

# Dental Renewal

Guardian – 1/1/2024

- 7% increase
- No plan design Changes
- Plan Maximum / Enrollment Shift / Rollover benefit
- Retiree Ease Issue

DENTAL MAXIMUM ROLLOVER SUMMARY		
For Benefit Year Ending: 12/31/2023		
ROLLOVER ACCOUNT SIZE	NUMBER OF QUALIFYING EMPLOYEES & DEPENDENTS	TOTAL ACCOUNT VALUE
\$0	61	\$0.00
\$1 - \$250	15	\$3,074.00
\$251 - \$500	45	\$17,703.80
\$501 - \$750	38	\$22,894.20
\$751 - \$1,000	41	\$34,850.00
Over \$1,000	0	\$0.00
<b>TOTAL</b>	<b>139</b>	<b>\$78,522.00</b>



# Dental Renewal – Plan Design

No changes

Dental | Fully-Insured Renewal | Effective 01/01/2024

	CURRENT				RENEWAL			
Carrier Name	Guardian				Guardian			
Plan Name	Low Plan - DentalGuard Preferred Gold & Silver		High Plan - DentalGuard Preferred Gold & Silver		Low Plan - DentalGuard Preferred Gold & Silver		High Plan - DentalGuard Preferred Gold & Silver	
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	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000
Annual Maximum Provision	Rollover Threshold: \$500; Maximum Rollover Reward: \$250; Rollover Account maximum: \$1,000		Rollover Threshold: \$500; Maximum Rollover Reward: \$250; Rollover Account maximum: \$1,000		Rollover Threshold: \$500; Maximum Rollover Reward: \$250; Rollover Account maximum: \$1,000		Rollover Threshold: \$500; Maximum Rollover Reward: \$250; Rollover Account maximum: \$1,000	
Coinsurance								
Preventive Services	100%	100%	100%	100%	100%	100%	100%	100%
Cleaning Frequency	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
Deductible Waived?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Basic	50%	50%	80%	80%	50%	50%	80%	80%
Periodontics	5%	5%	50%	50%	5%	5%	50%	50%
Endodontics	5%	5%	50%	50%	5%	5%	50%	50%
Major	5%	5%	50%	50%	5%	5%	50%	50%
Implants	5%	5%	50%	50%	5%	5%	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		90th Percentile		90th Percentile		90th Percentile	



# Dental Renewal – Rates

**7%Increase**

Dental | Fully-Insured Renewal | Effective 01/01/2024

COST ANALYSIS			CURRENT		RENEWAL	
PEPM Rates - Enrollment per 2024 Renewal document	Plan 1	Plan 2	Low Plan - DentalGuard Preferred Gold & Silver	High Plan - DentalGuard Preferred Gold & Silver	Low Plan - DentalGuard Preferred Gold & Silver	High Plan - DentalGuard Preferred Gold & Silver
Employee (EE) Only	31	25	\$17.34	\$34.24	\$18.55	\$36.64
EE + Spouse	2	13	\$35.20	\$69.50	\$37.66	\$74.37
EE + Child(ren)	2	4	\$56.50	\$86.78	\$60.46	\$92.85
EE + Family	9	13	\$80.36	\$130.12	\$85.99	\$139.23
<b>Total Enrollment</b>	<b>44</b>	<b>55</b>				
Estimated Monthly Premium			\$1,444	\$3,798	\$1,545	\$4,064
Estimated Annual Premium			<b>\$17,330</b>	<b>\$45,578</b>	<b>\$18,542</b>	<b>\$48,770</b>
Dollar Difference from Current					\$1,212	\$3,192
Percent Change from Current					6.99%	7.00%
<b>Total Combined Annual Cost</b>						
Estimated Annual Premium			<b>\$62,908</b>		<b>\$67,313</b>	
Dollar Difference from Current					<b>\$4,404</b>	
Percent Change from Current					<b>7.00%</b>	
<b>PLAN PROVISIONS</b>						
Rate Guarantee			1 Year rate guarantee ending 12/31/2023		1 Year rate guarantee ending 12/31/2024	
Eligibility			FTE 30HRS/WK		FTE 30HRS/WK	

