

City of Milwaukee

DENTAL BENEFIT/COST ANALYSIS

DELTA DENTAL OPTIONS

REPLACES METLIFE PLANS

INCLUDES ADDITIONAL PROCEDURES

Effective: January 1, 2018

Plan Design	Deductible (Single/Family)	Individual Annual Maximum	MetLife						Delta Dental *						FINAL Delta Dental *							
			Police		Fire		General		Police		Fire		General		Police		Fire		General			
			Current / Renewal In-Network and Out-of-Network	Current / Renewal In-Network and Out-of-Network	Current / Renewal In-Network and Out-of-Network	Current / Renewal In-Network and Out-of-Network	Current / Renewal In-Network and Out-of-Network	Current / Renewal In-Network and Out-of-Network	Current / Renewal In-Network and Out-of-Network	Current / Renewal In-Network and Out-of-Network	Current / Renewal In-Network and Out-of-Network	Current / Renewal In-Network and Out-of-Network	Current / Renewal In-Network and Out-of-Network	Current / Renewal In-Network and Out-of-Network	Current / Renewal In-Network and Out-of-Network	Current / Renewal In-Network and Out-of-Network	Current / Renewal In-Network and Out-of-Network	Current / Renewal In-Network and Out-of-Network	Current / Renewal In-Network and Out-of-Network	Current / Renewal In-Network and Out-of-Network	Current / Renewal In-Network and Out-of-Network	
			<b>MetLife Dental Plan (*6)</b>		<b>MetLife Dental Plan (*6)</b>		<b>MetLife Dental Plan (*6)</b>		<b>Passive PPO</b>		<b>Passive PPO</b>		<b>Passive PPO</b>		<b>Passive PPO</b>		<b>Passive PPO</b>		<b>Passive PPO</b>		<b>Passive PPO</b>	
			\$25 / \$75		\$25 / \$75		\$25 / \$75		\$25 / \$75		\$25 / \$75		\$25 / \$75		\$25 / \$75		\$25 / \$75		\$25 / \$75		\$25 / \$75	
			\$1,000		\$1,000		\$1,000		\$1,000		\$1,000		\$1,000		\$1,250		\$1,250		\$1,250		\$1,250	
			No Deductible		No Deductible		No Deductible		No Deductible		No Deductible		No Deductible		No Deductible		No Deductible		No Deductible		No Deductible	
Diagnostic			You pay 20%		You pay 20%		You pay 20%		You pay 20%		You pay 20%		You pay 20%		You pay 20%		You pay 20%		You pay 20%		You pay 20%	
Oral Evaluations			100% (*1, *9)		100% (*1, *9)		100% (*1, *9)		100% (*1, *9)		100%		100%		100%		100%		100%		100%	
X-Rays			You pay 20%		You pay 20%		You pay 20%		You pay 20%		You pay 20%		You pay 20%		You pay 20%		You pay 20%		You pay 20%		You pay 20%	
Preventive			100% (*1, *9)		100% (*1, *9)		100% (*1, *9)		100%		100%		100%		100%		100%		100%		100%	
Clearings			100% - age 18 (*2)		100% - age 18 (*2)		100% - age 18 (*2)		100%		100%		100%		100%		100%		100%		100%	
Fluoride (2x/yr)			100% - age 24		100% - age 24		100% - age 25		100%		100%		100%		100%		100%		100%		100%	
Sealants			You pay 20%(*3)		You pay 20%(*3)		You pay 20%(*3)		You pay 20%		You pay 20%		You pay 20%		You pay 20%		You pay 20%		You pay 20%		You pay 20%	
Space Maintainers			You pay 20%		You pay 20%		You pay 20%		You pay 20%		You pay 20%		You pay 20%		You pay 20%		You pay 20%		You pay 20%		You pay 20%	
Restorative			You pay 20%		You pay 20%		You pay 20%		You pay 20%		You pay 20%		You pay 20%		You pay 20%		You pay 20%		You pay 20%		You pay 20%	
Fillings (*3)			You pay 20%		You pay 20%		You pay 20%		You pay 20%		You pay 20%		You pay 20%		You pay 20%		You pay 20%		You pay 20%		You pay 20%	
Crowns (*4)			You pay 20%		You pay 20%		You pay 20%		You pay 20%		You pay 20%		You pay 20%		You pay 20%		You pay 20%		You pay 20%		You pay 20%	
Prosthodontics			You pay 20%		You pay 20%		You pay 20%		You pay 20%		You pay 20%		You pay 20%		You pay 20%		You pay 20%		You pay 20%		You pay 20%	
Bridges / Dentures			You pay 20%		You pay 20%		You pay 20%		You pay 20%		You pay 20%		You pay 20%		You pay 20%		You pay 20%		You pay 20%		You pay 20%	
Implants			You pay 20%		You pay 20%		You pay 20%		You pay 20%		You pay 20%		You pay 20%		You pay 20%		You pay 20%		You pay 20%		You pay 20%	
Prosthetics			You pay 20%		You pay 20%		You pay 20%		You pay 20%		You pay 20%		You pay 20%		You pay 20%		You pay 20%		You pay 20%		You pay 20%	
Denture Repairs			You pay 20%		You pay 20%		You pay 20%		You pay 20%		You pay 20%		You pay 20%		You pay 20%		You pay 20%		You pay 20%		You pay 20%	
Oral Surgery (*6)			You pay 20%		You pay 20%		You pay 20%		You pay 20%		You pay 20%		You pay 20%		You pay 20%		You pay 20%		You pay 20%		You pay 20%	
Simple Extractions			You pay 20%		You pay 20%		You pay 20%		You pay 20%		You pay 20%		You pay 20%		You pay 20%		You pay 20%		You pay 20%		You pay 20%	
Endodontics			You pay 20%		You pay 20%		You pay 20%		You pay 20%		You pay 20%		You pay 20%		You pay 20%		You pay 20%		You pay 20%		You pay 20%	
Root Canals			You pay 20%		You pay 20%		You pay 20%		You pay 20%		You pay 20%		You pay 20%		You pay 20%		You pay 20%		You pay 20%		You pay 20%	
Periodontics (*6)			You pay 20%		You pay 20%		You pay 20%		You pay 20%		You pay 20%		You pay 20%		You pay 20%		You pay 20%		You pay 20%		You pay 20%	
Treatment of Gums & Tissue(*6)			No Deductible		No Deductible		No Deductible		No Deductible		No Deductible		No Deductible		No Deductible		No Deductible		No Deductible		No Deductible	
Orthodontics			60% to \$2,000 max.		60% to \$1,000 max.		50% to \$1,200 max.		60% to \$2,000 max.		60% to \$1,000 max.		50% to \$1,200 max.		60% to \$2,000 max.		60% to \$1,000 max.		50% to \$1,200 max.		50% to \$1,200 max.	
Maximum Plan will pay			40%		40%		50%		40%		40%		50%		40%		40%		50%		50%	
Employee Co-payment (*7)			26 (*8)		26 (*8)		26 (*8)		26		26		26 (*8)		26		26		26 (*8)		26 (*8)	
Dependent Age Limit			Covered		Covered		Covered		Covered		Covered		Covered		Covered		Covered		Covered		Covered	
Invisalign Braces			Covered		Covered		Covered		Covered		Covered		Covered		Covered		Covered		Covered		Covered	
Rates			Current		Renewal		Current		Renewal		Delta Dental *		Delta Dental *		FINAL Delta Dental *		FINAL Delta Dental *		FINAL Delta Dental *		FINAL Delta Dental *	
Employee	Pol.	Fire	Gen.	\$33.11	\$31.52	\$33.02	\$32.33	\$27.52	\$31.21	\$30.29	\$30.21	\$25.17	\$29.81	\$29.72	\$24.77							
Family	321	172	702	\$100.73	\$95.89	\$94.57	\$92.58	\$95.09	\$107.83	\$92.15	\$86.51	\$86.99	\$90.67	\$85.12	\$85.59							
Monthly Premium	453	232	1318	\$36,704.85	\$34,941.33	\$18,247.24	\$17,863.56	\$83,705.50	\$94,922.02	\$33,578.84	\$16,692.81	\$76,572.34	\$33,039.99	\$16,423.84	\$75,342.50							
Annual Premium				\$440,458.20	\$419,295.96	\$218,966.88	\$214,362.72	\$1,004,466.00	\$1,139,064.24	\$402,946.07	\$200,313.69	\$918,868.12	\$396,479.88	\$197,086.08	\$904,110.00							
Cost Difference (%)				--	-4.8%	--	-2.1%	--	13.4%	-8.5%	-8.5%	-8.5%	-10.0%	-10.0%								
Cost Difference (\$)				--	(\$21,162.24)	--	(\$4,604.16)	--	\$134,598.24	(\$37,512.13)	(\$18,653.19)	(\$85,597.88)	(\$43,978.32)	(\$21,880.80)	(\$100,356.00)							
Monthly Premium				Current		Renewal		Delta Dental *		Delta Dental *		FINAL Delta Dental *		FINAL Delta Dental *								
Annual Premium				\$138,657.59		\$147,726.91		\$126,843.99		\$124,806.33		\$124,806.33		\$124,806.33								
Cost Difference (%)				\$1,663,891.08		\$1,772,722.92		\$1,522,127.88		\$1,497,675.96		\$1,497,675.96		\$1,497,675.96								
Cost Difference (\$)				--		6.5%		-8.5%		-10.0%		-10.0%		-10.0%								
Rate Guarantee				thru 12/31/2017		1 Year		1 Year		1 Year		2 Years		2 Years								
Notes:	2019 rates will not exceed a 7% increase											2nd year not to exceed 5%, 3rd year not to exceed 7%				3rd year not to exceed 6%						
												Delta Dental's proposal including the additional oral surgery benefits increase rates at 1.4%.				Delta Dental's proposal including the additional oral surgery benefits are included at no cost						
	(*2) Coverage may extend beyond age limit indicated if part of a Periodontal Treatment Plan.											* Delta Dental's PPO rates reflect an additional 3% for also offering a Pre-Paid dental plans option.				* Delta Dental's PPO rates reflect an additional 3% for also offering a Pre-Paid dental plans option.						
	(*6) Does not duplicate medical coverage.																					
	(*8) Employee and spouse are not subject to age limit indicated.																					

Note: Waiting periods shown above may be different for late entrants. 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 DELTA DENTAL OPTION - REPLACE ANTHEM PLAN

Effective: January 1, 2018

	Anthem-DentalBlue		Delta Dental	Delta Dental	Delta Dental	
	Current / Renewal		Option	Revised Proposal	Delta Dental	
	In-Network		In-Network	Option	FINAL Revised Proposal	
Plan Design	WI DentalCare Standard		Prepaid In-Network	In-Network	Prepaid In-Network	
Deductible (Single/Family)	None		None	None	None	
Individual Annual Maximum	Unlimited		\$2,500	\$4,000	\$4,000	
Diagnostic						
Oral Evaluations	100%		100%	100%	100%	
X-Rays	100%		100%	100%	100%	
Preventive						
Cleanings	100%		100%	100%	100%	
Fluoride (2x/yr)	100% - age 15		100%	100%	100%	
Sealants	100%		100%	100%	100%	
Space Maintainers	100%		100%	100%	100%	
Restorative						
Fillings	100%		100%	100%	100%	
Crowns	100% (*5)		You Pay 30%	You Pay 30%	<b>You Pay 30% (*10)</b>	
Major Services						
Bridges / Dentures	100% (*5)		You Pay 35%	You Pay 30%	You Pay 30%	
Implants	Not Covered		You Pay 35%	You Pay 30%	You Pay 30%	
Prosthetics						
Denture Repairs	100%		100%	100%	100%	
Oral Surgery						
Simple Extractions	100%		100%	100%	100%	
Endodontics						
Root Canals	100%		100%	100%	100%	
Periodontics						
Treatment of Gums & Tissue	100%		100%	100%	100%	
Orthodontics						
Maximum Plan will pay	N/A		\$4,000	N/A	N/A	
Employee Co-payment	50% to \$750 max.		100% to \$500 max.	100% to \$500 max.	100% to \$500 max.	
Dependent Age Limit	None		26	26	26	
Adult Coverage	Yes		Yes	Yes	Yes	
Invisalign Braces	Not Covered		Not Covered	Not Covered	Not Covered	
Rates						
	Counts	Current	Renewal	Delta Dental	Delta Dental	Delta Dental
Employee	345	\$54.59	\$55.89	\$41.34	\$44.17	\$44.17
Family	855	\$163.78	\$167.68	\$133.17	\$144.30	\$144.30
<b>Monthly Premium</b>	<b>1200</b>	<b>\$158,865.45</b>	<b>\$162,648.45</b>	<b>\$128,122.65</b>	<b>\$138,615.15</b>	<b>\$138,615.15</b>
Annual Premium		\$1,906,385.40	\$1,951,781.40	\$1,537,471.80	\$1,663,381.80	\$1,663,381.80
Cost Difference (%)		--	2.4%	-19.4%	-12.7%	-12.7%
Cost Difference (\$)		--	\$45,396.00	-\$368,913.60	-\$243,003.60	-\$243,003.60
Rate Guarantee						
			2 Years	1 Year	1 Year	2 Years
Not Too Exceed Increase						
			4%	5%/7%	5%/7%	<b>3rd year not to exceed 6% increase</b>
Notes:				Delta Dental's proposal including the additional oral surgery benefits not included in costs. Would increase rates at 1.4%.	<b>Delta Dental's proposal including the additional oral surgery included in costs. Proposal Includes coverage for nitrous oxide.</b>	

(\*5) Only base metal covered. Noble or high noble metal and related lab fees are subject to co-payments. Many dentists only use noble metals. Ask your provider to document your out-of-pocket expense prior to initiating treatment. pg. 25

(\*10) Base, noble and high noble crowns at 70%.

**Note: Waiting periods shown above may be different for late entrants.**

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 CARE PLUS CURRENT & RENEWAL

Effective: January 1, 2018

		Care Plus		
		Current / Renewal		Revised Renewal
		In-Network		In-Network
		Prepaid In-Network		Prepaid In-Network
<b>Plan Design</b>				
Deductible (Single/Family)		None		None
Individual Annual Maximum		Unlimited		Unlimited
<b>Diagnostic</b>				
	Oral Evaluations	100%		100%
	X-Rays	100%		100%
<b>Preventive</b>				
	Cleanings	100%		100%
	Fluoride (2x/yr)	100% - age 18 (*2)		100% - age 18 (*2)
	Sealants	100% - age 15 (*2)		100% - age 15 (*2)
<b>Restorative</b>				
	Fillings (*3)	100%		100%
	Crowns (*4)	100%		100%
<b>Prosthodontics</b>				
	Bridges / Dentures	100%		100%
	Implants	Not Covered		Not Covered
<b>Major Services</b>				
	Bridges / Dentures	100%		100%
	Implants	Not Covered		<b>50%</b>
<b>Prosthetics</b>				
	Denture Repairs	100%		100%
<b>Oral Surgery (*6)</b>				
	Simple Extractions	100%		100%
<b>Endodontics</b>				
	Root Canals	100%		100%
<b>Periodontics (*6)</b>				
	Treatment of Gums & Tissue(*6)	100%		100%
<b>Orthodontics</b>		No Deductible		No Deductible
	Maximum Plan will pay	N/A		N/A
	Employee Co-payment (*7)	50% to \$750 max.		50% to \$750 max.
	Dependent Age Limit	None		None
	Invisalign Braces	Not Covered		Not Covered
<b>Rates</b>		Current	Renewal	Revised Renewal
Employee	897	\$51.09	\$52.62	\$52.62
Family	1769	\$150.55	\$155.07	\$155.07
<b>Monthly Premium</b>		<b>\$312,150.68</b>	<b>\$321,518.97</b>	<b>\$321,518.97</b>
<b>Annual Premium</b>		\$3,745,808.16	\$3,858,227.64	\$3,858,227.64
<b>Cost Difference (%)</b>		--	3.0%	3.0%
<b>Cost Difference (\$)</b>		--	\$112,419.48	\$112,419.48
<b>Rate Guarantee</b>		thru 12/31/2016	1 Year *	1 Year *
<b>Notes:</b>			* 2019 rates will not exceed a 7% increase	* 2019 rates will not exceed a 4% increase. 2020 rates will not exceed a 7% increase of 2019 rates.

(\*2) Coverage may extend beyond age limit indicated if part of a Periodontal Treatment Plan.

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.