



DENTAL CLIENT



OVERVIEW

This presentation is a two year analysis of utilization and cost for DENTAL CLIENT. The analysis is based on claims incurred from January 2017 through December 2017 compared to claims incurred from January 2018 through December 2018. The years are referenced as 2017 and 2018.

Most metrics are compared to United Concordia's PPO Book of Business Norm.



ENROLLMENT AND DEMOGRAPHICS



OVERVIEW ENROLLMENT AND DEMOGRAPHICS

The following slides show changes in enrollment and demographics for the population and segments that are subject to this analysis.

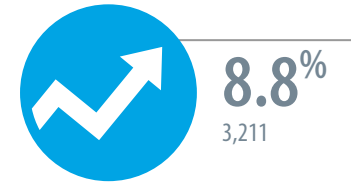
Enrollment is presented by age categories and relationship, relationship and gender and by enrollment tier.

ENROLLMENT BY AGE AND RELATIONSHIP

2017				2018			NORM
AGE RANGE	AVERAGE AGE	MEMBERS	% TOTAL	AVERAGE AGE	MEMBERS	% TOTAL	
EMPLOYEE	50.2	1,456	100.0%	50.2	1,568	100.0%	48.2
<25		23	1.6%		28	1.8%	
25 - 29		91	6.3%		105	6.7%	
30 - 34		120	8.2%		122	7.8%	
35 - 39		132	9.1%		141	9.0%	
40 - 44		132	9.0%		148	9.5%	
45 - 49		170	11.7%		181	11.6%	
50 - 54		181	12.5%		191	12.2%	
55 - 59		205	14.1%		207	13.2%	
60 - 64		169	11.6%		192	12.2%	
65 - 79		217	14.9%		234	14.9%	
80>		16	1.1%		18	1.2%	
SPOUSE	51.5	600	100.0%	52.0	645	100.0%	49.9
<25		4	0.6%		4	0.7%	
25 - 29		26	4.3%		23	3.6%	
30 - 34		45	7.5%		47	7.2%	
35 - 39		58	9.7%		52	8.1%	
40 - 44		50	8.3%		62	9.6%	
45 - 49		74	12.3%		78	12.1%	
50 - 54		82	13.6%		91	14.1%	
55 - 59		86	14.3%		96	14.9%	
60 - 64		73	12.1%		73	11.3%	
65 - 79		100	16.7%		111	17.1%	
80>		4	0.7%		8	1.3%	
DEPENDENT	14.3	895	100.0%	14.4	999	100.0%	13.4
1 - 4		83	9.3%		102	10.2%	
5 - 9		146	16.3%		159	15.9%	
10 - 14		197	22.0%		212	21.2%	
15 - 19		240	26.8%		250	25.1%	
20 - 24		190	21.3%		230	23.1%	
25>		38	4.3%		46	4.6%	
TOTAL	39.6	2,951	100.0%	39.4	3,211	100.0%	37.7

TOTAL PLAN MEMBERS

2017 to 2018



KEY FINDINGS

The average age for the client is 39.4 which is greater than the norm of 37.7. Oral health behaviors and concerns are different at every stage of life. Prevention is very important to help control oral health issues but also has a positive impact on overall health.

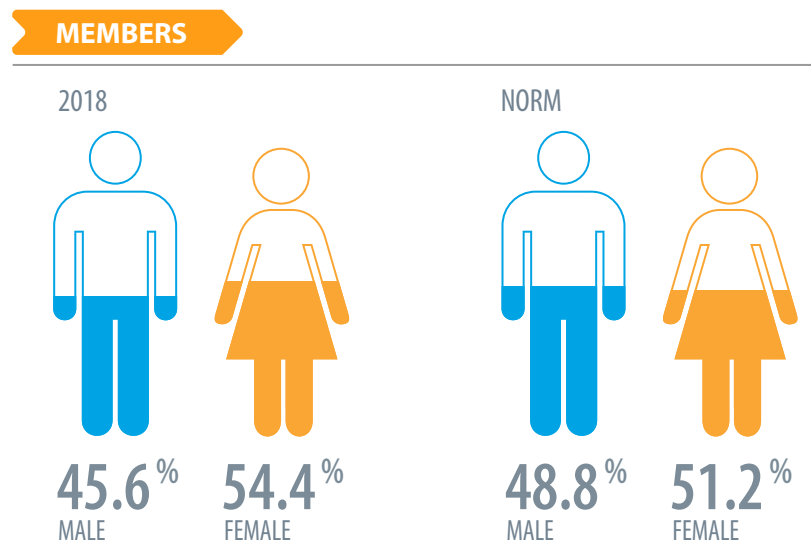
- **Younger populations** (20 - 30's) will have less oral health issues and will likely be focusing on prevention.
- **Middle aged populations** (40 - 50's) will begin facing periodontal and restorative procedures. Also, this age group is more likely than younger members to have chronic conditions and use medication that impact oral health.
- **Older populations** (60 - 70's) workers are remaining in the workforce longer. This age group is likely to have chronic conditions and use medication that impact oral health. For many different reasons, older adults are less likely to go to the dentist for regular exams.

ENROLLMENT BY RELATIONSHIP AND GENDER

The percent of females is 54% of membership, compared to the norm of 51%. The percent of males is 46% of membership, compared to the norm of 49%.

- **Male population** Men are less likely to visit a dentist for preventive care and are often found to only see a dentist when a problem arises which could cost more. The prevalence for periodontal disease in men is 56% compared to women at 38% nationally.
- **Female population** Women tend to visit the dentist more regularly for preventive care. Women have specific oral health needs due to hormone changes throughout the many phases of their lives. Pregnancy is an especially important time to focus on oral health as many women will experience pregnancy gingivitis.

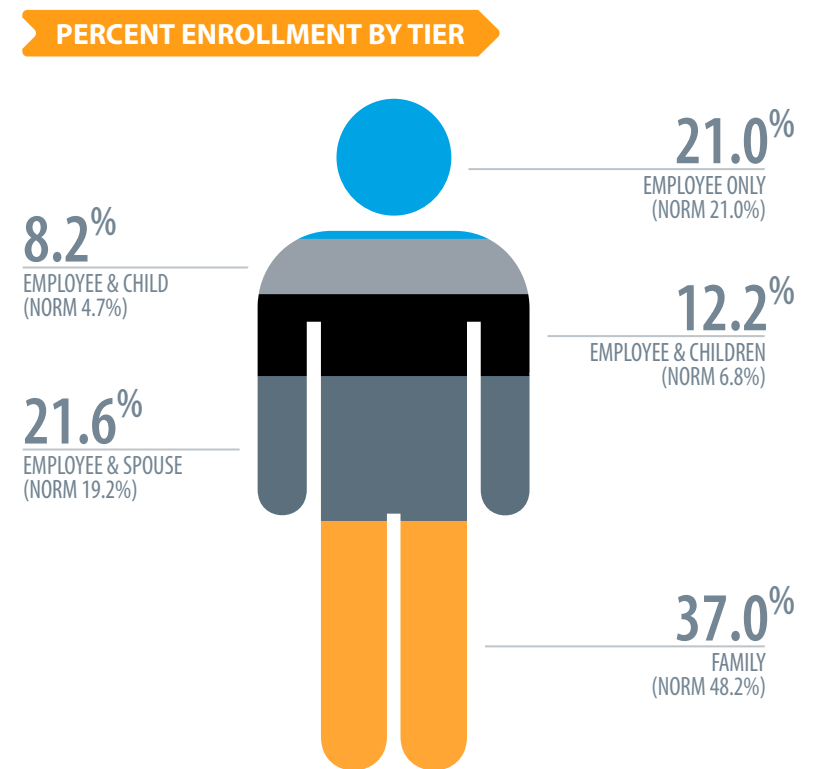
		2017	2018
RELATIONSHIP		MEMBERS	MEMBERS
EMPLOYEE	MALE	678 (47%)	738 (47%)
	FEMALE	777 (53%)	830 (53%)
SPOUSE	MALE	213 (36%)	232 (36%)
	FEMALE	387 (64%)	412 (64%)
DEPENDENT	MALE	431 (48%)	494 (50%)
	FEMALE	464 (52%)	503 (50%)
TOTAL		2,951	3,209



ENROLLMENT BY TIER

- Enrollment increased by 8.7% and the ratio of members to employees increased from 2.03 to 2.05 which was lower than the norm of 2.13.
- Enrollment was driven by changes in enrollment in the Employee Only, Employee and Child, Employee and Children, Employee and Spouse and Family tiers.
- An increase in contracts including children, could lead to an increase in procedures and services surrounding wisdom teeth and orthodontia.

	2017		2018	
ENROLLMENT TIER	MEMBERS	CONTRACTS	MEMBERS	CONTRACTS
Employee Only	638	638	675	675
Employee and Spouse	640	320	692	346
Employee and Child	248	124	264	132
Employee and Children	318	94	391	116
Family	1,106	280	1,188	299
TOTAL	2,951	1,456	3,209	1,568





FINANCIAL OVERVIEW



OVERVIEW FINANCIAL OVERVIEW

The following slides show changes in overall finances for this analysis. The financial statistics are presented for the total population, by age and relationship, and by enrollment tier.

FINANCIAL OVERVIEW

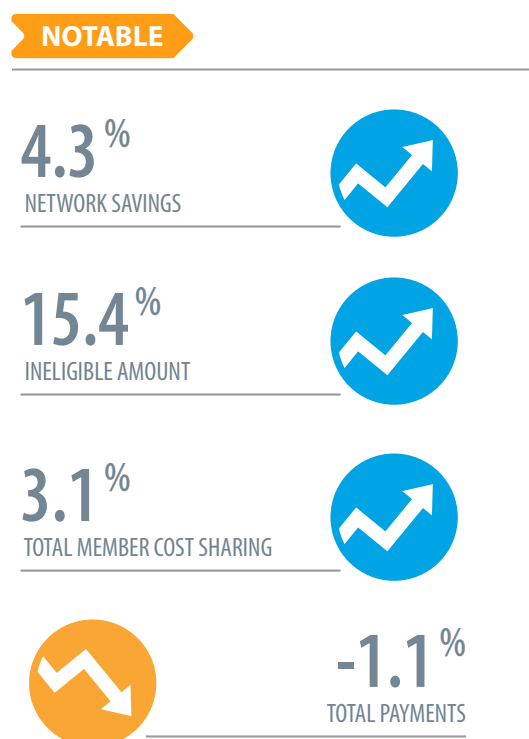
PAYMENTS BY PAYOR

- Total company payments PEPY decreased 1.1% to \$468 PEPY which is less than the norm of \$533 PEPY.
- Total member cost sharing PEPY increased 3.1% and was 34.5% of allowed charges which is greater than the norm of 29.0%.
- Network savings was 36.3% of eligible charges. Network savings increased by 4.3%.

	2017		2018		
	TOTAL	PEPY	TOTAL	PEPY	% CHANGE
Submitted Charge	\$2,077,876	\$1,427.28	\$2,340,857	\$1,493.37	4.6%
Ineligible Amount	\$450,324	\$309.32	\$559,771	\$357.11	15.4%
Eligible Charges	\$1,627,552	\$1,117.95	\$1,781,086	\$1,136.26	1.6%
In Network Savings	\$556,299	\$382.12	\$629,839	\$401.81	5.2%
Out of Network Savings	\$19,017	\$13.06	\$16,086	\$10.26	-21.4%
Network Savings	\$575,316	\$395.18	\$645,925	\$412.07	4.3%
Allowed Charges	\$1,052,236	\$722.77	\$1,135,161	\$724.19	0.2%
Deductible	\$46,222	\$31.75	\$48,672	\$31.05	-2.2%
Copayments	\$0	\$0.00	\$0	\$0.00	0.0%
Coinsurance	\$272,198	\$186.97	\$293,840	\$187.46	0.3%
Other Mem Liability*	\$34,363	\$23.60	\$49,222	\$31.40	33.0%
Total Member Cost Sharing	\$352,783	\$242.32	\$391,734	\$249.91	3.1%
Coordination of Benefits	\$9,780	\$6.72	\$8,916	\$5.69	-15.3%
Ortho Prior Payments	\$0	\$0.00	\$362	\$0.23	0.0%
Ortho Remaining Liability	\$0	\$0.00	\$0	\$0.00	0.0%
Total Other Liability	\$9,780	\$6.72	\$9,278	\$5.92	-11.9%
Total Company Payments	\$689,673	\$473.73	\$734,149	\$468.36	-1.1%

* Including Over Maximum

2018 to 2017
Comparison

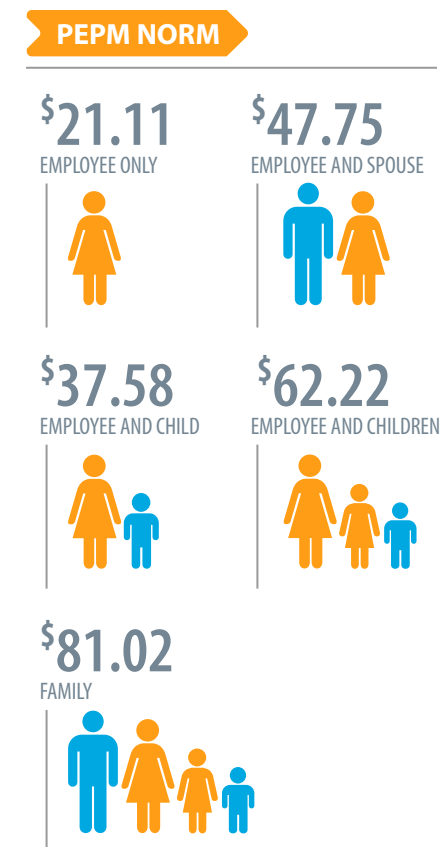


FINANCIAL OVERVIEW

PAYMENTS BY TIER

- Payments PEPM decreased by 1.1% which is less than the PEPM norm.

ENROLLMENT TIER	2017			2018			% CHANGE
	TOTAL	PEPM	CONTRACTS	TOTAL	PEPM	CONTRACTS	
Employee Only	\$165,978	\$21.69	638	\$167,457	\$20.66	675	-4.7%
Employee and Spouse	\$156,882	\$40.83	320	\$173,502	\$41.79	346	2.3%
Employee and Child	\$55,869	\$37.50	124	\$57,463	\$36.23	132	-3.4%
Employee and Children	\$73,159	\$65.09	94	\$84,988	\$61.32	116	-5.8%
Family	\$237,786	\$70.73	280	\$250,739	\$70.00	299	-1.0%
TOTAL	\$689,673	\$39.48	1,456	\$734,149	\$39.03	1,568	-1.1%



FINANCIAL OVERVIEW

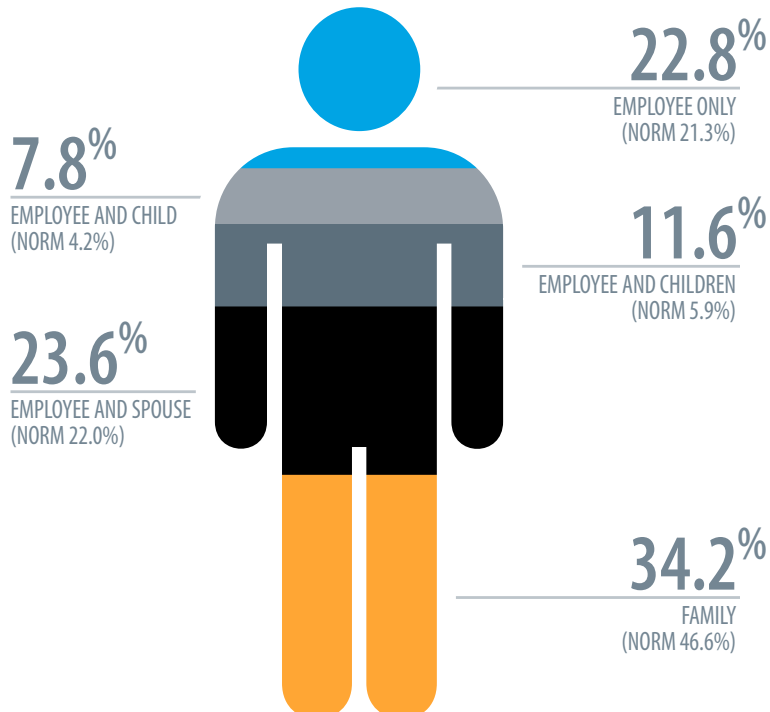
PAYMENTS BY RELATIONSHIP AND TIER

	2017		2018		CHANGE	NORM
	TOTAL	PMPM	TOTAL	PMPM	PERCENT	NORM
EMPLOYEE	\$375,945	\$21.52	\$390,945	\$20.78	-3.4%	\$21.75
SPOUSE	\$139,682	\$19.39	\$146,479	\$18.94	-2.3%	\$21.04
DEPENDENT	\$174,046	\$16.21	\$196,726	\$16.41	1.2%	\$19.46
TOTAL	\$689,673	\$19.48	\$734,149	\$19.05	-2.2%	\$20.88

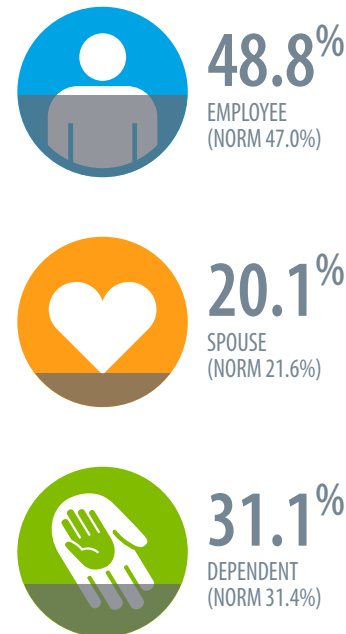
KEY FINDINGS

- The cost was less than the norm for all relationship types.
- Employees represent 48.8% of the members in the population and 53.3% of the total payments.
- Spouses represent 20.1% of the members in the population and 20.0% of the total payments.
- Dependents represent 31.1% of the members in the population and 26.8% of the total payments.

PERCENT OF PAYMENT AND NORM



PERCENT OF MEMBERSHIP



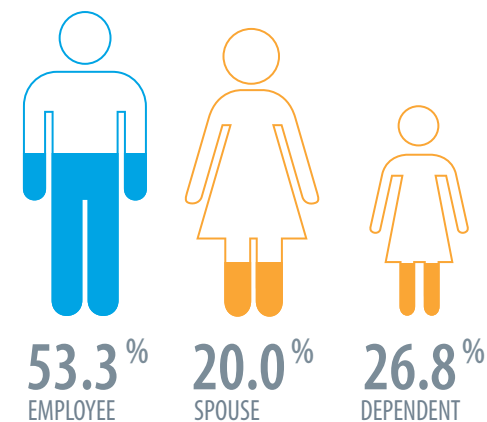
FINANCIAL OVERVIEW

PAYMENTS BY AGE & RELATIONSHIP

	2017		2018		
	TOTAL	PMPM	TOTAL	PMPM	% CHANGE
EMPLOYEE	\$375,945	\$21.52	\$390,945	\$20.78	-3.4%
<25	\$4,549	\$16.42	\$4,813	\$14.37	-12.5%
25 - 29	\$20,859	\$19.10	\$20,586	\$16.29	-14.7%
30 - 34	\$22,139	\$15.41	\$26,903	\$18.38	19.3%
35 - 39	\$27,955	\$17.63	\$36,733	\$21.75	23.4%
40 - 44	\$38,369	\$24.27	\$29,523	\$16.59	-31.6%
45 - 49	\$46,058	\$22.56	\$53,023	\$24.36	8.0%
50 - 54	\$45,425	\$20.87	\$35,114	\$15.31	-26.6%
55 - 59	\$50,231	\$20.44	\$51,554	\$20.80	1.8%
60 - 64	\$45,127	\$22.22	\$49,449	\$21.48	-3.3%
65 - 79	\$68,310	\$26.27	\$75,469	\$26.88	2.3%
80>	\$6,924	\$36.44	\$7,778	\$35.51	-2.6%
SPOUSE	\$139,682	\$19.39	\$146,479	\$18.94	-2.3%
<25	\$0	\$0.00	\$504	\$9.89	0.0%
25 - 29	\$7,004	\$22.67	\$2,995	\$10.77	-52.5%
30 - 34	\$6,690	\$12.46	\$7,052	\$12.64	1.4%
35 - 39	\$12,218	\$17.45	\$7,832	\$12.47	-28.5%
40 - 44	\$9,278	\$15.57	\$13,586	\$18.26	17.3%
45 - 49	\$9,664	\$10.92	\$15,793	\$16.82	54.0%
50 - 54	\$17,964	\$18.33	\$19,445	\$17.89	-2.4%
55 - 59	\$23,072	\$22.40	\$22,451	\$19.49	-13.0%
60 - 64	\$19,501	\$22.34	\$17,589	\$20.17	-9.7%
65 - 79	\$32,278	\$26.83	\$36,640	\$27.63	3.0%
80>	\$2,013	\$41.95	\$2,592	\$26.18	-37.6%
DEPENDENT	\$174,046	\$16.21	\$196,726	\$16.41	1.2%
1 - 4	\$10,002	\$10.04	\$13,163	\$10.80	7.6%
5 - 9	\$33,329	\$19.00	\$34,542	\$18.11	-4.7%
10 - 14	\$45,879	\$19.43	\$57,309	\$22.53	16.0%
15 - 19	\$48,133	\$16.71	\$51,552	\$17.16	2.7%
20 - 24	\$27,677	\$12.12	\$32,261	\$11.68	-3.6%
25>	\$9,027	\$19.67	\$7,897	\$14.41	-26.7%
TOTAL	\$689,673	\$19.48	\$734,149	\$19.05	-2.2%

2018 to 2017
Comparison

PERCENT OF PAYMENTS



KEY FINDINGS

- Employees represent 48.8% of the total population and 53.3% of the total payments.
- Dependents costs increased 1.2% PMPM.



COSTS AND UTILIZATION



OVERVIEW COST AND UTILIZATION

The following slides show changes in cost and utilization by Dental Benefit Category.

COST AND UTILIZATION SUMMARY BY DENTAL CATEGORIES

- The top five dental categories account for 83.6% of the total cost PEPM in 2017.
- When compared to the norm, PROSTHODONTICS, REMOVABLE (5000 - 5899) and ADJUNCTIVE GENERAL SERVICES (9000 - 9999) are at least 10% higher than the norm.
- It is typical of better oral health that the top categories of, diagnostic and preventive, make up around 68-72% of overall utilization. Routine dental exams can help identify and address problems before they require expensive treatment or time away from work, school, or your favorite activity.

		2017		2018		NORM		
		MEMBERS	PEPM	MEMBERS	PEPM	CHANGE	PEPM	CHANGE
1	DIAGNOSTIC (0100 - 0999)	1,866	\$9.89	1,995	\$10.28	\$0.39	\$9.70	\$0.58
2	PREVENTIVE (1000 - 1999)	1,633	\$8.91	1,731	\$8.75	-\$0.16	\$9.26	-\$0.51
3	RESTORATIVE (2000 - 2999)	618	\$8.76	640	\$7.89	-\$0.87	\$11.95	-\$4.06
4	ENDODONTICS (3000 - 3999)	131	\$3.45	136	\$3.27	-\$0.18	\$3.15	\$0.12
	PERIODONTICS (4000 - 4999)	140	\$1.19	150	\$1.08	-\$0.11	\$1.49	-\$0.41
	PROSTHODONTICS, REMOVABLE (5000 - 5899)	55	\$1.03	50	\$1.13	\$0.10	\$0.66	\$0.47
	OTHER PROSTHETICS & IMPLANTS (5900 - 6999)	35	\$1.41	39	\$1.74	\$0.33	\$1.83	-\$0.09
5	ORAL & MAXILLOFACIAL SURGERY (7000 - 7999)	185	\$2.67	213	\$2.41	-\$0.26	\$2.74	-\$0.33
	ORTHODONTICS (8000 - 8999)	23	\$1.05	26	\$1.25	\$0.20	\$2.63	-\$1.38
	ADJUNCTIVE GENERAL SERVICES (9000 - 9999)	136	\$1.12	155	\$1.21	\$0.09	\$1.01	\$0.20
TOTAL			\$39.48		\$39.01	-\$0.47	\$44.42	-\$5.41

2018 to 2017
Comparison

2018 to NORM
Comparison



SUMMARY



OVERVIEW SUMMARY

The following slides show summary or additional analyses such as Network Analysis and Users by Relationship.

OVERVIEW

NETWORK ANALYSIS

2017

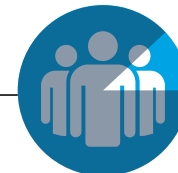
2018

OVERALL STATUS

	IN-NET	OUT-OF-NET	TOTAL	IN-NET	OUT-OF-NET	TOTAL
SERVICES	9,242	1,775	11,017	10,710	1,459	12,169
NETWORK PERCENTAGE	84%	16%	100%	88%	12%	100%
PROVIDER CHARGE	\$1,370,238	\$257,315	\$1,627,552	\$1,559,068	\$222,018	\$1,781,086
ALLOWED AMOUNT	\$813,938	\$238,298	\$1,052,236	\$929,229	\$205,932	\$1,135,161
APPROVED AMOUNT	\$522,909	\$166,765	\$689,673	\$599,087	\$135,062	\$734,149
NETWORK SAVINGS	\$556,299	\$19,017	\$575,316	\$629,839	\$16,086	\$645,925
NETWORK DISCOUNT	41%	7%	35%	40%	7%	36%

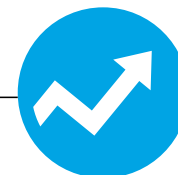
AVERAGE SAVINGS PER SERVICE ► \$ 60.19 ► \$ 10.71 ► \$ 52.22 ► \$ 58.81 ► \$ 11.03 ► \$ 53.08

88.0%
IN-NETWORK

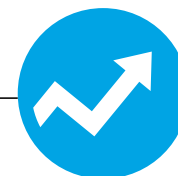


% CHANGE

0.9%
NETWORK
DISCOUNT



1.6%
SAVINGS
PER SERVICE



KEY FINDINGS

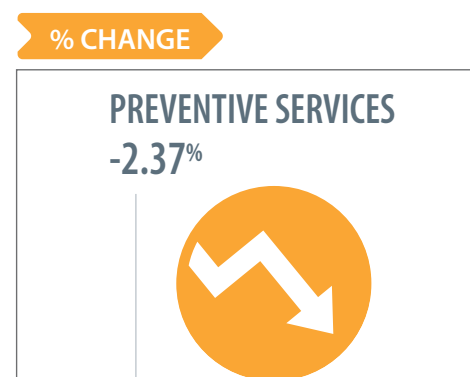
- In-Network percentage is 88% and has increased from 2017 to 2018
- In-Network discount is 40% and delivered \$629,839 in-network savings

There is value in encouraging members to use an in-network dentist. Network dentists agree to accept United Concordia's discounted fees as payment in full for covered services. Non-network dentists can charge more for services and balance bill members. United Concordia continues to analyze member access to network providers and will work with DENTAL CLIENT to assure the appropriate network is being used to minimize gaps of coverage, increase provider access and in-network savings.

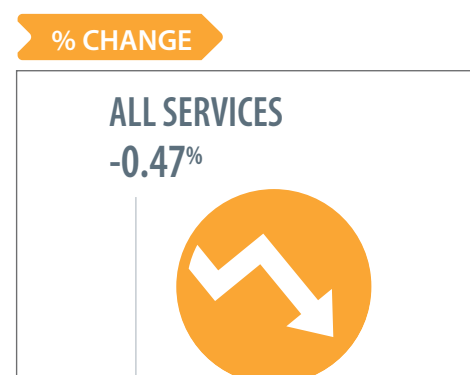
OVERVIEW

USERS BY RELATIONSHIP

PREVENTIVE SERVICES				2017			2018		
RELATIONSHIP	UNIQUE		%	UNIQUE		%	UNIQUE		%
	USERS	MEMBERS		USERS	MEMBERS		USERS	MEMBERS	
EMPLOYEE	846	1,456	58.11%	891	1,568	56.84%			
SPOUSE	315	600	52.47%	328	645	50.89%			
DEPENDENT	557	895	62.26%	605	997	60.69%			
TOTAL	1,718	2,951	58.22%	1,824	3,209	56.84%			



ALL SERVICES				2017			2018		
RELATIONSHIP	UNIQUE		%	UNIQUE		%	UNIQUE		%
	USERS	MEMBERS		USERS	MEMBERS		USERS	MEMBERS	
EMPLOYEE	960	1,456	65.94%	1,040	1,568	66.35%			
SPOUSE	373	600	62.13%	389	645	60.36%			
DEPENDENT	586	895	65.51%	648	997	65.00%			
TOTAL	1,919	2,951	65.03%	2,077	3,209	64.73%			



KEY FINDINGS

- Overall preventive services decreased.
- Employee preventive services decreased from 58% to 57%.
- Spouse preventive services decreased from 52% to 51%.
- Child preventive services decreased from 62% to 61%.
- When benefits are used for preventive dental care, members and companies get more from their dental insurance investment. Routine dental exams can help identify and address problems before they require more costly treatments.

GLOSSARY OF TERMS

COMMON HEALTH CARE BENEFITS TERMS

ALLOWED AMOUNT	The amount allowed by the coverage, or negotiated with the participating provider, for a service.
APPROVED AMOUNT	Total Amount paid to Dentists and/or Members for eligible services after discounts and benefits have been applied.
CDT CODES	Current Dental Technology (CDT) is a code set with descriptive terms developed and updated by the American Dental Association (ADA) for reporting dental services and procedures to dental benefit plans.
COINSURANCE	The part of the dentist's fee that the patient is required to pay to the dentist after the patient's insurance carrier has paid its portion (after any deductible).
CONTRACT	The applicant for and owner of the insurance policy; also referred to as "policyholder."
CONTRACT MONTHS	The number of contracts times the number of months enrolled.
COORDINATION OF BENEFITS	A provision in an insurance contract that applies when a person is covered by more than one insurance plan. It requires all insurance plans to coordinate with each other when paying benefits in order to avoid repeat payments or overpayment.
COPAYMENT	A fixed dollar amount that a member covered under certain dental plans (such as a DHMO plan) is required to pay at the time the service is rendered.
DEDUCTIBLE	The amount of dental expense the member must pay before the dental plan will consider payment of benefits.
DENTAL CATEGORY	A grouping of similar procedures codes (i.e. Diagnostic, Preventive, Restorative, etc.)
ELIGIBLE CHARGES	The submitted charges less any ineligible amounts.
ENROLLMENT TIER	The category for which a contract holder elects coverage (i.e., employee only, employee and child, employee and children, employee and spouse and family).
INELIGIBLE AMOUNT	The amount of submitted charges not covered based on benefit design, policy, advisor review, eligibility, administrative, etc.

IN-NETWORK	Services provided by dentists contracted by a plan's network.
MEMBER	A person who receives benefits under a dental benefit contract; also known as "member", "insured", "covered person" or "beneficiary."
MEMBER MONTHS	The number of members times the number of months enrolled.
NETWORK SAVINGS	The amount of savings between eligible charge and allowable charge (i.e. discount)
NORM	The benchmark used to compare the client's data to a specific set of book of business data
ORTHO REMAINING LIABILITY	The monetary amount owed for the interim and final orthodontic payments. The member is liable for this amount if they lose coverage or benefits.
ORTHODONTIC PRIOR PAYMENTS	The monetary amount that was previously paid for orthodontic treatment by a previous carrier or prior orthodontic phase.
ORTHODONTIC PRIOR TO COVERAGE	The monetary amount for which the member is liable for the period of time they did not have orthodontic benefits with the plan.
OUT OF NETWORK	Any dentist who is not part of a dental plan's dental provider network; also known as a "nonparticipating" or "non-network" dentist..
PEPM	Per Employee per Month - calculated by dividing payments by the number of contract months
PMPM	Per Member per Month - calculated by dividing payments by the number of member months
RELATIONSHIP	The relationship of the member to the contract (i.e. employee, spouse or dependent)
SERVICE	The delivery of a dental procedure.
SUBMITTED CHARGE	The dollar amount billed by the dentist.
TOTAL COMPANY PAYMENTS	Total Amount paid to Dentists and/or Members for eligible services after discounts and benefits have been applied.
TOTAL MEMBER COST SHARE	The sum of member liabilities such as deductible, coinsurance, amount over maximum, etc.