

West Orange Township				2024
MARKETS APPROACHED				
Carrier		Response	Notes	Tech/Implementation Credits
Delta Dental		Current	2.09% 1 year	
		Not Equal to or better than	can not match all 3 plan options	
Met Life				
Guardian		DTQ		
Horizon BCBS NJ		Pending	have not submitted full response	
Aetna		Pending	have not submitted full response	

West Orange Township

D E N T A L

					
		Inforce			
Benefit Details					
Out-of-Network Type		PPO Plus Premier		PPO Plus Premier	
Individual Deductible		\$25		\$25	
Family Deductible		\$100		\$100	
Deductible Waived for Preventive		Yes		Yes	
Annual Maximum		\$1,000		\$1,000	
Ortho Age Limit		19		19	
Ortho Lifetime Maximum		\$800		\$800	
Coinsurance (In/Out-of-Network)					
Preventive Services		100%		100%	
Basic Services		70%		70%	
Major Services		50%		50%	
Child Ortho Service		50%		50%	
Additional Benefit Details					
Endo		Basic		Basic	
Perio		Basic		Basic	
Oral Surgery		Basic		Basic	
Implants		Not Included		Not Included	
Maximum Rollover / Preventative Max Waiver		Not Included		Not Included	
Waiting Periods					
Preventive		No		No	
Basic		No		No	
Major		No		No	
Ortho		No		No	
Additional Information					
Employer Contribution Level		Shared		Shared	
Dependent Age Limits		26		26	
Participation Requirement		Current		Current	
Financial		Count			
Single		87	\$72.35		\$73.86
Employee + Spouse		49	\$72.35		\$73.86
Employee + Child(ren)		9	\$72.35		\$73.86
Family		94	\$72.35		\$73.86
Rate Guarantee		242			1 Years

C O S T A N A L Y S I S

		Current	Renewal
Monthly Premium		\$17,292	\$17,653
Annual Premium		\$207,500	\$211,830
Annual Change vs Current			\$4,331
Annual % Change vs Current		0.0%	2.1%

This summary is for illustrative purposes only and is not a binding quote.

Pricing Assumes Package Sale unless otherwise noted.

Please refer to carrier proposal for full details.

Carrier Comments			
Commissions			

West Orange Township

DENTAL- RETIREES PPO PLUS PREMIER

 			
		Inforce	
Benefit Details			
Out-of-Network Type		PPO Plus Premier	PPO Plus Premier
Individual Deductible		\$50	\$50
Family Deductible		\$150	\$150
Deductible Waived for Preventive		Yes	Yes
Annual Maximum		\$1,500	\$1,500
Ortho Age Limit		NA	NA
Ortho Lifetime Maximum		NA	NA
Coinsurance (In/Out-of-Network)			
Preventive Services		100%/90%	100%/90%
Basic Services		70%/50%	70%/50%
Major Services		50%/50%	50%/50%
Child Ortho Service			
Additional Benefit Details			
Endo		Basic	Basic
Perio		Major	Major
Oral Surgery		Basic	Basic
Implants		Not Included	Not Included
Maximum Rollover / Preventative Max Waiver		Not Included	Not Included
Waiting Periods			
Preventive		No	No
Basic		No	No
Major		No	No
Ortho			
Additional Information			
Employer Contribution Level		0%	0%
Dependent Age Limits		26	26
Participation Requirement		Current	Current
Financial	Count		
Single	57	\$38.78	\$39.59
Employee + Spouse	60	\$71.70	\$77.16
Employee + Child(ren)	5	\$75.58	\$77.16
Family	31	\$118.24	\$114.69
Rate Guarantee			1 Year
COST ANALYSIS			
		Current	Renewal
Monthly Premium		\$10,556	\$10,827
Annual Premium		\$126,670	\$129,929
Annual Change vs Current			\$3,259
Annual % Change vs Current			2.6%
Annual Change vs Renewal			
Annual % Change vs Renewal			
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Carrier Comments			
Commissions			

West Orange Township

DENTAL - RETIREES PPO

 			
		Inforce	
Benefit Details			
Out-of-Network Type		MAC	MAC
Individual Deductible		\$50	\$50
Family Deductible		\$150	\$150
Deductible Waived for Preventive		Yes	Yes
Annual Maximum		\$1,500	\$1,500
Ortho Age Limit		NA	NA
Ortho Lifetime Maximum		NA	NA
Coinsurance (In/Out-of-Network)			
Preventive Services		100%	100%
Basic Services		70%	70%
Major Services		50%	50%
Child Ortho Service			
Additional Benefit Details			
Endo		Basic	Basic
Perio		Major	Major
Oral Surgery		Basic	Basic
Implants		Not Included	Not Included
Maximum Rollover / Preventative Max Waiver		Not Included	Not Included
Waiting Periods			
Preventive		No	No
Basic		No	No
Major		No	No
Ortho		No	No
Additional Information			
Employer Contribution Level		0%	0%
Dependent Age Limits		26	26
Participation Requirement		Current	Current
Financial	Count		
Single	16	\$33.77	\$34.48
Employee + Spouse	10	\$62.48	\$63.79
Employee + Child(ren)	1	\$65.85	\$67.23
Family	7	\$102.99	\$105.14
Rate Guarantee			1 Years

COST ANALYSIS

	Current	Renewal
Monthly Premium	\$1,952	\$1,993
Annual Premium	\$23,423	\$23,913
Annual Change vs Current		\$491
Annual % Change vs Current		2.1%

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Carrier Comments			
Commissions			