

## **APPENDIX C**

### **CURRENT AND REQUESTED DENTAL PLANS WITH RATE HISTORY AND CONTRIBUTIONS**

Please find in this section the requested benefits for JEA's Dental Plans. The following pages will provide you with a detailed description of the RFP requested dental benefit plans. Please quote the dental plans as closely as possible. The dental copays will remain the same or improve from current. If your company cannot provide a specific benefit, co-payment, and particular service or have contract differences, please provide a listing of the deviations.

**The section will be evaluated for Selection Criteria 1.4.1.4 PPO and DHMO Plan Design.**

Requested RFP Dental Plans Benefit Information

Dental Plan Benefits Requested: Two (2) Dental PPO Plans and one (1) DHMO.

Plan Funding: Fully Insured.

Plan Participants: Active employees working 20 or more hours per week, eligible retirees and eligible dependents.

Dependent Definition:

A dependent is defined as a covered employee's legal spouse or unmarried dependent child of the employee or employee's spouse.

Dependent children will be covered until the end of the calendar year in which the child reaches age 26. A dependent child is defined as an unmarried child (including newborns, adopted children, stepchildren, a child for whom the employee must provide dental coverage under a court order; or a Dependent child who resides in your home as a result of court order or administrative placement.

- Unmarried children of any age who is incapable of self-sustaining employment due to mental or physical disability and is reliant upon employee for maintenance and support.

#### **Dental Plans**

Please provide a quote that includes all of the benefits and services currently offered by United Concordia (PPO) or Solstice (DHMO). Note all plans must provide for two (2) oral examinations and cleanings per calendar year. Must not limit this service to one (1) oral examination and cleaning every six (6) months.

#### **Dental PPO Low Plan**

Individual Calendar Year Deductible: \$50 (Waived for in- and out-of-network diagnostic/preventive benefits)

Family Calendar Year Deductible: \$150 (Waived for in- and out-of-network diagnostic/preventive benefits)

Calendar Year Maximum Benefits: \$750

Out-of-Network Reimbursement: Maximum Allowable Charge (MAC). **Note that effective 1/1/2020 the Out-of-Network reimbursement percentile was changed from the 90th percentile to 70th percentile.**

Benefits	In-Network	Out-of-Network
Diagnostic & Preventive	100%	MAC
Basic	60%	MAC
Endodontic	60%	MAC
Restorative	60%	MAC
Crowns, Jackets & Cast Restorations	60%	MAC
Prosthodontic	40%	MAC
Orthodontic	N/A	N/A

### **Dental PPO High Plan**

Individual Calendar Year Deductible: \$50 (Waived for in- and out-of-network diagnostic/preventive benefits)

Family Calendar Year Deductible: \$150 (Waived for in- and out-of-network diagnostic/preventive benefits)

Calendar Year Maximum Benefits: \$5,000

Orthodontic Lifetime Maximum: \$1,000

Orthodontic Waiting Period: None

Out-of-Network Reimbursement: Maximum Allowable Charge (MAC). **Note that effective 1/1/2020 the Out-of-Network reimbursement percentile was changed from the 90th percentile to 70th percentile.**

Benefits	In-Network	Out-of-Network
Diagnostic & Preventive	100%	MAC
Basic	80%	MAC
Endodontic	80%	MAC
Restorative	80%	MAC
Crowns, Jackets & Cast Restorations	50%	MAC
Prosthodontic	50%	MAC
Orthodontic (Dependent Children under the age of 26)	50%	MAC

## **DHMO**

Individual Calendar Year Deductible: N/A

Family Calendar Year Deductible: N/A

Calendar Year Maximum Benefits: Unlimited

Individual Orthodontic Deductible: N/A

Orthodontic Lifetime Maximum: Benefit is based on fees

Orthodontic Waiting Period: None

Out-of-Network Reimbursement: N/A

See Solstice Benefits Booklet for detailed copay info per service.

## **RATE HISTORY**

Monthly Rates effective 1/1/2017 thru 12/31/2019

<b>Carrier</b>	<b>United Concordia</b>		<b>Solstice</b>
<b>Plan Name</b>	<b>Low PPO</b>	<b>High PPO</b>	<b>DHMO</b>
<b>Employee Only</b>	\$26.63	\$39.71	\$12.37
<b>Employee + Spouse</b>	\$44.22	\$65.95	\$21.65
<b>Employee + Child(ren)</b>	\$49.59	\$73.99	\$26.80
<b>Employee + Family</b>	\$77.52	\$115.61	\$34.02

Monthly Rates effective 1/1/2020 thru 12/31/2021

<b>Carrier</b>	<b>United Concordia</b>		<b>Solstice</b>
<b>Plan Name</b>	<b>Low PPO</b>	<b>High PPO</b>	<b>DHMO</b>
<b>Employee Only</b>	\$27.66	\$41.25	\$12.06
<b>Employee + Spouse</b>	\$45.93	\$68.51	\$21.11
<b>Employee + Child(ren)</b>	\$51.51	\$76.86	\$26.13
<b>Employee + Family</b>	\$80.52	\$120.09	\$33.17

**2021**

## **EMPLOYEE DENTAL CONTRIBUTIONS**

Monthly Employee Contributions effective 1/1/2021

<b>Carrier</b>	<b>United Concordia</b>		<b>Solstice</b>
<b>Plan Name</b>	<b>Low PPO</b>	<b>High PPO</b>	<b>DHMO</b>
<b>Employee Only</b>	\$26.64	\$39.72	\$12.06
<b>Employee + Spouse</b>	\$44.22	\$65.96	\$21.12
<b>Employee + Child(ren)</b>	\$49.60	\$74.00	\$26.14
<b>Employee + Family</b>	\$77.52	\$115.62	\$33.18

Note: It is within JEA's sole discretion to continue and/or discontinue future Employer Contributions.