

Employee Benefit Proposal Summary

Dental Marketing Analysis 2016

PLAN TYPE	EXCELLUS DBOC-4-26/26		GUARDIAN PFS Trust Traditional	
RATES				
SINGLE	\$36.35		\$38.50	
EMPLOYEE + 1	N/A		\$76.38	
EMPLOYEE + SPOUSE	\$72.68		N/A	
EMPLOYEE + CHILD(REN)	\$64.82		N/A	
FAMILY	\$108.69		\$98.29	
RATE GUARANTEE	1/1/2018		1/1/2018	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
PREVENTIVE SERVICES	100%	100%	100%	100%
BASIC SERVICES	80%	80%	90%	80%
MAJOR SERVICES	50%	50%	60%	50%
CHILD ORTHO SERVICE	N/A	N/A	N/A	N/A
R & C / UCR	Fee Schedule		90% UCR	
INDIVIDUAL MAXIMUM	\$1,000		\$1,000	
ORTHO MAXIMUM	N/A		N/A	
DEDUCTIBLE: SINGLE / FAMILY / WAIVED	\$50 / \$150 / Waived		\$50 / \$100 / Waived	
INCLUDES MAXIMUM ROLLOVER	Not Included		Not Included	
WAITING PERIOD: PREVENTIVE / BASIC / MAJOR	None / 12 mo / 12 mo		None / None / 1 yr for first time cvg	
ANNUAL OPEN ENROLLMENT	Included		Yes- w/ Section 125	
SERVICE COVERAGE LEVEL				
ENDODONTICS	Basic		Major	
PERIODONTICS	Basic		Basic	
SEALANTS	Preventive		Preventive	
ANESTHESIA	Not Covered		Not Covered	
WHITE FILLINGS	Basic (Anterior Only)		Basic (Anterior Only)	
IMPLANTS	Major		Not Covered	
X-RAYS	Preventive		Preventive	
ACA PEDIATRIC DENTAL COMPLIANT	No		No	
DEPENDENT COVERAGE	26/26		26/26	
CONTRIBUTION LEVEL	100% Employee Paid		Contributory	
PARTICIPATION REQUIREMENT	20%		35%	
NOTES				

DATE: 6/25/2016

*We'll focus on your benefits,
you focus on your business.*

Rates shown reflect census information at time of quote.
Changes in census data may change rates.
Spreadsheet shows a summary of benefits and rates.
For complete details please review each carrier's contracts.