City of Milwaukee

DENTAL BENEFIT/COST ANALYSIS - PPO OPTION Effective: 01/01/2014

			Delta	Dental			Anthem Option 1			Humana			Guardian			MetLife			
		Current	/ REVISED R								Option 2			Option 3		Option 4			
	In-Network and Out-of-Network						In-Network and Out-of-Network			In-Network and Out-of-Network			In-Network and Out-of-Network			In-Network and Out-of-Network			
Plan Design	Passive PPO						Passive PPO			Passive PPO			Passive PPO			Passive PPO			
Deductible (Single/Family)	\$25/\$75						\$25/\$75			\$25/\$75			\$25/\$75			\$25/\$75			
Individual Annual Maximum	\$1,000						\$1,000			\$1,000			\$1,000			\$1,000			
Diagnostic / Preventive		No Doc	duotible on D	iagnostic/Pre	rontivo.		No Deductible on Diagnostic/Preventive			No Deductible on Diagnostic/Preventive			No Deductible on Diagnostic/Preventive			No Deductible on Diagnostic/Preventive			
Oral Evaluations		NO Dec	auctible on D	lagilostic/Fie	rentive		No Deductible on Diagnostic/Freventive			No Deductible on Diagnostic/Freventive			No Deductible on Diagnostic/Freventive			No Deductible of Diagnostic/Freventive			
X-Rays								l ·						1					
Cleanings			Police and	Fire - 80%			Police and Fire - 80%			Po	olice and Fire - 80	0%	Police and Fire - 80%			Police and Fire - 80%			
Fluoride	General - 100%						General - 100%			General - 100%			General - 100%			General - 100%			
Sealants													1			i			
Space Maintainers																			
Basic Services			Deductib	le Applies			Deductible Applies			Deductible Applies			Deductible Applies			Deductible Applies			
Fillings	80%						80%			80%			80%			80%			
Simple Extractions	80%						80%			80%			80%			80%			
Oral Surgery	80%						80%			80%			80%			80%			
Nonsurgical Endodontics	80%						80%			80%			80%			80%			
Surgical Endodontics	80%						80%			80%			80%			80%			
Nonsurgical Periodontics Surgical Periodontics	80%						80%			80%			80% 80%			80% 80%			
Major Services	80% Deductible Applies						80% Deductible Applies			80% Deductible Applies			Deductible Applies			Deductible Applies			
Crowns	Deductible Applies 80%						80%			80%			Beductible Applies 80%			Beductible Applies 80%			
Inlays / Onlays	80%						80%			80%			80%			80%			
Bridges / Dentures	80%						80%			80%			80%			80%			
Orthodontics							0070			5076			5070			0070			
Deductible	\$25						\$25			None			\$25			\$25			
	Police - 60%						Police - 60%			Police - 60%			Police - 60%			Police - 60%			
Reimbursement Level	Fire - 60%						Fire - 60%			Fire - 60%			Fire - 60%			Fire - 60%			
	General - 50%						General - 50%				General - 50%			General - 50%			General - 50%		
	Police - \$2,000						Police - \$2,000				Police - \$2,000			Police - \$2,000			Police - \$2,000		
Lifetime Maximum	Fire - \$1,000						Fire - \$1,000			Fire - \$1,000		Fire - \$1,000			Fire - \$1,000				
	General - \$1,200						General - \$1,200			General - \$1,200			General - \$1,200			General - \$1,200			
	Police & General - Age 25						Police & General - Age 25			Age 18 for all			Age 19 for all			Police & General - Age 25			
Adult Coverage	Fire - Age 19						Fire - Age 19			Age to for all			Age 19 Ioi all			Fire - Age 19			
OON Reimbursement Methodology							80th Percentile			Max	imum Allowable	Fee	Maximum Allowable Fee				80th Percentile		
Rates Gen Fire Pol	General	Fire	Police	General	Fire	Police	General	Fire	Police	General	Fire	Police	General	Fire	Police	General	Fire	Police	
Employee 671 66 195	\$26.58	\$29.92	\$30.01	\$25.51	\$28.72	\$28.81	\$25.73	\$28.96	\$29.06	\$25.20	\$28.38	\$28.47	\$25.74	\$30.22	\$28.51	\$22.47	\$26.95	\$27.03	
Family 722 214 425	\$91.80	\$85.74	\$91.30	\$88.12	\$82.30	\$87.65	\$88.87	\$83.00	\$88.48	\$87.07	\$81.32	\$86.60	\$87.20	\$86.59	\$86.74	\$77.63	\$77.21	\$82.22	
Monthly Premium	\$84,114.78		\$44,654.45	\$80,739.85		\$42,869.20	\$81,428.97	\$19,673.36	\$43,270.70	\$79,773.74	\$19,275.56	\$42,356.65	\$80,229.94	\$20,524.78	\$42,423.95	\$71,126.23	\$18,301.64	\$40,214.35	
Combined Monthly Premium		\$149,092.31		\$143,116.77		\$144,373.03		\$141,405.95		\$143,178.67			\$129,642.22						
Annual Premium	\$1,789,107.72 			\$1,717,401.24 -4.0%			\$1,732,476.36 -3.2%			\$1,696,871.40 -5,2%			\$1,718,144.04 -4.0%			\$1,555,706.64 -13.0%			
Cost Difference (%)				-4.0% (\$71,706.48)			-3.2% (\$56,631.36)			-5.2% (\$92,236.32)			-4.0% (\$70,963.68)			-13.0% (\$233.401.08)			
Cost Difference (\$) Rate Guarantee		-		(\$71,706.48) 3 Years			(\$56,631.36) 2 years			(\$92,236.32) 2 years			(\$70,963.68) 1 year			(\$233,401.08) 1 year			
Nate Guarantee				o rears			,			z years			i yeai			ı year			
							If Anthem is the single vendor option for COM and MPS rates would go down about 2%						7% rate cap on 2nd year			7% rate cap on 2nd & 3rd year			
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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.