

# **City Of Jonesboro**

## **Dental Benefit Renewal**

**November 22, 2013**

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

**Current Rates**

**New Rates**

**(Effective 01/01/2014 - 12/31/2014)**

**12 Month Rates**

**12 Month Rates**

City Of Jonesboro

Subscriber	\$26.14	\$26.92
Subscriber-Spouse	\$83.22	\$85.72
Subscriber-Child	\$83.22	\$85.72
Subscriber-Children	\$83.22	\$85.72
Family	\$83.22	\$85.72

Date: November 22, 2013  
 Account Executive: JS  
 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, 2014 - December 31, 2014  
 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: \_\_\_\_\_



### **Delta Dental Renewal Report**

Prepared for City Of Jonesboro

Group Number 9448

554 Subscribers

12 Months Experience for the Period 06/01/2012-05/31/2013

Renewal Rates Effective 01/01/2014

#### **HISTORY OF CLAIMS EXPERIENCE**

A - Premium Paid		<u>\$ 370,696.00</u>
<i>Dental Expenses</i>		
B - Paid Claims	<u>\$ 309,044.00</u>	
Reserve for Incurred but Unpaid Claims		
C - Opening Reserve	<u>\$ 28,974.00</u>	
D - Closing Reserve	<u>\$ 30,904.00</u>	
E - Change In Reserve (D-C)	<u>\$ 1,930.00</u>	
F - Incurred Dental Expenses (B+E)		<u>\$ 310,974.00</u>
<i>Administrative Services</i>		<u>\$ 59,311.00</u>

#### **PROJECTED CLAIMS PREMIUM CALCULATION**

A - Projected Premium Income (12 months at current rates and enrollment)	<u>\$ 380,637.00</u>
B - Projected Claims	<u>\$ 314,395.00</u>
C - Dental Trend for Projected Claims @ <u>1.0953 x 314,395.00</u>	<u>\$ 344,357.00</u>
D - Projected Income Needed	<u>\$ 409,946.00</u>
E - Project Loss Ratio (D/A)	<u>107.70%</u>
F - Actual Renewal Increase	<u>103.00%</u>

	Current 12 Month Rates	Renewal 12 Month Rates
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