹ Members may incur higher out-of-pocket costs when seeing a Premier or out-of-network dentist.

² Deductible applies to these services.

Quote Assumes the Following:

- **Proposed Effective Date:** 01/01/2021
- **Assumed Employee Participation:** 43,069 enrolled
- **Assumed Employer Contribution:** 0%

Benefit Highlights:

- **Oral Surgery:** Minor in Basic / Major in Major
- **Periodontics:** Basic
- **Endodontics:** Basic
- **Sealants Covered under:** Preventive
- **Composite Fillings On All Teeth:** No
- **This alternate plan design is meant to match the 2019 high PPO plan**

RATES

Tier 3 Rates	Premium/Month
Employee	\$31.35
Employee + 1	\$62.57
Employee + 2 or more	\$88.54

Rates are guaranteed for 3 years.

Year 4 rate cap: 5%

Year 5 rate cap: 6.5%

If DDAZ is the sole PPO and DHMO carrier, year 4 will have a renewal rate cap of 3% and year 5 will have a renewal rate cap of 4.5%.

Here is how this plan will reimburse providers:

1. **PPO Dentist:**
These in-network dentists agreed to accept lower reimbursement for services so members save the most money.
2. **Premier Dentist:**
These in-network dentists also accept discounted reimbursement for services, but their discount is not as steep.
3. **Out-of-Network Dentist:**
These dentists have not agreed to discount their rates for service, so members who see an out-of-network dentist will have the highest out-of-pocket costs.



Dental Benefits Proposal for A.S.R.S.
Proposed Effective Date: 01/01/2021
Plan Name: PPO plus Premier
Alternative High Plan Option: B Best and Final

DELTA DENTAL PPO PLUS PREMIER®

Benefit Coverage	Delta Dental PPO Dentist	Delta Dental Premier Dentist ¹	Out-of-Network Dentist ¹
Individual Deductible/Family Deductible	\$50/\$150	\$50/\$150	\$50/\$150
Annual Maximum Benefit	\$2,500	\$2,500	\$2,500
Lifetime Orthodontia	Not covered	Not covered	Not covered
Preventive Services	80%	80%	80%
Basic Services	80% ²	80% ²	80% ²
Major Services	Year 1: 25% Year 2+: 50%	Year 1: 25% Year 2+: 50%	Year 1: 25% Year 2+: 50%
Orthodontia	Not covered	Not covered	Not covered
Rate of Reimbursement	PPO Fee	Premier R&C	80th Percentile
Is Patient Responsible for Dentist's Total Billed Charges?	No	No	Yes - dentist can collect up to their full billed charges

¹ Members may incur higher out-of-pocket costs when seeing a Premier or out-of-network dentist.

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Quote Assumes the Following:

- **Proposed Effective Date:** 01/01/2021
- **Assumed Employee Participation:** 43,069 enrolled
- **Assumed Employer Contribution:** 0%

Benefit Highlights:

- **Oral Surgery:** Minor in Basic / Major in Major
- **Periodontics:** Basic
- **Endodontics:** Basic
- **Sealants Covered under:** Preventive
- **Composite Fillings On All Teeth:** Yes
- **Preventive services do not apply to calendar year maximum**
- **This alternate plan design is meant to match the 2020 high PPO plan**

RATES

Tier 3 Rates	Premium/Month
Employee	\$32.92
Employee + 1	\$65.69
Employee + 2 or more	\$92.97

Rates are guaranteed for 3 years.

Year 4 rate cap: 5%

Year 5 rate cap: 6.5%

If DDAZ is the sole PPO and DHMO carrier, year 4 will have a renewal rate cap of 3% and year 5 will have a renewal rate cap of 4.5%.

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Dental Benefits Proposal for A.S.R.S.
Proposed Effective Date: 01/01/2021
Plan Name: PPO plus Premier
Requested High Plan Option: C Best and Final

DELTA DENTAL PPO PLUS PREMIER®

Benefit Coverage	Delta Dental PPO Dentist	Delta Dental Premier Dentist ¹	Out-of-Network Dentist ¹
Individual Deductible/Family Deductible	\$50/\$150	\$50/\$150	\$50/\$150
Annual Maximum Benefit	\$2,500	\$2,500	\$2,500
Lifetime Orthodontia	Not covered	Not covered	Not covered
Preventive Services	100%	100%	100%
Basic Services	80% ²	80% ²	80% ²
Major Services	Year 1: 25% Year 2+: 50%	Year 1: 25% Year 2+: 50%	Year 1: 25% Year 2+: 50%
Orthodontia	Not covered	Not covered	Not covered
Rate of Reimbursement	PPO Fee	Premier R&C	80th Percentile
Is Patient Responsible for Dentist's Total Billed Charges?	No	No	Yes - dentist can collect up to their full billed charges

¹ Members may incur higher out-of-pocket costs when seeing a Premier or out-of-network dentist.

² Deductible applies to these services.

Quote Assumes the Following:

- **Proposed Effective Date:** 01/01/2021
- **Assumed Employee Participation:** 43,069 enrolled
- **Assumed Employer Contribution:** 0%

Benefit Highlights:

- **Oral Surgery:** Minor in Basic / Major in Major
- **Periodontics:** Basic
- **Soft/connective tissue grafts:** Major
- **Endodontics:** Major
- **Pulp caps/pulpotomy:** Basic
- **Sealants Covered under:** Preventive
- **Composite Fillings On All Teeth:** Yes
- **Preventive services do not apply to calendar year maximum**
- **This plan design matches the high PPO plan requested in the RFP**

RATES

Tier 3 Rates	Premium/Month
Employee	\$36.44
Employee + 1	\$72.73
Employee + 2 or more	\$102.93

Rates are guaranteed for 3 years.

Year 4 rate cap: 5%

Year 5 rate cap: 6.5%

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Here is how this plan will reimburse providers:

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