



BOARD OF COUNTY COMMISSIONERS SUMTER COUNTY, FLORIDA

10/01/2012 Dental Marketing

|                                | FLORIDA COMBINED LIFE |                | DELTA DENTAL              |                | HUMANA               |                   | UNITED CONCORDIA     |                   |
|--------------------------------|-----------------------|----------------|---------------------------|----------------|----------------------|-------------------|----------------------|-------------------|
|                                | CURRENT               |                | PPO Dental                |                | PPO Dental           |                   | PPO Dental           |                   |
| Benefits                       | In Network            | Out of Network | In Network                | Out of Network | In Network           | Out of Network    | In Network           | Out of Network    |
| Deductible                     |                       |                |                           |                |                      |                   |                      |                   |
| Per Person                     | \$50                  | \$50           | \$50                      | \$50           | \$50<br>see notes    | \$50<br>see notes | \$50<br>see notes    | \$50<br>see notes |
| Waived for Preventive          | Yes                   | Yes            | Yes                       | Yes            | Yes                  | Yes               | Yes                  | Yes               |
| Plan Year Maximum              | \$1,500               | \$1,500        | \$1,500                   | \$1,500        | \$1,500              | \$1,500           | \$1,500              | \$1,500           |
| Out of Network Payment Basis   | N/A                   | 90th UCR       | N/A                       | 90th UCR       | N/A                  | 90th UCR          | N/A                  | 90th UCR          |
| <b>Preventive Services</b>     | <b>Member Pays</b>    |                | <b>Member Pays</b>        |                | <b>Member Pays</b>   |                   | <b>Member Pays</b>   |                   |
| Oral Exams                     | 0%                    | 0%             | 0%                        | 0%             | 0%                   | 0%                | 0%                   | 0%                |
| Bitewing X-rays                | 0%                    | 0%             | 0%                        | 0%             | 0%                   | 0%                | 0%                   | 0%                |
| X-rays Intraoral complete      | 0%                    | 0%             | 0%                        | 0%             | 0%                   | 0%                | 0%                   | 0%                |
| Cleanings                      | 0%                    | 0%             | 0%                        | 0%             | 0%                   | 0%                | 0%                   | 0%                |
| Fluoride Treatment             | 0%                    | 0%             | 0% to age 19              | 0% to age 19   | 0%                   | 0%                | 0%                   | 0%                |
| Sealants                       | 0%                    | 0%             | 0%                        | 0%             | 0%                   | 0%                | 0%                   | 0%                |
| <b>Basic Services</b>          | <b>Member Pays</b>    |                | <b>Member Pays</b>        |                | <b>Member Pays</b>   |                   | <b>Member Pays</b>   |                   |
| Amalgam restorations           | 20%                   | 20%            | 20%                       | 20%            | 20%                  | 20%               | 20%                  | 20%               |
| Resin Restorations             | 20%                   | 20%            | 20%                       | 20%            | 20%                  | 20%               | 20%                  | 20%               |
| Extractions - Simple           | 20%                   | 20%            | 20%                       | 20%            | 20%                  | 20%               | 20%                  | 20%               |
| Endodontics                    | 20%                   | 20%            | 20%                       | 20%            | 20%                  | 20%               | 20%                  | 20%               |
| Periodontics                   | 20%                   | 20%            | 20%                       | 20%            | 20%                  | 20%               | 20%                  | 20%               |
| <b>Major Services</b>          | <b>Member Pays</b>    |                | <b>Member Pays</b>        |                | <b>Member Pays</b>   |                   | <b>Member Pays</b>   |                   |
| Crowns                         | 50%                   | 50%            | 50%                       | 50%            | 50%                  | 50%               | 50%                  | 50%               |
| Pontics                        | 50%                   | 50%            | 50%                       | 50%            | 50%                  | 50%               | 50%                  | 50%               |
| Partials                       | 50%                   | 50%            | 50%                       | 50%            | 50%                  | 50%               | 50%                  | 50%               |
| Complete Dentures              | 50%                   | 50%            | 50%                       | 50%            | 50%                  | 50%               | 50%                  | 50%               |
| <b>Orthodontia</b>             |                       |                |                           |                |                      |                   |                      |                   |
| Deductible                     | None                  |                | None                      |                | None                 |                   | None                 |                   |
| Orthodontic treatment          | 50%                   | 50%            | 50%                       | 50%            | 50%                  | 50%               | 50%                  | 50%               |
| Lifetime maximum               | \$1,500               |                | \$1,500                   |                | \$1,500              |                   | \$1,500              |                   |
| Eligible                       | Child Only to age 19  |                | Dependents only to age 25 |                | Child Only to age 19 |                   | Child Only to age 19 |                   |
| <b>Benefit Waiting Periods</b> |                       |                |                           |                |                      |                   |                      |                   |
| Benefit Waiting Periods        | None                  |                | None                      |                | None                 |                   | None                 |                   |

| COST ANALYSIS             | Current           | Renewal           |  |                            |  |
|---------------------------|-------------------|-------------------|--|----------------------------|--|
| ASO Fee                   | \$4.50            | \$3.50            | \$3.50   | \$2.59                     | \$3.50   |
| Network Fee               | Included in above | Included in above | Included in above  | \$0.20                     | No Network Fees  |
| Total Fees                | \$4.50            | \$3.50            | \$3.50   | \$2.79                     | \$3.50   |
| Monthly Cost              | \$2,371.50        | \$1,844.50        | \$1,844.50   | \$1,470.33                 | \$1,844.50   |
| Annual Cost               | \$28,458.00       | \$22,134.00       | \$22,134.00  | \$17,643.96                | \$22,134.00  |
| \$ Variance in Current    |                   | -\$6,324.00       | -\$6,324.00  | -\$10,814.04               | -\$6,324.00  |
| % Variance in Current     |                   | -22%              | -22.2%   | -38.0%                     | -22.2%   |
| Rate Guarantee            | 2 years           |                   | 3 years  | 3 years                    | 2 years  |
| Participation Requirement |                   |                   | Assumes Current  | Minimum enrollment of 450  | Assumes 527 enrolled   |
| Notes                     |                   |                   | Optional Services (not included in fee)<br>EOC printing: \$0.13 PEPM<br>Directories for enrollees: \$0.08 PEPM<br>Home Mailings EOC: \$0.09 PEPM | 3 person max on deductible | There may be a slight change to the budget rates already provided. Once selected as a finalist, the budget rates can be recalculated to include the revised \$50 deductible. ASO Fees include: claims processing, toll-free customer service, implementation services, standard enrollment forms, eReporting, 1099 processing, staffing for OE, creation of SPD, preparation & mailing of ID cards, electronic submission of claim forms and basic underwriting and actuarial services |

Actual rates will be based on final enrollment.

THIS BENEFIT SUMMARY IS FOR ILLUSTRATION PURPOSES ONLY.

This insurance proposal is not to be construed as an exact or complete analysis of the policies nor as legal evidence of insurance. The provisions of the actual policies will prevail.

THIS INFORMATION IS PROPRIETARY AND SHOULD NOT BE DISTRIBUTED.

Assumptions

Enrolled

527

**BOARD OF COUNTY COMMISSIONERS, SUMTER COUNTY**  
**10/1/2012 Dental Provider Disruption Summary**

**Dental PPO**

Total Number of Providers: 194

Total Claim Dollars: \$294,773

|                         | FLORIDA COMBINED LIFE<br>(CURRENT) |           | DELTA DENTAL |           | HUMANA<br>DPPO |           | UNITED CONCORDIA |           |
|-------------------------|------------------------------------|-----------|--------------|-----------|----------------|-----------|------------------|-----------|
|                         | Providers                          | Claims    | Providers    | Claims    | Providers      | Claims    | Providers        | Claims    |
| <b>Excluded Records</b> |                                    |           |              |           |                |           |                  |           |
| Count                   | 0                                  | \$0       | 0            | \$0       | 0              | \$0       | 0                | \$0       |
| Percent                 | 0.0%                               | 0.0%      | 0.0%         | 0.0%      | 0.0%           | 0.0%      | 0.0%             | 0.0%      |
| <b>Not Matched</b>      |                                    |           |              |           |                |           |                  |           |
| Count                   | 90                                 | \$94,633  | 51           | \$53,026  | 111            | \$117,149 | 93               | \$98,156  |
| Percent                 | 46.4%                              | 32.1%     | 26.3%        | 18.0%     | 57.2%          | 39.7%     | 47.9%            | 33.3%     |
| <b>Matched</b>          |                                    |           |              |           |                |           |                  |           |
| Count                   | 104                                | \$200,140 | 143          | \$241,748 | 83             | \$177,624 | 101              | \$196,618 |
| Percent                 | 53.6%                              | 67.9%     | 73.7%        | 82.0%     | 42.8%          | 60.3%     | 52.1%            | 66.7%     |

\*Delta dental networks used are the PPO and Premier Dental Network