AGENDA ITEM COVER SHEET

Title: 2020 Dental Insurance

(•) Original ( ) Update

TO BE COMPLETED BY COUNTY DEPARTMENT HEAD

DESCRIPTION OF AGENDA ITEM (Please provide detailed information, including deadline):

Current Dental Insurance is with Ameritas and we offer a Low/High Plan with an individual max of $400/low plan and $1,200/ high plan. Renewal rates came in at 19% increase.

With such a dramatic increase, I looked into received the same/similar coverage with another carrier. Delta Dental came in with much lower rates - 3% increase with similar plan coverage. Major changes include:
-Increase of individual max on low plan from $400 to $500.
-Periodontics/Endodontics/Oral Surgery on low plan is currently at 80%, Delta is covered at 50% (due to annual max so low)
-No Bridges, Dentures and Implants on low plan (due to annual max so low)
-Periodontics/Endodontics/Oral Surgery on high plan is currently at 80%, with Delta coverage would be 50%.
-Repairs currently covered at 80% on high plan, with Delta coverage would be 50%.
-Delta Dental includes $1,000 orthodontic services for children age 19 on high plan.

Currently, Iowa County pays 100% of Single Low Plan and 85% of Family Low Plan. Employees pays the difference in the high plan.

Delta Dental is offering 24 months rate guarantee along with a maximum rate increase of 7% for year 3 and 4.

RECOMMENDATIONS (IF ANY):

Recommend to move to the Low/High Dental Insurance with Delta Dental.

ANY ATTACHMENTS? (Only 1 copy is needed) (•) Yes ( ) No If yes, please list below:

Plan Design for current plan
Plan Design for proposed plan
Cost Analysis

FISCAL IMPACT:

Annual cost increase: $2,864.52

LEGAL REVIEW PERFORMED: ( ) Yes (•) No **PUBLICATION REQUIRED:** ( ) Yes (•) No

STAFF PRESENTATION?: ( ) Yes (•) No How much time is needed? _____

COMPLETED BY: Allison Leitzinger **DEPT:** Employee Relations

2/3 VOTE REQUIRED: ○ Yes ◉ No

TO BE COMPLETED BY COMMITTEE CHAIR

MEETING DATE: **AGENDA ITEM #**

COMMITTEE ACTION:

Iowa County
Dental Highlight Sheet

Ameritas

Low Plan: Dental Plan Summary

Effective Date: 1/1/2018

Plan Benefit	
Type 1	100%
Type 2	80%
Type 3	50%
Deductible	$50/Calendar Year Type 2 & 3 Waived Type 1 3 Family Maximum
Maximum *(per person)*	$400 per calendar year
Allowance	90th U&C
Waiting Period	None

Sample Procedure Listing (*Current Dental Terminology* © American Dental Association.)

Type 1	Type 2	Type 3
• Routine Exam (2 per benefit period)	• Endodontics (nonsurgical)	• Onlays
• Bitewing X-rays (2 per benefit period)	• Periodontics (nonsurgical)	• Crowns (1 in 5 years per tooth)
• Full Mouth/Panoramic X-rays (1 in 3 years)	• Denture Repair	• Crown Repair
• Periapical X-rays	• Simple Extractions	• Endodontics (surgical)
• Cleaning (2 per benefit period)	• Complex Extractions	• Periodontics (surgical)
• Fluoride for Children 18 and under(1 per benefit period)	• Anesthesia	• Implants
• Sealants (age 16 and under)		• Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 5 years)
• Space Maintainers		
• Restorative Amalgams		
• Restorative Composites		

High Plan: Dental Plan Summary

Effective Date: 1/1/2018

Plan Benefit	
Type 1	100%
Type 2	80%
Type 3	50%
Deductible	$50/Calendar Year Type 2 & 3 Waived Type 1 3 Family Maximum
Maximum *(per person)*	$1,200 per calendar year
Allowance	90th U&C
Waiting Period	None

Sample Procedure Listing (*Current Dental Terminology* © American Dental Association.)

Type 1	Type 2	Type 3
• Routine Exam (2 per benefit period)	• Endodontics (nonsurgical)	• Onlays
• Bitewing X-rays (2 per benefit period)	• Periodontics (nonsurgical)	• Crowns (1 in 5 years per tooth)
• Full Mouth/Panoramic X-rays (1 in 3 years)	• Denture Repair	• Crown Repair
• Periapical X-rays	• Simple Extractions	• Endodontics (surgical)
• Cleaning (2 per benefit period)	• Complex Extractions	• Periodontics (surgical)
• Fluoride for Children 18 and under (1 per benefit period)	• Anesthesia	• Implants
• Sealants (age 16 and under)		• Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 5 years)
• Space Maintainers		
• Restorative Amalgams		
• Restorative Composites		

(current)

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DELTA DENTAL

Delta Dental of Wisconsin's Dental Benefits Proposal For
Iowa County High Option

Plan design number: Q35D03 (please refer to this number for inquiries about this plan design).
Date: 10/03/2019 **Proposal valid through:** 01/01/2020

Plan Design

		PPO Benefit	Non-PPO Benefit
Individual Annual Maximum		$1,200	$1,200
Deductible	Individual	$50	$50
	Family	$150	$150
Diagnostic and Preventive Services			
Exams		100%	100%
Cleanings		100%	100%
Fluoride treatments		100%	100%
X-rays		100%	100%
Space maintainers		100%	100%
Sealants		100%	100%
Deductible applies		N	N
Basic Restorative Services			
Emergency treatment to relieve pain		80%	80%
Fillings		100%	100%
Endodontics – nonsurgical		50%	50%
Endodontics – surgical		50%	50%
Periodontics – nonsurgical		50%	50%
Periodontics – surgical		50%	50%
Extractions - nonsurgical		80%	80%
Extractions - surgical and other oral surgery		50%	50%
Deductible applies		Y	Y
Major Restorative Services			
Crowns, inlays, onlays		50%	50%
Bridges and dentures		50%	50%
Repairs and adjustments to bridges and dentures		50%	50%
Implants		50%	50%
Deductible applies		Y	Y
Orthodontic Services			
Coverage coinsurance		50%	50%
Individual lifetime maximum		$1,000	$1,000
Dependents eligible to age		19	19
Full-time students eligible to age		19	19
Adult ortho		N	N
Deductible applies		N	N
Dependent Eligibility			
Dependents eligible to age		26	26
Full-time students eligible to age		26	26

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DELTA DENTAL

Delta Dental of Wisconsin's Dental Benefits Proposal For
Iowa County Low Option

Plan design number: Q35D01 (please refer to this number for inquiries about this plan design).
Date: 10/03/2019 Proposal valid through: 01/01/2020

Plan Design

		PPO Benefit	Non-PPO Benefit
Individual Annual Maximum		$500	$500
Deductible	Individual	$50	$50
	Family	$0	$0
Diagnostic and Preventive Services			
Exams		100%	100%
Cleanings		100%	100%
Fluoride treatments		100%	100%
X-rays		100%	100%
Space maintainers		100%	100%
Sealants		100%	100%
Deductible applies		N	N
Basic Restorative Services			
Emergency treatment to relieve pain		80%	80%
Fillings		100%	100%
Endodontics – nonsurgical		50%	50%
Endodontics – surgical		50%	50%
Periodontics – nonsurgical		50%	50%
Periodontics – surgical		50%	50%
Extractions - nonsurgical		80%	80%
Extractions - surgical and other oral surgery		50%	50%
Deductible applies		Y	Y
Major Restorative Services			
Crowns, inlays, onlays		50%	50%
Bridges and dentures		0%	0%
Repairs and adjustments to bridges and dentures		0%	0%
Implants		0%	0%
Deductible applies		Y	Y
Orthodontic Services			
Coverage coinsurance		0%	0%
Individual lifetime maximum		$0	$0
Dependents eligible to age			
Full-time students eligible to age			
Adult ortho			
Deductible applies		N	N
Dependent Eligibility			
Dependents eligible to age		26	26
Full-time students eligible to age		26	26

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Dental Insurance Analysis - 2020

Cost per plan

	Low Plan 1		Total Plans	High Plan 1	
	Single	Family		Single	Family
Total Premium	18.53	57.90		37.07	108.89
Employee Share of Premium	-	8.68		18.54	59.67
County Share of Premium	18.53	49.22		18.53	49.22
Total # of Plans	63.00	120.00	183.00		
Proposed 2020 - County's Cost per month	1,167.39	5,906.40	7,073.79		
Current Cost for Dental					
Total Premium	17.96	55.92		36.84	107.96
Employee Share of Premium	-	8.39		18.88	60.43
County Share of Premium	17.96	47.53		17.96	47.53
Total # of Plans	63.00	120.00	183.00		
Current 2019 - County's Cost per month	1,131.48	5,703.60	6,835.08		
Monthly Increase for 2020 on proposed plan changes	35.91	202.80	238.71		
Proposed 2020 Annual Increase	**430.92**	**2,433.60**	**2,864.52**		

What is Covered

	Uniform Dental & Preventive Plan	Select Plan	Select Plus Plan
In-Network providers (No out-of-network coverage)	Delta Dental PPO & Premier providers	Delta Dental PPO	Delta Dental PPO & Premier providers
Annual deductible	None	$100 / person	$25 / person
Annual benefit max	$1,000 / person	$1,000 / person	$2,500 / person
Waiting period	None	None	None
Routine evaluations, dental cleanings, sealants, bitewing and panoramic X-rays, fluoride treatments, pulp vitality tests	100%	*No coverage*	*No coverage*
Fillings	100%	*No coverage*	*No coverage*
Anesthesia (general and IV sedation)	80%	50%	80%
Emergency pain relief	80%	*No coverage*	*No coverage*
Periodontal maintenance	100%	*No coverage*	*No coverage*
Crowns, bridges, dentures, implants	*No coverage*	50%	60%
Surgical extraction, root canal (endodontics), periodontics (except maintenance), oral surgery	*No coverage*	50%	80%
Non-surgical extractions (above gumline)	90%	*No coverage*	*No coverage*
Orthodontics coverage	50% (Under age 19)	*No coverage*	50% (Any age)
Orthodontics lifetime maximum	$1,500	*No coverage*	$1,500

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Monthly Cost (Premium)

The Uniform Dental premium is added to your health insurance premium. Preventive Plan, Select Plan and Select Plus Plan are separate deductions.

For Employees

	Uniform Dental	Preventive Plan	Select Plan	Select Plus Plan
Individual	$30.20*	$30.20	$9.28	$16.82
Individual + Child(ren)	---	---	$12.52	$31.12
Individual + Spouse	---	---	$18.56	$33.64
Family	$75.50*	$75.50	$22.28	$51.30

*Added to your health insurance premium and may be partially paid by your employer

For Retirees

	Uniform Dental	Preventive Plan	Select Plan	Select Plus Plan
Retiree	$30.20	$30.20	$15.44	$27.06
Retiree + Child(ren)	---	---	$21.19	$50.06
Retiree + Spouse	---	---	$31.39	$54.12
Family	$75.50*	$75.50	$37.67	$82.54

*Medicare Some or Medicare All recipients pay a family rate of $60.40

Well Wisconsin

Well Wisconsin, administered by StayWell®, supports you on your personal health journey and rewards you with a $150 incentive. Access free and confidential resources and services, such as health coaching, online challenges and more. NEW FOR 2020: An updated and improved StayWell website and app, plus a simpler way to receive your incentive.

Note: Retirees will see taxes removed from the total gift card amount. Medicare Advantage participants are not eligible for the Well Wisconsin incentive and have wellness incentives available through UnitedHealthcare.

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