



A Renewal for

CITY OF NORTHFIELD

Issued on: August 29, 2016



CITY OF NORTHFIELD | Dental Renewal
Effective Date: January 1, 2017

Dental Services	Passive PPO 0H543 CS1		Passive PPO 0P111 CS1					
	UnitedHealthcare Insurance Company Primary Plan		UnitedHealthcare Insurance Company Primary Plan					
Legal Entity	In Network	Out of Network	In Network	Out of Network				
Diagnostic Service								
Periodic Oral Evaluation	100%	100%	100%	100%				
Radiographs	100%	100%	100%	100%				
Lab and Other Diagnostic Tests	100%	100%	100%	100%				
Preventive Services								
Dental Prophylaxis (Cleaning)	100%	100%	100%	100%				
Fluoride Treatment	100%	100%	100%	100%				
Sealants	100%	100%	100%	100%				
Space Maintainers	100%	100%	100%	100%				
Basic Services								
Restorations (Amalgams or Composite)*	80%	80%	50%	50%				
Emergency Treatment/General Services	80%	80%	50%	50%				
Simple Extractions	80%	80%	50%	50%				
Major Services								
Oral Surgery (incl. surgical extractions)	50%	50%	Not Covered	Not Covered				
Periodontics	50%	50%	In Major	In Major				
Periodontics - Non-Surgical	50%	50%	Not Covered	Not Covered				
Periodontics - Maintenance	50%	50%	50%	50%				
Periodontics - Surgical	50%	50%	Not Covered	Not Covered				
Periodontics – Osseus Surgery	50%	50%	Not Covered	Not Covered				
Endodontics	50%	50%	Not Covered	Not Covered				
Inlays/Onlays/Crowns	50%	50%	Not Covered	Not Covered				
Dentures and Removable Prosthetics	50%	50%	Not Covered	Not Covered				
Fixed Partial Dentures (Bridges)	50%	50%	Not Covered	Not Covered				
TMJ	50%	50%	50%	50%				
Deductible	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150				
Deductible applies to Prev. & Diag.	No	No	No	No				
Annual Max	\$1,000	\$1,000	\$750	\$750				
Waiting Period applies	No	No	No	No				
Out of Network Basis	UCR 90th		UCR 90th					
PPO Network	Options PPO 30		Options PPO 30					
CMM–Annual Roll-Over	Yes		No					
FlexAppeal PMM	Yes		No					
Assumed Enrollment and Rates	Current	Renewal	Current	Renewal				
Employee	25	\$43.60	\$51.12	23	\$19.97	\$23.41		
Employee + Spouse	6	\$86.13	\$100.99	6	\$38.91	\$45.61		
Employee + Child(ren)	2	\$99.08	\$116.17	0	\$57.36	\$67.24		
Employee + Family	6	\$141.64	\$166.07	9	\$74.22	\$87.01		
	39			38				
Monthly Premium	\$2,654.78		\$3,112.70		\$1,360.75		\$1,595.18	
Annual Premium	\$31,857.36		\$37,352.40		\$16,329.00		\$19,142.16	
Renewal Action	17.2%		17.2%					
Employer Contribution	Voluntary		Voluntary					
Participation Requirements	Minimum of 2 ees		Minimum of 2 ees					
Dependent Children Coverage	To Age 26		To Age 26					
Contract Basis	Fully Insured		Fully Insured					
Benefit Period Basis	Calendar Year		Calendar Year					
Exclusions and Limitations	Standard		Standard					
Broker Commissions	10%		10%					
Rate Guarantee	12 Months		12 Months					

General Assumptions

- We reserve the right to change rates and/or plan provisions if the number of lives or volume of insurance change by more than 10% before, on, or after the effective date listed above or if factors used to generate this quote such as group demographics or effective date are changed, found to be incomplete or incorrect.
- Rates assume no changes in legislation or regulation that affects the benefits payable, eligibility or contract.
- Rates assume standard administrative services including Claims & Data processing, Enrollment & Billing, Customer Service, Case Management, Provider Relations, and Reporting.
- Assumed contract situs is Minnesota.
- Employees must be U.S. citizens or residents regularly working and living in the U.S. Coverage for U.S. citizens working outside of the U.S. must be approved in writing by us. Approval depends on locale and length of assignment.
- Employer's assumed primary business is classified as 9111.
- Rates may increase on renewal in accordance with the terms of the policy.

Dental Assumptions

This premium may include state and federal taxes and fees.

Rates listed above assume the plan designs quoted. Rates may change, if plan design changes.

Our contract covers only those procedures performed in the United States.

One or more of these plan design offerings include the MaxMultiplier benefit.

Some of the unused portion of your annual maximum may be available in future periods.

Please contact your sales representative for more details on the network quoted in your proposal.

The In- and Out-of-Network Plan Deductibles, Maximums and Lifetime Ortho Maximums are combined.

* Please contact your sales representative to confirm specific plan Restorations (Amalgams or Composite) coverage.

Quote is based on Average Contract Size (ACS) of 1.90

United Healthcare reserves the right to adjust the above rates should enrollment or ACS fluctuate by +/- 10%.

Please note that the summary of benefits in this document provides a brief description of coverage. State mandates may preclude certain benefit plan design features. This is not a policy, certificate of insurance or coverage document. For complete details on coverage, exclusions, limitations and the terms under which coverage may continue, please contact your sales representative.

This proposal is valid for 90 days from the issued date, unless otherwise noted within this document.

Brokers and agents may receive commissions, bonuses and other compensation for selling the products presented in this proposal. The cost of this compensation may be directly or indirectly reflected in the premium or fees for those products. Contact your broker and/or agent if you have questions regarding their compensation relating to products in this proposal.

This proposal is subject to negotiation and execution of a written agreement, which will supersede the proposal contents. This proposal does not constitute an agreement, and is based on assumptions made from the written information in our possession and provided by you. We retain the right to modify our proposal if the information upon which this proposal is based is changed or is supplemented.

We consider much of the information contained in the proposal to be proprietary or otherwise confidential, and are releasing this proposal to you on the understanding that you and your representatives will only use it, and any data included in the proposal, for the specific purpose of evaluating its content. If this is not consistent with your understanding, please notify us before reviewing the proposal.

In addition, by accepting and reviewing the contents of this proposal, you and your agents or other designees agree, to the extent permitted by law, that certain information contained herein, or other information provided to you in connection with this proposal response or associated request for proposal (RFP), is proprietary and/or confidential to UnitedHealthcare and its related entities, and may not be copied, used, distributed or disclosed without prior written consent from an authorized representative of UnitedHealthcare, other than is necessary to evaluate this proposal.