

Dental Renewal Calculation

Experience Period 06/01/2024 - 05/31/2025	
Total Dental Claims Paid	\$53,335
Amount Guardian paid for the plan's dental claims	
Claims Adjustment	\$0
Value to adjust paid claims amount to the current benefit and utilization level	
Mature Adjustment	\$0
Claim \$ incurred, but not yet reported at the end of the experience period	
Adjustment for Enrollment Change - Adjustment to account for growth or shrinkage in plan enrollment during the experience period	\$107
Incurred Claims Adjustment	\$107
Adjustment to account for increase in value of incurred yet unreported claims	
Incurred Claims in Experience Period	\$53,549
Claims Trend	\$3,588
Expected increase in future claims cost due to common plan/environment changes	
Adjustment for Claims from Prior Period - Adjustment to trended incurred claims based upon group experience immediately prior to the current period.	\$2,255
Manual Claims Adjustment - Adjustment to trended incurred claims for expected manual claims based on the plan's specific demographic characteristics	\$0
Adjustment for Exposures in Renewal Period	\$1,250
Expected change in claims cost due to difference between current enrollment and experience period average enrollment	
Incurred Claims Projected to Renewal Period	\$60,642
Retention - Cost for Guardian to administer the plan for the upcoming year	\$25,497
Underwriting Risk Adjustment	\$0
Calculated Renewal Premium	\$86,139
Premium Based on Current Rates and Enrollment	\$72,587
CALCULATED RENEWAL ACTION	18.7%
FINAL RENEWAL ACTION	6.0%

Dental Renewal

Rate Guarantee through 12/31/2026

Carrier Name			CURRENT Guardian				RENEWAL Guardian				
Plan Name			Dental Low Plan		Dental High Plan		Dental Low Plan		Dental High Plan		
PLAN DESIGN*											
Network			INN [DentalGuard Preferred Network]	OON	INN [DentalGuard Preferred Network]	OON	INN [DentalGuard Preferred Network]	OON	INN [DentalGuard Preferred Network]	OON	
Calendar Year (CY) Deductible (Individual / Family)			\$50 / \$150	\$50 / \$150	\$50 / \$150	\$50 / \$150	\$50 / \$150	\$50 / \$150	\$50 / \$150	\$50 / \$150	
Annual Maximum			\$1,250	\$1,250	\$1,250	\$1,250	\$1,250	\$1,250	\$1,250	\$1,250	
Annual Maximum Provision			Rollover Threshold: \$600; Rollover Amount : \$300; Rollover Account Limit : \$1,250		Rollover Threshold: \$600; Rollover Amount : \$300; Rollover Account Limit : \$1,250		Rollover Threshold: \$600; Rollover Amount : \$300; Rollover Account Limit : \$1,250		Rollover Threshold: \$600; Rollover Amount : \$300; Rollover Account Limit : \$1,250		
Coinsurance			100%	100%	100%	100%	100%	100%	100%	100%	
Preventive Services			1 in 6 months	1 in 6 months	1 in 6 months	1 in 6 months	1 in 6 months	1 in 6 months	1 in 6 months	1 in 6 months	
Cleaning Frequency			Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Deductible Waived?			50%	50%	80%	80%	50%	50%	80%	80%	
Basic			25%	25%	50%	50%	25%	25%	50%	50%	
Periodontics			25%	25%	50%	50%	25%	25%	50%	50%	
Endodontics			25%	25%	50%	50%	25%	25%	50%	50%	
Major			25%	25%	50%	50%	25%	25%	50%	50%	
Major Waiting period			None; Late Entrant : 12 Months	None; Late Entrant : 12 Months	None; Late Entrant : 12 Months	None; Late Entrant : 12 Months	None; Late Entrant : 12 Months	None; Late Entrant : 12 Months	None; Late Entrant : 12 Months	None; Late Entrant : 12 Months	
Implants			25%	25%	50%	50%	25%	25%	50%	50%	
Orthodontics			Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	
Maximum Age			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Deductible			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Lifetime Max			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Ortho Waiting Period			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
OON Reimbursement Level			90th percentile of the prevailing fee		90th percentile of the prevailing fee		90th percentile of the prevailing fee		90th percentile of the prevailing fee		
COST ANALYSIS											
PEPM Rates - Enrollment per AMP		Plan 1	Plan 2	Dental Low Plan		Dental High Plan		Dental Low Plan		Dental High Plan	
Employee (EE) Only		29	30	\$21.64		\$38.84		\$22.94		\$41.17	
EE + Spouse		4	12	\$43.91		\$78.82		\$46.58		\$83.55	
EE + Child(ren)		2	3	\$70.50		\$98.43		\$74.73		\$104.34	
EE + Family		10	11	\$100.28		\$147.57		\$106.30		\$156.42	
Total Enrollment		45	56								
Estimated Monthly Premium			\$1,947		\$4,030		\$2,064		\$4,271		
Estimated Annual Premium			\$23,364		\$48,355		\$24,768		\$51,256		
Dollar Difference from Current							\$1,404		\$2,901		
Percent Change from Current							6.0%		6.0%		