

# City of Milwaukee

## DENTAL BENEFIT/COST ANALYSIS - PRE-PAID OPTION

Effective: 01/01/2014

	Care-Plus		Anthem		MetLife	
	Current / Renewal		Option 1		Option 2	
	In-Network		In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Plan Design</b>	<b>HMO</b>		<b>HMO</b>		<b>PPO MAC Plan</b>	
<b>Deductible (Single/Family)</b>	None		<b>\$5 Copay</b>		<b>\$0</b>	<b>\$100/\$300</b>
<b>Individual Annual Maximum</b>	Unlimited		<b>\$1,000 PCP, \$750 SPC</b>		<b>\$10,000</b>	<b>\$1,000</b>
<b>Diagnostic / Preventive</b>			<b>No Deductible on 100%</b>		<b>No Deductible on 100%</b>	
Oral Evaluations	100%		100%		100%	50%
X-Rays	100%		100%		100%	50%
Cleanings	100%		100%		100%	50%
Fluoride	100%		100%		100%	50%
Sealants	100%		<b>Not Covered</b>		100%	50%
Space Maintainers	100%		100%		100%	50%
<b>Basic Services</b>			<b>Deductible Applies</b>		<b>Deductible Applies</b>	
Fillings	100%		100%		100%	50%
Simple Extractions	100%		100%		100%	50%
Oral Surgery	100%		100%		100%	50%
Nonsurgical Endodontics	100%		100%		100%	50%
Surgical Endodontics	100%		100%		100%	50%
Nonsurgical Periodontics	100%		100%		100%	50%
Surgical Periodontics	100%		100%		100%	50%
<b>Major Services</b>			<b>Deductible Applies</b>		<b>Deductible Applies</b>	
Crowns	100%		100%		80%	50%
Inlays / Onlays	100%		100%		80%	50%
Bridges / Dentures	100%		100%		80%	50%
<b>Orthodontics</b>						
Deductible	N/A		N/A			
Reimbursement Level	100% after \$750 copay		50% after \$750		80%	50%
Lifetime Maximum	None		None		5,000	1,000
Adult Coverage	Included		Included			
<b>OON Reimbursement Methodology</b>	N/A		N/A		<b>Maximum Allowable Cost</b>	
<b>Rates</b>	<b>Current</b>	<b>Renewal</b>				
Employee 670	\$44.56	\$45.90	\$57.08		\$42.60	
Family 1377	\$131.34	\$135.27	\$171.23		\$125.59	
<b>Monthly Premium</b>	<b>\$210,710.38</b>	<b>\$217,019.79</b>	<b>\$274,027.31</b>		<b>\$201,479.43</b>	
<b>Annual Premium</b>	<b>\$2,528,524.56</b>	<b>\$2,604,237.48</b>	<b>\$3,288,327.72</b>		<b>\$2,417,753.16</b>	
<b>Cost Difference (%)</b>	--	3.0%	30.0%		-4.4%	
<b>Cost Difference (\$)</b>	--	\$75,712.92	\$759,803.16		(\$110,771.40)	
<b>Rate Guarantee</b>			2 Years		1 year	
			If Anthem is the single vendor option for COM and MPS rates would go down to \$55.94 for single and \$167.81 for family		7% rate cap on 2nd & 3rd year Metlife could not duplicate the prepaid plan, therefore they have quote the Maximum allowable cost option shown above	

This comparison is intended to illustrate the carrier's proposed services and rates and should not be relied upon to fully determine benefits and rates. Refer to carrier's renewal/proposal for a complete representation of coverage terms and conditions.

## City of Milwaukee

### DENTAL BENEFIT/COST ANALYSIS - PRE-PAID OPTION

Effective: 01/01/2014

	Dental Blue		MetLife	
	Current / Renewal		Option 1	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Plan Design</b>	<b>HMO</b>		<b>PPO MAC Plan</b>	
<b>Deductible (Single/Family)</b>	None		<b>\$0</b>	<b>\$100/\$300</b>
<b>Individual Annual Maximum</b>	Unlimited		<b>\$10,000</b>	<b>\$1,000</b>
<b>Diagnostic / Preventive</b>	<b>No Deductible on 100%</b>			
Oral Evaluations	100%		100%	50%
X-Rays	100%		100%	50%
Cleanings	100%		100%	50%
Fluoride	100%		100%	50%
Sealants	Not Covered		100%	50%
Space Maintainers	100%		100%	50%
<b>Basic Services</b>	<b>Deductible Applies</b>			
Fillings	100%		100%	50%
Simple Extractions	100%		100%	50%
Oral Surgery	100%		100%	50%
Nonsurgical Endodontics	100%		100%	50%
Surgical Endodontics	100%		100%	50%
Nonsurgical Periodontics	100%		100%	50%
Surgical Periodontics	100%		100%	50%
<b>Major Services</b>	<b>Deductible Applies</b>			
Crowns	100%		80%	50%
Inlays / Onlays	100%		80%	50%
Bridges / Dentures	100%		80%	50%
<b>Orthodontics</b>	<b>Deductible Applies</b>			
Deductible	N/A			
Reimbursement Level	100% after \$750 copay		80%	50%
Lifetime Maximum	None		\$5,000	\$1,000
Adult Coverage	Included			
<b>OON Reimbursement Methodology</b>	N/A		<b>Maximum Allowable Cost</b>	
<b>Rates</b>	<b>Current</b>	<b>Renewal</b>		
Employee 398	\$55.58	\$57.77	\$42.60	
Family 942	\$166.72	\$173.31	\$125.59	
<b>Monthly Premium</b>	<b>\$179,171.08</b>	<b>\$186,250.48</b>	<b>\$135,260.58</b>	
<b>Annual Premium</b>	\$2,150,052.96	\$2,235,005.76	\$1,623,126.96	
<b>Cost Difference (%)</b>	--	4.0%	-24.5%	
<b>Cost Difference (\$)</b>	--	\$84,952.80	(\$526,926.00)	
<b>Rate Guarantee</b>			1 year	
	If Anthem is the single vendor option for COM and MPS rates would go down to \$56.61 for single and \$169.84 for family		7% rate cap on 2nd & 3rd year Metlife could not duplicate the prepaid plan, therefore they have quote the Maximum allowable cost option shown above	

This comparison is intended to illustrate the carrier's proposed services and rates and should not be relied upon to fully determine benefits and rates. Refer to carrier's renewal/proposal for a complete representation of coverage terms and conditions.