

*Township of West Orange
Dental Renewal Comparison Summary
January 1, 2019*

	Current Delta Dental	Renewal Delta Dental	Renewal Delta Dental	Proposed Aetna	Proposed Cigna	Proposed Guardian	Proposed Horizon
		<u>1 Year</u>	<u>2 Years</u>	<u>1 Year with 2nd Year Rate Cap of 4%</u>	<u>1 Year</u>	<u>1 Year</u>	<u>1 Year</u>
Town Active	\$264,268.80	\$221,979.84	\$232,544.64	\$222,783.36	\$240,550.08	\$224,688.00	\$200,969.28
Library Active	\$13,852.80	\$11,636.04	\$12,189.84	\$11,678.16	\$12,609.48	\$11,778.00	\$10,534.68
Retiree POS	\$95,342.44	\$80,089.92	\$83,903.40	\$80,363.64	\$86,791.56	\$81,061.44	\$72,504.84
Retiree PPO	\$26,533.95	\$22,287.84	\$23,350.20	\$22,366.92	\$18,940.56	\$25,896.00	\$20,177.04
Annual Total	\$399,998.00	\$335,993.64	\$351,988.08	\$337,192.08	\$358,891.68	\$343,423.44	\$304,185.84
Total Increase/Decrease		-\$64,004.36 -16.00%	-\$48,009.92 -12.00%	-\$62,805.92 -15.70%	-\$41,106.32 -10.28%	-\$56,574.56 -14.14%	-\$95,812.16 -23.95%

**Township of West Orange
Dental Quotation Comparison
January 1, 2019**

	Current Delta Dental Premier Plus PPO	Renewal Delta Dental Premier Plus PPO	Renewal Delta Dental Premier Plus PPO	Proposed Aetna DPPO (R&C)	Proposed Cigna Total PPO	Proposed Guardian DentalGuard Preferred	Proposed Horizon DOP
Rate Guarantee		<u>1 Year</u>	<u>2 Years</u>	<u>1 Year with 2nd Year Rate Cap of 4%</u>	<u>1 Year</u>	<u>1 Year</u>	<u>1 Year</u>
Preventive & Diagnostic Exams, Cleanings (each twice per 12 month period year per person) X-rays - full mouth series or panoramic (either one, once in three years) X-rays - bitewing (twice per 12 month period) X-rays - single films Flouride Treatment (once per 12 month period, under age 19) Space Maintainers (once per space for missing posterior primary teeth, for children under 14)	100%	100%	100%	100%	100%	100%	100%
Remaining Basic Fillings - composite and amalgam Extractions, Oral Surgery Endodontics (root canals on permanent teeth and root surgery, once per 24 months) Periodontics Sealants	70%	70%	70%	70%	70%	70%	70%
Prosthodontics & Crowns (after deductible) Crowns and crown-related procedures (once every 5 years, permanent teeth only, ages 12+) Bridgework (once every 5 years for ages 16+) Repair of dentures Full and Partial Dentures (either one, once every 5 years; partial dentures for ages 16+) Inlays (dependent children not eligible)	50%	50%	50%	50%	50%	50%	50%
Calendar Year Maximum (per person)	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000
Calendar Year Deductible (waived on Preventative & Diagnostic)							
Per Person	\$25	\$25	\$25	\$25	\$25	\$25	\$25
Family Aggregate	\$100	\$100	\$100	\$100	\$75	\$75	\$100
Orthodontia (Dependent Children Only)							
Lifetime Maximum (per patient)	50%	50%	50%	50%	50%	50%	50%
Lifetime Deductible	\$800	\$800	\$800	\$800	\$800	\$800	\$800
	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Rates:							
Enrollment: Super Composite 248	\$88.80	\$74.59	\$78.14	\$74.86	\$80.83	\$75.50	\$67.53
Monthly Premium	\$22,022.40	\$18,498.32	\$19,378.72	\$18,565.28	\$20,045.84	\$18,724.00	\$16,747.44
Annual Premium	\$264,268.80	\$221,979.84	\$232,544.64	\$222,783.36	\$240,550.08	\$224,688.00	\$200,969.28
Renewal Increase		-16.00%	-12.00%	-15.70%	-8.98%	-14.98%	-23.95%

OON paid on 80th percentile R&C OON paid on 90th percentile UCR OON paid on 90th percentile UCR OON paid on 80th percentile FH

Plan Deviations: **Plan Deviations:** **Plan Deviations:** **Plan Deviations:**
No Age Limit on Crowns & Family Deductible \$75 Family Deductible \$75
Prosthodontics

Sealants are covered under
Preventive & Diagnostic

Plan Enhancements (do not count towards CYM):
Extra free visit for routine cleaning
Dental debridement for removal of hard deposits

Dental office use of
antibacterial agents to treat
periodontal disease

**Township of West Orange Public Library
Dental Quotation Comparison
January 1, 2019**

	Current Delta Dental Premier Plus PPO	Renewal Delta Dental Premier Plus PPO	Renewal Delta Dental Premier Plus PPO	Proposed Aetna DPPO (R&C)	Proposed Cigna Total PPO	Proposed Guardian DentalGuard Preferred	Proposed Horizon DOP
Rate Guarantee		1 Year	2 Years	1 Year with 2nd Year Rate Cap of 4%	1 Year	1 Year	1 Year
Preventive & Diagnostic Exams, Cleanings (each twice per 12 month period year per person) X-rays - full mouth series or panoramic (either one, once in three years) X-rays - bitewing (twice per 12 month period) X-rays - single films Flouride Treatment (once per 12 month period, under age 19) Space Maintainers (once per space for missing posterior primary teeth, for children under 14)	100%	100%	100%	100%	100%	100%	100%
Remaining Basic Fillings - composite and amalgam Extractions, Oral Surgery Endodontics (root canals on permanent teeth and root surgery, once per 24 months) Periodontics Sealants	70%	70%	70%	70%	70%	70%	70%
Prosthodontics & Crowns (after deductible) Crowns and crown-related procedures (once every 5 years, permanent teeth only, ages 12+) Bridgework (once every 5 years for ages 16+) Repair of dentures Full and Partial Dentures (either one, once every 5 years; partial dentures for ages 16+) Inlays (dependent children not eligible)	50%	50%	50%	50%	50%	50%	50%
Calendar Year Maximum (per person)	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000
Calendar Year Deductible (waived on Preventative & Diagnostic)	\$25	\$25	\$25	\$25	\$25	\$25	\$25
Per Person	\$100	\$100	\$100	\$100	\$75	\$75	\$100
Family Aggregate							
Orthodontia (Dependent Children Only)	50%	50%	50%	50%	50%	50%	50%
Lifetime Maximum (per patient)	\$800	\$800	\$800	\$800	\$800	\$800	\$800
Lifetime Deductible	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Rates:							
Enrollment:							
Super Composite 13	\$88.80	\$74.59	\$78.14	\$74.86	\$80.83	\$75.50	\$67.53
Monthly Premium	\$1,154.40	\$969.67	\$1,015.82	\$973.18	\$1,050.79	\$981.50	\$877.89
Annual Premium	\$13,852.80	\$11,636.04	\$12,189.84	\$11,678.16	\$12,609.48	\$11,778.00	\$10,534.68
Renewal Increase		-16.00%	-12.00%	-15.70%	-8.98%	-14.98%	-23.95%

OON paid on 80th
percentile R&C

OON paid on 90th
percentile UCR

OON paid on 90th
percentile UCR

OON paid on 80th percentile
FH

Plan Deviations:
No Age Limit on Crowns &
Prosthodontics

Plan Deviations:
Family Deductible \$75

Plan Deviations:
Family Deductible \$75

Plan Deviations:

Sealants are covered under
Preventive & Diagnostic

**Plan Enhancements (do
not count towards CYM):**
Extra free visit for routine
cleaning
Dental debridement for
removal of hard deposits
Dental office use of
antibacterial agents to treat
periodontal disease

Township of West Orange
Dental Quotation Comparison - Retiree Premier + PPO
January 1, 2019

Rate Guarantee	Current Delta PPO / Premier		Renewal Delta PPO / Premier 1 Year		Renewal Delta PPO / Premier 2 Years		Proposed Delta Aetna DPPD (R&C) 1 Year with 2nd Year Rate Cap of 4%		Proposed Delta Cigna Total PPO 1 Year		Proposed Guardian Dental/Guard Preferred 1 Year		Proposed Horizon DOP 1 Year	
	PPO Network	Premier or Non Par	PPO Network	Premier or Non Par	PPO Network	Premier or Non Par	INN	OON	INN	OON	INN	OON	INN	OON
	100%	90%	100%	90%	100%	90%	100%	90%	100%	90%	100%	90%	100%	90%
Preventive & Diagnostic Exams, Cleanings (each twice per 12 month period year per person) X-rays - full mouth series or panoramic (either one, once in three years) X-rays - bitewing (twice per 12 month period) X-rays - single films Fluoride Treatment (once per 12 month period, under age 19)	100%	90%	100%	90%	100%	90%	100%	90%	100%	90%	100%	90%	100%	90%
Remaining Basic (after deductible) Fillings - composite and amalgam Extractions, Oral Surgery Endodontics (root canals on permanent teeth and root surgery, once per 24 months) Periodontics Sealants Space Maintainers (once per space for missing posterior primary teeth, for children under 14)	70%	50%	70%	50%	70%	50%	70%	50%	70%	50%	70%	50%	70%	50%
Prosthodontics & Crowns (after deductible) Crowns and crown-related procedures (once every 5 years, permanent teeth only, ages 12+) Bridgework (once every 5 years for ages 16+) Repair of dentures Full and Partial Dentures (either one, once every 5 years; partial dentures for ages 16+) Inlays	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
Calendar Year Maximum	\$1,500		\$1,500		\$1,500		\$1,500		\$1,500		\$1,500		\$1,500	
Calendar Year Deductible Single Family	\$50 \$150		\$50 \$150		\$50 \$150		\$50 \$150		\$50 \$150		\$50 \$150		\$50 \$150	
Orthodontia (Dependent Children Only) Lifetime Maximum (per patient) Lifetime Deductible	Not Covered		Not Covered		Not Covered		Not Covered		Not Covered		Not Covered		Not Covered	
Rates:	Enrollment:													
Employee	33	\$47.59		\$39.98		\$41.88		\$40.10		\$43.32		\$40.46		\$36.19
Employee & Child(ren)	2	\$92.76		\$77.92		\$81.63		\$78.19		\$84.44		\$78.87		\$70.54
Employee & Spouse	39	\$88.00		\$73.92		\$77.44		\$74.18		\$80.11		\$74.82		\$66.92
Family	19	\$145.12		\$121.90		\$127.71		\$122.33		\$132.10		\$123.38		\$110.36
Monthly Premium		\$7,945.20		\$6,674.16		\$6,991.95		\$6,696.97		\$7,232.63		\$6,755.12		\$6,042.07
Annual Premium		\$95,342.44		\$80,089.92		\$83,903.40		\$80,363.64		\$86,791.56		\$81,061.44		\$72,504.84
Renewal Increase				-16.00%		-12.00%		-15.71%		-8.97%		-14.98%		-23.95%

OON paid on 80th percentile R&C

OON paid on 90th percentile UCR

OON paid on 90th percentile UCR

OON paid on 80th percentile FH

Plan Deviations:
No Age Limit on Crowns & Prosthodontics

Plan Deviations:

Sealants are covered under Preventive & Diagnostic

Plan Enhancements (do not count towards CYM):
Extra free visit for routine cleaning
Dental debridement for removal of hard deposits
Dental office use of antibacterial agents to treat periodontal disease

Township of West Orange
Dental Quotation Comparison - Retiree PPO
January 1, 2019

	Current Delta Dental Premier Plus PPO	Renewal Delta Dental Premier Plus PPO	Renewal Delta Dental Premier Plus PPO	Proposed Aetna DPPO (Plan Max)	Proposed Cigna Total PPO	Proposed Guardian DentalGuard Preferred	Proposed Horizon DOP
Rate Guarantee		1 Year	2 Years	1 Year with 2nd Year Rate Cap of 4%	INN 1 Year OON	1 Year	1 Year
Preventive & Diagnostic Exams, Cleanings (each twice per 12 month period year per person) X-rays - full mouth series or panoramic (either one, once in three years) X-rays - bitewing (twice per 12 month period) X-rays - single films Flouride Treatment (once per 12 month period, under age 19)	100%	100%	100%	100%	100%	90%	100%
Remaining Basic (after deductible) Fillings - composite and amalgam Extractions, Oral Surgery Endodontics (root canals on permanent teeth and root surgery, once per 24 months) Periodontics Sealants Space Maintainers (once per space for missing posterior primary teeth, for children under 14)	70%	70%	70%	70%	70%	50%	70%
Prosthodontics & Crowns (after deductible) Crowns and crown-related procedures (once every 5 years, permanent teeth only, ages 12+) Bridgework (once every 5 years for ages 16+) Repair of dentures Full and Partial Dentures (either one, once every 5 years; partial dentures for ages 16+) Inlays	50%	50%	50%	50%	50%	50%	50%
Calendar Year Maximum	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500
Calendar Year Deductible Single Family	\$50 \$150	\$50 \$150	\$50 \$150	\$50 \$150	\$50 \$150	\$50 \$150	\$50 \$150
Orthodontia (Dependent Children Only) Lifetime Maximum (per patient) Lifetime Deductible	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Employee 11	\$41.44	\$34.81	\$36.47	\$34.93	\$43.32	\$40.46	\$31.51
Employee & Child(ren) 0	\$80.82	\$67.89	\$71.12	\$68.13	\$84.44	\$78.87	\$61.46
Employee & Spouse 13	\$76.68	\$64.41	\$67.48	\$64.64	\$80.11	\$74.82	\$58.31
Family 6	\$126.41	\$106.18	\$111.24	\$106.56	\$132.10	\$123.38	\$96.13
Monthly Premium	\$2,211.16	\$1,857.32	\$1,945.85	\$1,863.91	\$1,578.38	\$2,158.00	\$1,681.42
Annual Premium	\$26,533.95	\$22,287.84	\$23,350.20	\$22,366.92	\$18,940.56	\$25,896.00	\$20,177.04
Renewal Increase		-16.00%	-12.00%	-15.70%	-28.62%	-2.40%	-23.96%

INN & OON benefits
calculated on the PPO
fee schedule

Plan Deviations:
No Age Limit on Crowns
& Prosthodontics

OON paid on 90th percen tile UCR

Plan Deviations:
Only quoted the current retiree POS plan

OON paid on 90th percen
tile UCR

OON paid on 80th
percentile FH

Sealants are covered
under Preventive &
Diagnostic

**Plan Enhancements (do
not count towards
CYM):**

Extra free visit for routine
cleaning

Dental debridement for
removal of hard deposits

Dental office use of
antibacterial agents to
treat periodontal disease