



## 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:

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**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 <sup>1</sup>	Out-of-Network Dentist <sup>1</sup>
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% <sup>2</sup>	80% <sup>2</sup>	80% <sup>2</sup>
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

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

<sup>2</sup> 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%
- **Retention accounting fully insured participating funding arrangement**
- **Retention quoted at 9.7%**

**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	\$32.25
Employee + 1	\$64.37
Employee + 2 or more	\$91.09

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 <sup>1</sup>	Out-of-Network Dentist <sup>1</sup>
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% <sup>2</sup>	80% <sup>2</sup>	80% <sup>2</sup>
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

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**Benefit Highlights:**

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- **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	\$33.86
Employee + 1	\$67.58
Employee + 2 or more	\$95.64

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 <sup>1</sup>	Out-of-Network Dentist <sup>1</sup>
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% <sup>2</sup>	80% <sup>2</sup>	80% <sup>2</sup>
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

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- **Assumed Employer Contribution:** 0%
- **Retention accounting fully insured participating funding arrangement**
- **Retention quoted at 9.7%**

**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	\$37.49
Employee + 1	\$74.82
Employee + 2 or more	\$105.89

Rates are guaranteed for 3 years.

Year 4 rate cap: 5%

Year 5 rate cap: 6.5%

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