



## 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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### 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	\$1,000	\$1,000	\$1,000
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	Not covered	Not covered	Not covered
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:** 4,664 enrolled
- **Assumed Employer Contribution:** 0%
- **Retention accounting fully insured participating funding arrangement**
- **Retention quoted at 9.7%**

#### Benefit Highlights:

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

#### Here is how this plan will reimburse providers:

RATES	
Tier 3 Rates	Premium/Month
Employee	\$16.01
Employee + 1	\$33.84
Employee + 2 or more	\$61.95

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%.

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 Low Plan Option: B Best and Final**

**DELTA DENTAL PPO PLUS PREMIER®**

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Individual Deductible/Family Deductible	\$50/\$150	\$50/\$150	\$50/\$150
Annual Maximum Benefit	\$1,000	\$1,000	\$1,000
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	Not covered	Not covered	Not covered
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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- **Retention quoted at 9.7%**

**Benefit Highlights:**

- **Minor Oral Surgery:** Basic
- **Minor Periodontics:** 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 low PPO plan**

**RATES**

Tier 3 Rates	Premium/Month
Employee	\$17.00
Employee + 1	\$35.93
Employee + 2 or more	\$65.78

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:**  
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- 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**  
**Requested Low 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	\$1,000	\$1,000	\$1,000
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	Not covered	Not covered	Not covered
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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- **Retention quoted at 9.7%**

**Benefit Highlights:**

- **Minor Oral Surgery:** Basic
- **Minor Periodontics:** Basic
- **Sealants Covered under:** Preventive
- **Composite Fillings On All Teeth:** Yes
- **Preventive Services do not apply to calendar year maximum**
- **Space Maintainers covered to age 18**
- **This plan design is meant to match the requested 2021 low PPO plan**

**RATES**

Tier 3 Rates	Premium/Month
Employee	\$17.07
Employee + 1	\$36.10
Employee + 2 or more	\$66.09

Rates are guaranteed for 3 years.

Year 4 rate cap: 5%

Year 5 rate cap: 6.5%

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