

# **City Of Jonesboro**

## **Dental Benefit Renewal**

**September 20, 2012**

**City Of Jonesboro**  
**Group Number 9448**  
**Monthly Rates**

**Current Rates**

**New Rates**

**(Effective 01/01/2013 - 12/31/2013)**

**12 Month Rates**

**12 Month Rates**

City Of Jonesboro

Subscriber	\$26.14	\$26.14
Subscriber-Spouse	\$83.22	\$83.22
Subscriber-Child	\$83.22	\$83.22
Subscriber-Children	\$83.22	\$83.22
Family	\$83.22	\$83.22

Date: July 6, 2012  
 Account Executive: Large  
 Underwriter: \_\_\_\_\_

**EXPERIENCE-RATED  
 RENEWAL ACCOUNT INFORMATION**

Group Name: City Of Jonesboro Group Number: 9448  
 Address: P O Box 1845, Jonesboro, AR 72403  
 Contact Person/Telephone #: Gloria Roark  
 Effective Date: January 1, 2013 - December 31, 2013  
 External Agent: Town & Country Ins Agency

**Current Plan Design**

Type of Contract:  Risk  ASO  
 ASO funding arrangement: Escrow Deposit Amount \$\_\_\_\_\_ Other \_\_\_\_\_  
 Reimbursement Method:  UCR  TOA  RTOA  Other \_\_\_\_\_  
 USA Account:  Yes  No

Product: <b>Delta Dental PPO</b>		<u>Apply Ded</u>	<u>Ben W/Per</u>	<u>Wv Init</u>	<u>Late Entrnt</u>	<u>Prorate</u>
Diagnostic & Preventive	<u>100/100/90%</u>	No		No		No
Sealants	<u>100/100/90%</u>	No		No		No
Oral Surgery	<u>80/80/72%</u>	Yes		No		No
Emergency Palliative	<u>80/80/72%</u>	Yes		No		No
Space Maintainers	<u>80/80/72%</u>	Yes		No		No
Endodontics	<u>80/80/72%</u>	Yes		No		No
Simple Extractions	<u>80/80/72%</u>	Yes		No		No
Prosthodontics	<u>50/50/45%</u>	Yes		No	12	No
Orthodontic Device to Aid	<u>50/50/45%</u>	No		No	12	No
Minor Restorative	<u>80/80/72%</u>	Yes		No		No
Relines, Rebases & Repairs	<u>50/50/45%</u>	Yes		No	12	No
Major Restorative	<u>50/50/45%</u>	Yes		No	12	No
Non-Surgical Periodontics	<u>80/80/72%</u>	Yes		No		No
Surgical Periodontics	<u>50/50/45%</u>	Yes		No	12	No
Orthodontics	<u>50/50/45%</u>	No		No	12	No

Deductible: Individual coverage amount **\$50**  
 Family coverage amount **\$50x3**

Maximums: All covered classes (excluding Ortho, TMJ) Individual coverage amount **\$1000**  
 Individual lifetime - ortho **\$1000**

Deductible/Maximum Benefit Period:  Contract  Calendar

Benefit Limitation Period: **DUSA Cal Yr**

Are adults eligible for orthodontic coverage, if applicable?  Yes  No

Dependent Coverage: Dependent **26** End of **Month**

New Hire Waiting Period: \_\_\_\_\_



## Executive Cost Management

**Group Name**                                 **CITY OF JONESBORO**  
**Group Number(s)**                         **9448**  
**Experience Period**                         **06/01/2011 - 05/31/2012**

Billed Charges		\$587,274
Paid Claims		\$289,739
Claims as a Percent of Billed Charges		49.34%
Average Number of Employees		542
<b>Delta Difference Savings (Non-Billable)</b>	<b>Dollars Saved</b>	<b>% of Billed Charges</b>
Non-Billable Procedures	\$3,977	0.68%
Duplicate Claims	\$68,533	11.67%
Delta Dental PPO Dentist Fee Reductions	\$17,120	2.92%
Delta Dental Premier Dentist Fee Reductions	\$52,032	8.86%
<b>Delta Difference Savings Total</b>	<b>\$141,662</b>	<b>24.12%</b>
<b>Network Savings Per Employee Per Month</b>		
		<b>\$10.63</b>
<b>Contract Savings (May Be Billable)</b>	<b>Dollars Saved</b>	<b>% of Billed Charges</b>
Non-Participating Dentist Maximum	\$2,283	0.39%
Contract Exclusions	\$8,813	1.50%
Consultant Review	\$1,959	0.33%
Contract Limitations	\$11,437	1.95%
Alternate Treatment	\$713	0.12%
Coordination of Benefits	\$10,657	1.81%
<b>Contract Savings Total</b>	<b>\$35,862</b>	<b>6.11%</b>
<b>Total Savings</b>		<b>\$177,524</b>
<b>Patient Responsibility</b>	<b>Dollars Saved</b>	<b>% of Billed Charges</b>
Coinsurance Savings	\$93,361	15.90%
Deductible Savings	\$12,545	2.14%
Plan Maximum Savings	\$12,690	2.16%
Eligibility Verification	\$1,415	0.24%
<b>Patient Responsibility Total</b>	<b>\$120,011</b>	<b>20.44%</b>



CITY OF JONESBORO  
Claims Summary Report  
Group Number: 9448  
06/01/2011 to 05/31/2012  
Comparison

Group #9448	Claim Count	Submitted Fee	Approved Amount	Allowed fee	Deductible Amount	Net Plan Pay	Average Enrollment	Average Cost/Claim	Average Cost/Employee
<b>06/01/2011 - 05/31/2012</b>									
<b>Total Time Period</b>	2,086	\$587,274.16	\$477,287.86	\$418,992.27	\$12,545.30	\$289,739.25	542	\$138.90	\$534.57
<b>06/01/2010 - 05/31/2011</b>									
<b>Total Time Period</b>	2,151	\$564,439.94	\$460,819.74	\$419,372.82	\$13,483.90	\$294,338.63	536	\$136.84	\$549.14
<b>% Change</b>									
<b>TOTAL</b>	<b>-3.02%</b>	<b>4.05%</b>	<b>3.57%</b>	<b>-0.09%</b>	<b>-6.96%</b>	<b>-1.56%</b>	<b>1.12%</b>	<b>1.50%</b>	<b>-2.65%</b>



**CITY OF JONESBORO  
CLAIMS ANALYSIS COMPARISON  
Group Number: 9448**

**Claims Analysis**

Type of Services	06/01/2010 - 05/31/2011				06/01/2011 - 05/31/2012				Percent Change Year to Year			DD CO-Wide % of Total Paid 2010
	Claims Paid	Percent of Total Paid	# Proc	Average Cost Per Employee	Claims Paid	Percent of Total Paid	# Proc	Average Cost Per Employee	Claims Paid	# of Procedures	Average Cost Per Employee	
Diagnostic	\$83,978.70	28.53%	2,719	\$156.68	\$83,867.90	28.95%	2,771	\$154.74	-0.13%	1.91%	-1.24%	20.76%
Perio Propy	\$495.00	0.17%	6	\$0.92	\$180.00	0.06%	3	\$0.33	-63.64%	-50.00%	-64.04%	0.06%
Preventive	\$59,117.82	20.08%	1,546	\$110.29	\$57,686.10	19.91%	1,459	\$106.43	-2.42%	-5.63%	-3.50%	15.14%
Sealant	\$2,845.40	0.97%	96	\$5.31	\$1,857.00	0.64%	62	\$3.43	-34.74%	-35.42%	-35.46%	0.74%
Space Maintainers	\$0.00	0.00%	0	\$0.00	\$408.00	0.14%	2	\$0.75	0.00%	0.00%	0.00%	0.16%
Endodontics	\$23,104.70	7.85%	75	\$43.11	\$28,268.02	9.76%	94	\$52.16	22.35%	25.33%	20.99%	8.21%
Extractions	\$5,808.10	1.97%	128	\$10.84	\$6,190.20	2.14%	119	\$11.42	6.58%	-7.03%	5.40%	3.49%
Oral and Maxillofacial Surgery	\$13,477.00	4.58%	107	\$25.14	\$12,530.38	4.32%	98	\$23.12	-7.02%	-8.41%	-8.05%	4.89%
Perio Maintenance	\$716.00	0.24%	24	\$1.34	\$821.60	0.28%	29	\$1.52	14.75%	20.83%	13.48%	0.57%
Periodontics - Nonsurgical	\$2,322.40	0.79%	33	\$4.33	\$5,079.68	1.75%	62	\$9.37	118.73%	87.88%	116.30%	3.17%
Periodontics - Surgical	\$35.50	0.01%	3	\$0.07	\$379.00	0.13%	4	\$0.70	967.61%	33.33%	955.79%	0.69%
Restorative Basic	\$38,972.51	13.24%	595	\$72.71	\$32,935.43	11.37%	469	\$60.77	-15.49%	-21.18%	-16.43%	15.54%
Implants	\$3,991.50	1.36%	8	\$7.45	\$2,251.30	0.78%	15	\$4.15	-43.60%	87.50%	-44.22%	1.50%
Prosthetic Repair	\$50.50	0.02%	6	\$0.09	\$95.50	0.03%	2	\$0.18	89.11%	-66.67%	87.02%	0.28%
Prosthodontics Fixed	\$5,438.10	1.85%	19	\$10.15	\$3,166.70	1.09%	16	\$5.84	-41.77%	-15.79%	-42.41%	2.34%
Prosthodontics Removable	\$2,930.00	1.00%	8	\$5.47	\$3,085.50	1.06%	10	\$5.69	5.31%	25.00%	4.14%	3.75%
Restorative Major	\$36,099.60	12.26%	191	\$67.35	\$35,282.90	12.18%	189	\$65.10	-2.26%	-1.05%	-3.34%	12.65%
Orthodontics	\$10,814.40	3.67%	238	\$20.18	\$12,036.52	4.15%	208	\$22.21	11.30%	-12.61%	10.07%	4.21%
Adjunctive General Services	\$4,141.40	1.41%	171	\$7.73	\$3,617.52	1.25%	164	\$6.67	-12.65%	-4.09%	-13.62%	1.74%
	\$294,338.63	100.00%	5,973	\$549.14	\$289,739.25	100.00%	5,776	\$534.57	-1.56%	-3.30%	-2.65%	99.89%
<b>Average Enrollment</b>	<b>536</b>				<b>542</b>				<b>1.12%</b>			