



Benefits to Service Your Needs

Exclusively For

OKHEEI

Presented by:

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Partner. Preserve. **Prosper.**[®]



Dental Program Analysis



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Dental

Effective Date: 1/1/2022

Benefits	Current				
	Delta Dental Preventive PPO	Delta Dental Low PPO	Delta Dental Low Plus Premier	Delta Dental High PPO	Delta Dental High Plus Premier
In-Network	In-Network	In-Network	In-Network	In-Network	In-Network
Deductible					
Individual	\$50		\$100		\$50
Family	\$100		\$200		\$150
Coinsurance					
Preventative	100%	100%	100%	100%	100%
Basic	80%	75%	70%	85%	70%
Major	N/A	60%	50%	60%	50%
Orthodontia	N/A	N/A	N/A	50%	50%
Endodontics Level	N/A	75%	70%	85%	70%
Periodontics Level	N/A	75%	70%	85%	70%
Calendar Year Maximum					
Dental	\$750		\$1,000		\$2,000
Lifetime Maximum					
Orthodontia	N/A		N/A		Unlimited
Out-of-Network	Out-of-Network	Out-of-Network	Out-of-Network	Out-of-Network	Out-of-Network
Coinsurance					
Preventative	100%		100%		100%
Basic	80%		70%		70%
Major	N/A		80%		50%
Orthodontia	N/A		N/A		50%

Note: D+C = Deductible + Coinsurance.

This benefit analysis is a brief outline of the services covered and should be used for illustrative purposes only. In case of a discrepancy between this analysis and the carrier's plan documents, the carrier's plan documents will prevail. I certify that I have read and understand this disclaimer _____.

Cost Analysis	Current				
	Delta Dental PPO	Delta Dental PPO	Delta Dental Plus Premier	Delta Dental PPO	Delta Dental Plus Premier
Rates	Counts				
Employee Only	398	383	1125		
Employee + Spouse	45	66	195		
Employee + Child	24	45	149		
Employee + Child(ren)	45	57	174		
Family	27	59	202		
Estimated Monthly Premium	\$13,127.40		\$26,082.36		\$106,400.66
Estimated Annual Premium	\$157,528.80		\$312,988.32		\$1,276,807.92
Grand Total			\$1,747,325.04		
Annual Percentage Change					
Annual Dollar Change					

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Dental

Effective Date: 1/1/2022

Benefits	Renewal				
	Delta Dental Preventive PPO	Delta Dental Low PPO	Delta Dental Low Plus Premier	Delta Dental High PPO	Delta Dental High Plus Premier
In-Network	In-Network	In-Network	In-Network	In-Network	In-Network
Deductible					
Individual	\$50		\$100		\$50
Family	\$100		\$200		\$150
Coinsurance					
Preventative	100%	100%	100%	100%	100%
Basic	80%	75%	70%	85%	70%
Major	N/A	60%	50%	60%	50%
Orthodontia	N/A	N/A	N/A	50%	50%
Endodontics Level	N/A	75%	70%	85%	70%
Periodontics Level	N/A	75%	70%	85%	70%
Calendar Year Maximum					
Dental	\$750		\$1,000		\$2,000
Lifetime Maximum					
Orthodontia	N/A		N/A		Unlimited
Out-of-Network	Out-of-Network	Out-of-Network	Out-of-Network	Out-of-Network	Out-of-Network
Coinsurance					
Preventative	100%		100%		100%
Basic	80%		70%		70%
Major	N/A		80%		50%
Orthodontia	N/A		N/A		50%

Note: D+C = Deductible + Coinsurance.

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Cost Analysis	Renewal				
	Delta Dental PPO	Delta Dental PPO	Delta Dental Plus Premier	Delta Dental PPO	Delta Dental Plus Premier
Rates					
	Counts				
Employee Only	398 383 1125		\$32.06		\$46.60
Employee + Spouse	45 66 195		\$68.78		\$93.14
Employee + Child	24 45 149		\$47.14		\$68.62
Employee + Child(ren)	45 57 174		\$57.58		\$88.72
Family	27 59 202		\$96.42		\$139.90
Estimated Monthly Premium			\$27,910.60		\$124,508.76
Estimated Annual Premium			\$334,927.20		\$1,494,105.12
Grand Total			\$1,986,561.12		
Annual Percentage Change			13.69%		
Annual Dollar Change			\$239,236.08		
	0% Increase 91% Loss Ratio	10% Increase - 7% Concession 111% Loss Ratio		20% Increase - 17% Concession 146% Loss Ratio	

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Dental

Effective Date: 1/1/2022

Benefits	Option 1				
	Delta Dental Preventive PPO	Delta Dental Low PPO	Delta Dental Low PPO	Delta Dental High PPO	Delta Dental High PPO
In-Network	In-Network	In-Network	In-Network	In-Network	In-Network
Deductible					
Individual	\$50		\$100		\$50
Family	\$100		\$200		\$150
Coinsurance					
Preventative	100%	100%	100%	100%	100%
Basic	80%	75%	75%	85%	85%
Major	N/A	60%	60%	60%	60%
Orthodontia	N/A	N/A	N/A	50%	50%
Endodontics Level	N/A	75%	75%	85%	85%
Periodontics Level	N/A	75%	75%	85%	85%
Calendar Year Maximum					
Dental	\$750		\$1,000		\$2,000
Lifetime Maximum					
Orthodontia	N/A		N/A		Unlimited
Out-of-Network	Out-of-Network	Out-of-Network	Out-of-Network	Out-of-Network	Out-of-Network
Coinsurance					
Preventative	100%		100%		100%
Basic	80%		75%		85%
Major	N/A		60%		60%
Orthodontia	N/A		N/A		50%

Note: D+C = Deductible + Coinsurance.

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Cost Analysis	Option 1					
	Delta Dental PPO	Delta Dental PPO	Delta Dental PPO	Delta Dental PPO	Delta Dental PPO	
Rates						
Employee Only	398	383	1125	\$18.36	\$28.86	\$41.48
Employee + Spouse	45	66	195	\$37.52	\$61.90	\$82.90
Employee + Child	24	45	149	\$30.24	\$42.44	\$61.08
Employee + Child(ren)	45	57	174	\$39.58	\$51.82	\$78.96
Family	27	59	202	\$60.18	\$86.78	\$124.52
Estimated Monthly Premium	\$13,127.40			\$25,122.34		\$110,823.50
Estimated Annual Premium	\$157,528.80			\$301,468.08		\$1,329,882.00
Grand Total				\$1,788,878.88		
Annual Percentage Change				2.38%		
Annual Dollar Change				\$41,553.84		
	0% Increase			-2% Decrease		6% Increase

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Dental

Effective Date: 1/1/2022

Benefits	Option 2				
	Delta Dental Preventive PPO	Delta Dental Low PPO	Delta Dental Low Premier Plus	Delta Dental High PPO	Delta Dental High Premier Plus
In-Network	In-Network	In-Network	In-Network	In-Network	In-Network
Deductible					
Individual	\$50		\$100		\$50
Family	\$100		\$200		\$150
Coinsurance					
Preventative	100%	100%	90%	100%	90%
Basic	80%	75%	70%	85%	70%
Major	N/A	60%	50%	60%	50%
Orthodontia	N/A	N/A	N/A	50%	50%
Endodontics Level	N/A	75%	75%	85%	85%
Periodontics Level	N/A	75%	75%	85%	85%
Calendar Year Maximum					
Dental	\$750		\$1,000		\$2,000
Lifetime Maximum					
Orthodontia	N/A		N/A		Unlimited
Out-of-Network	Out-of-Network	Out-of-Network	Out-of-Network	Out-of-Network	Out-of-Network
Coinsurance					
Preventative	100%		90%		90%
Basic	80%		70%		70%
Major	N/A		50%		50%
Orthodontia	N/A		N/A		50%

Note: D+C = Deductible + Coinsurance.

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Cost Analysis	Option 2					
	Delta Dental PPO	Delta Dental PPO	Delta Dental Premier Plus	Delta Dental PPO	Delta Dental Premier Plus	
Rates						
Employee Only	398	383	1125	\$18.36	\$31.10	\$46.20
Employee + Spouse	45	66	195	\$37.52	\$66.72	\$90.36
Employee + Child	24	45	149	\$30.24	\$45.74	\$66.56
Employee + Child(ren)	45	57	174	\$39.58	\$55.86	\$86.06
Family	27	59	202	\$60.18	\$93.54	\$135.70
Estimated Monthly Premium	\$13,127.40		\$27,076.00	\$121,898.48		
Estimated Annual Premium	\$157,528.80		\$324,912.00	\$1,462,781.76		
Grand Total			\$1,945,222.56			
Annual Percentage Change			11.33%			
Annual Dollar Change			\$197,897.52			
			5% Increase	14% Increase		

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Dental

Effective Date: 1/1/2022

Benefits	Option 3				
	Delta Dental Preventive PPO	Delta Dental Low PPO	Delta Dental Low Plus Premier	Delta Dental High PPO	Delta Dental High Plus Premier
In-Network	In-Network	In-Network	In-Network	In-Network	In-Network
Deductible					
Individual	\$50		\$100		\$100
Family	\$100		\$200		\$300
Coinsurance					
Preventative	100%	100%	100%	100%	100%
Basic	80%	75%	70%	85%	70%
Major	N/A	60%	50%	60%	50%
Orthodontia	N/A	N/A	N/A	50%	50%
Endodontics Level	N/A	75%	70%	85%	70%
Periodontics Level	N/A	75%	70%	85%	70%
Calendar Year Maximum					
Dental	\$750		\$1,000		\$2,000
Lifetime Maximum					
Orthodontia	N/A		N/A		Unlimited
Out-of-Network	Out-of-Network	Out-of-Network	Out-of-Network	Out-of-Network	Out-of-Network
Coinsurance					
Preventative	100%		100%		100%
Basic	80%		70%		70%
Major	N/A		80%		50%
Orthodontia	N/A		N/A		50%

Note: D+C = Deductible + Coinsurance.

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Cost Analysis	Option 3				
	Delta Dental PPO	Delta Dental PPO	Delta Dental Plus Premier	Delta Dental PPO	Delta Dental Plus Premier
Rates					
	Counts				
Employee Only	398 383 1125		\$18.36	\$32.06	\$43.80
Employee + Spouse	45 66 195		\$37.52	\$68.78	\$87.56
Employee + Child	24 45 149		\$30.24	\$47.14	\$64.50
Employee + Child(ren)	45 57 174		\$39.58	\$57.58	\$83.40
Family	27 59 202		\$60.18	\$96.42	\$131.52
Estimated Monthly Premium			\$13,127.40	\$27,910.60	\$117,038.34
Estimated Annual Premium			\$157,528.80	\$334,927.20	\$1,404,460.08
Grand Total				\$1,896,916.08	
Annual Percentage Change				8.56%	
Annual Dollar Change				\$149,591.04	

7% Increase

11% Increase

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Dental

Effective Date: 1/1/2022

Benefits	Option 4				
	Delta Dental Preventive PPO	Delta Dental Low PPO	Delta Dental Low Plus Premier	Delta Dental High PPO	Delta Dental High Plus Premier
In-Network	In-Network	In-Network	In-Network	In-Network	In-Network
Deductible					
Individual	\$50		\$100		\$50
Family	\$100		\$200		\$150
Coinsurance					
Preventative	100%	100%	100%	100%	100%
Basic	80%	75%	70%	85%	70%
Major	N/A	60%	50%	60%	50%
Orthodontia	N/A	N/A	N/A	50%	50%
Endodontics Level	N/A	75%	70%	85%	70%
Periodontics Level	N/A	75%	70%	85%	70%
Calendar Year Maximum					
Dental	\$750		\$1,000		\$2,000
Lifetime Maximum					
Orthodontia	N/A		N/A		\$2,000
Out-of-Network	Out-of-Network	Out-of-Network	Out-of-Network	Out-of-Network	Out-of-Network
Coinsurance					
Preventative	100%		100%		100%
Basic	80%		70%		70%
Major	N/A		80%		50%
Orthodontia	N/A		N/A		50%

Note: D+C = Deductible + Coinsurance.

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Cost Analysis	Option 4				
	Delta Dental PPO	Delta Dental PPO	Delta Dental Plus Premier	Delta Dental PPO	Delta Dental Plus Premier
Rates					
	Counts				
Employee Only	398 383 1125		\$18.36	\$32.06	\$46.60
Employee + Spouse	45 66 195		\$37.52	\$68.78	\$95.52
Employee + Child	24 45 149		\$30.24	\$47.14	\$67.22
Employee + Child(ren)	45 57 174		\$39.58	\$57.58	\$86.92
Family	27 59 202		\$60.18	\$96.42	\$131.52
Estimated Monthly Premium			\$13,127.40	\$27,910.60	\$122,758.30
Estimated Annual Premium			\$157,528.80	\$334,927.20	\$1,473,099.60
Grand Total				\$1,965,555.60	
Annual Percentage Change				12.49%	
Annual Dollar Change				\$1,965,555.60	
				7% Increase	15% Increase

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Dental

Effective Date: 1/1/2022

Benefits	Option 5				
	Delta Dental Preventive PPO	Delta Dental Low PPO	Delta Dental Low Plus Premier	Delta Dental High PPO	Delta Dental High Plus Premier
In-Network	In-Network	In-Network	In-Network	In-Network	In-Network
Deductible					
Individual	\$50		\$100		\$100
Family	\$100		\$200		\$300
Coinsurance					
Preventative	100%	100%	100%	100%	100%
Basic	80%	75%	70%	85%	70%
Major	N/A	60%	50%	60%	50%
Orthodontia	N/A	N/A	N/A	50%	50%
Endodontics Level	N/A	75%	70%	85%	70%
Periodontics Level	N/A	75%	70%	85%	70%
Calendar Year Maximum					
Dental	\$750		\$1,000		\$2,000
Lifetime Maximum					
Orthodontia	N/A		N/A		\$2,000
Out-of-Network	Out-of-Network	Out-of-Network	Out-of-Network	Out-of-Network	Out-of-Network
Coinsurance					
Preventative	100%		100%		100%
Basic	80%		70%		70%
Major	N/A		80%		50%
Orthodontia	N/A		N/A		50%

Note: D+C = Deductible + Coinsurance.

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Cost Analysis	Option 5				
	Delta Dental PPO	Delta Dental PPO	Delta Dental Plus Premier	Delta Dental PPO	Delta Dental Plus Premier
Rates					
	Counts				
Employee Only	398 383 1125		\$18.36	\$32.06	\$43.74
Employee + Spouse	45 66 195		\$37.52	\$68.78	\$89.76
Employee + Child	24 45 149		\$30.24	\$47.14	\$63.80
Employee + Child(ren)	45 57 174		\$39.58	\$57.58	\$82.52
Family	27 59 202		\$60.18	\$96.42	\$130.10
Estimated Monthly Premium			\$13,127.40	\$27,910.60	\$116,855.58
Estimated Annual Premium			\$157,528.80	\$334,927.20	\$1,402,266.96
Grand Total				\$1,894,722.96	
Annual Percentage Change				8.44%	
Annual Dollar Change				\$1,894,722.96	

7% Increase

10% Increase