

## Plans and Rates

## Arizona State Retiree System

<b>ASRS DHMO</b>	
<b>Availability</b>	This DeltaCare® USA plan design is available only to those retirees who reside within network service areas in AK, AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, MI, MN, MO, MT, NC, NE, NJ, NM, NV, NY, OH, OR, OK, PA, RI, SC, TN, TX, UT, VA, WA, WI, WY & WV.
<b>DeltaCare® USA Plan ASRS DHMO - subject to approval by the Arizona Department of Insurance</b>	

<b>Contract Type</b>		<b>Non-Retention (Non-Participating)</b>				
<b>Contract Term</b>		<b>01/01/2021 to 12/31/2025</b>				
		<b>Guaranteed</b>	<b>NTE*</b>	<b>NTE*</b>		
<b>Rate Effective Dates</b>	<b>From</b>	01/01/2021	01/01/2024	01/01/2025		
	<b>To</b>	12/31/2023	12/31/2024	12/31/2025		
Enrollee only		\$16.04	\$16.52	\$17.02		
Enrollee + 1 Dependent		\$26.82	\$27.62	\$28.45		
Enrollee + 2 or more Dependents		\$45.09	\$46.44	\$47.83		
*Rates indicated as NTE are not-to-exceed the value provided in this column.						
The above rates include 0.00% broker commission.						
Created Date: 03/04/2020. The above rates are not valid unless accompanied by the provisions in the attached pages.						

# Assumptions and Guidelines

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## Arizona State Retiree System

ASRS DHMO

The rates quoted in this proposal are based on the information provided to Delta Dental at the time the proposal was released. This proposal is not a contract. If the group wishes to sign a contract with Delta Dental, it will be required to complete and sign a Group Application. Delta Dental's acceptance of a completed Group Application will be based on verification of group enrollment specifications.

If during the Contract Term any new or increased tax, assessment or fee is imposed on the amounts payable to or by Delta Dental under this Contract or any immediately preceding contract between Delta Dental and Contractholder, the Premium amount will be increased by the amount of any such new or increased tax, assessment or fee by written notice to Contractholder, and the Contract shall thereby be modified on the date set forth in the notice.

### **Fully Insured Non-Retention Contract**

Any profit or loss remaining at the end of the contract period will be absorbed by Delta Dental. The client assumes no liability in a loss situation.

### **Rate Guarantee**

Rates are valid if purchased by the proposed effective date of 1/1/21. Delta Dental recommends 90 days advance notice for implementation.

### **Contribution and Participation**

Rates assume a single submission of eligibility and single payment of premium..

### **Eligibility**

Eligible retirees may enroll on the first day of the month following completion of the employer's required eligibility period. Eligible retirees who decline dental coverage may elect to enroll at the next open enrollment. The same requirements also apply for dependent coverage. Primary enrollees electing dependent coverage must enroll all eligible dependents in the dental program. Eligibility for retirees and dependents is subject to all state laws or regulatory requirements. Enrollees eligible for optional continuation of group benefits under the Consolidated Omnibus Reconciliation Act of 1986 (COBRA) may continue coverage as allowed by law.

### **Limitations and Exclusions**

The proposed plan will be administered under Delta Dental's benefits, limitations and exclusions.

**Program Design Detail**

A complete listing of covered services and patient co-payments is included in the attached table.

**Delta Dental Plan Information**

MF1

Customer service for DeltaCare USA enrollees will be provided by Delta Dental Insurance Company (“Delta Dental”), administrator for the DeltaCare USA program.

Delta Dental will issue ID cards for DeltaCare USA.

Delta Dental reserves the right to review and approve all printed material related to the DeltaCare USA program.

**Minor Variations in Plan Design**

There may be minor state specific differences in the limitations, exclusions and governing administrative policies of the DeltaCare USA plans offered. Such variations are the result of legislative requirements of each state’s regulatory body.

\* DeltaCare® USA is underwritten in these states by these entities: AL — Alpha Dental of Alabama, Inc.; AZ — Alpha Dental of Arizona, Inc.; CA — Delta Dental of California; AR, CO, IA, MA, ME, MI, MN, NC, ND, NE, NH, OK, OR, RI, SC, SD, VA, VT, WA, WI, WY — Dentegra Insurance Company; AK, CT, DC, DE, FL, GA, KS, LA, MS, MT, TN and WV — Delta Dental Insurance Company; HI, ID, IL, IN, KY, MD, MO, NJ, OH, TX — Alpha Dental Programs, Inc.; NV — Alpha Dental of Nevada, Inc.; UT — Alpha Dental of Utah, Inc.; NM — Alpha Dental of New Mexico, Inc.; NY — Delta Dental of New York, Inc.; PA — Delta Dental of Pennsylvania. Delta Dental Insurance Company acts as the DeltaCare® USA administrator in all these states. These companies are financially responsible for their own products.

**TMJ Rider for Washington retirees only**

<b>DeltaCare USA® Washington State TMJ Rider (Offered to Washington enrollees only)</b>	<b>TMJ Option 1</b>
TMJ copay	50%*
Calendar year Maximum	\$1,000
Lifetime Maximum	\$5,000

<b>Monthly Rates</b>			
Guaranteed	01/01/2021 to 12/31/2025		
Enrollee only	\$0.82		
Enrollee + 1 Dependent	\$1.37		
Enrollee + 2 or more Dependents	\$2.02		

<b>DeltaCare USA® Washington State TMJ Rider (Offered to Washington enrollees only)</b>	<b>TMJ Option 2</b>
TMJ copay	50%*
Calendar year Maximum	\$500
Lifetime Maximum	\$1,000

<b>Monthly Rates</b>			
Guaranteed	01/01/2021 to 12/31/2025		
Enrollee only	\$0.16		
Enrollee + 1 Dependent	\$0.27		
Enrollee + 2 or more Dependents	\$0.40		

\*The Plan will pay 50% of the dentist's usual fees or the fees actually charged, whichever is less, for all covered TMJ procedures, as noted in the Rider Option description document, up to the maximums shown, per enrollee less any co-insurance for covered procedures.