

# Benefits to Service Your Needs

**Exclusively For** 

# **OKHEEI**

Presented by:

Carrie Cox

Carrie.Cox@nfp.com

4811 Gaillardia Parkway, Suite 300 Oklahoma City, OK 73142

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Partner. Preserve. Prosper.





# **OKHEEI**

Dental

Effective Date: 1/1/2022

			Current		
Benefits	Delta Dental Preventive PPO	Delta Dental Low PPO	Delta Dental Low Plus Premier	Delta Dental High PPO	<b>Delta Dental</b> High Plus Premir
In-Network	In-Network	In-Network	In-Network	In-Network	In-Network
Deductible					
Individual	\$50	\$^	100	\$	50
Family	\$100	\$2	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	I/A	Unli	mited
Out-of-Network	Out-of-Network	Out-of-Network	Out-of-Network	Out-of-Network	Out-of-Network
Coinsurance					
Preventative	100%	10	00%	10	0%
Basic	80%	70%		70%	
Major	N/A	80	0%	50%	
Orthodontia	N/A	N	I/A	50	0%

Note: D+C = Deductible + Coinsurance.

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			Current							
							Delta Dental Plus Premir			
s Counts		s								
398	383	1125	\$18.36	\$29.96		\$39.82				
45	66	195	\$37.52	\$64.28		\$79.60				
24	45	149	\$30.24	\$44.06		\$58.64				
45	57	174	\$39.58	\$53	3.80	\$75.82				
27	59	202	\$60.18	\$90.10 \$119.56		9.56				
			\$13,127.40	\$26,082.36		\$26,082.36		\$106,	400.66	
			\$157,528.80	\$312,	988.32	\$1,276	,807.92			
					\$1,747,325.04					
	45 24 45	398 383 45 66 24 45 45 57	398 383 1125 45 66 195 24 45 149 45 57 174	Counts  398 383 1125 \$18.36  45 66 195 \$37.52  24 45 149 \$30.24  45 57 174 \$39.58  27 59 202 \$60.18  \$13,127.40	Counts         \$18.36         \$29           45         66         195         \$37.52         \$64           24         45         149         \$30.24         \$44           45         57         174         \$39.58         \$55           27         59         202         \$60.18         \$90           \$13,127.40         \$26,0         \$26,0	Counts         398         383         1125         \$18.36         \$29.96           45         66         195         \$37.52         \$64.28           24         45         149         \$30.24         \$44.06           45         57         174         \$39.58         \$53.80           27         59         202         \$60.18         \$90.10           \$13,127.40         \$26,082.36           \$157,528.80         \$312,988.32	Delta Dental   PPO   PPO   Plus Premier   PPO   PPO   PPO   Plus Premier   PPO   P			

# **OKHEEI**

Dental

Effective Date: 1/1/2022

			Renewal		
Benefits	Delta Dental Preventive PPO	Delta Dental Low PPO	Delta Dental Low Plus Premier	Delta Dental High PPO	<b>Delta Dental</b> High Plus Premir
In-Network	In-Network	In-Network	In-Network	In-Network	In-Network
Deductible					
Individual	\$50	\$	100	\$	550
Family	\$100	\$2	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	I/A	Unli	mited
Out-of-Network	Out-of-Network	Out-of-Network	Out-of-Network	Out-of-Network	Out-of-Network
Coinsurance					
Preventative	100%	10	00%	10	00%
Basic	80%	7	0%	70%	
Major	N/A	8	0%	50%	
Orthodontia	N/A	N	I/A	5	0%

Note: D+C = Deductible + Coinsurance.

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						Renewal		
Cost Analysis				Delta Dental PPO	Delta Dental PPO	Delta Dental Plus Premier	Delta Dental PPO	<b>Delta Dental</b> Plus Premir
Rates		Count	S					
Employee Only	398	383	1125	\$18.36	\$32.06		\$4	6.60
Employee + Spouse	45	66	195	\$37.52	\$68.78		\$93.14	
Employee + Child	24	45	149	\$30.24	\$47.14		\$68.62	
Employee + Child(ren)	45	57	174	\$39.58	\$57	7.58	\$88.72	
Family	27	59	202	\$60.18	\$96	5.42	\$139.90	
Estimated Monthly Premium				\$13,127.40	\$27,910.60		\$124,	508.76
Estimated Annual Premium				\$157,528.80	\$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

## **OKHEEI**

Dental

Effective Date: 1/1/2022

		Option 1							
Benefits	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	\$1	00	\$	50				
Family	\$100	\$2	200	\$1	50				
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	Unlii	mited				
Out-of-Network	Out-of-Network	Out-of-Network	Out-of-Network	Out-of-Network	Out-of-Network				
Coinsurance									
Preventative	100%	10	0%	10	0%				
Basic	80%	7:	5%	85%					
Major	N/A	60	)%	60%					
Orthodontia	N/A	N	/A	50	0%				

Note: D+C = Deductible + Coinsurance.

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				Option 1							
Cost Analysis				Delta Dental PPO	Delta Dental PPO	Delta Dental PPO	Delta Dental PPO	Delta Dental PPO			
Rates	Counts		6								
Employee Only	398	383	1125	\$18.36	\$28.86		\$4	1.48			
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	\$5 <sup>-</sup>	.82	\$78.96				
Family	27	59	202	\$60.18	\$86.78 \$124.52		24.52				
Estimated Monthly Premium				\$13,127.40	\$25,122.34		\$110,	823.50			
Estimated Annual Premium				\$157,528.80	\$301,	468.08	\$1,329	9,882.00			
Grand Total						\$1,788,878.88					
Annual Percentage Change					2.38%						
Annual Dollar Change					\$41,553.84						

0% Increase -2% Decrease 6% Increase

**Effective Date:** 1/1/2022

		Option 2							
Benefits	Delta Dental Preventive PPO	Delta Dental Low PPO	<b>Delta Dental</b> Low Premier Plus	Delta Dental High PPO	<b>Delta Dental</b> High Premier Plus				
In-Network	In-Network	In-Network	In-Network	In-Network	In-Network				
Deductible									
Individual	\$50	\$1	00	\$	50				
Family	\$100	\$2	200	\$1	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	Unli	mited				
Out-of-Network	Out-of-Network	Out-of-Network	Out-of-Network	Out-of-Network	Out-of-Network				
Coinsurance									
Preventative	100%	90%		90	0%				
Basic	80%	70%		70	0%				
Major	N/A	50%		50%					
Orthodontia	N/A	N	/A	50	0%				

Note: D+C = Deductible + Coinsurance.

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				Option 2						
Cost Analysis				Delta Dental PPO	Delta Dental PPO	Delta Dental Premier Plus	Delta Dental Delta Dent PPO Premier Plus			
Rates		Counts	i							
Employee Only	398	383	1125	\$18.36	\$31.10		\$4	16.20		
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 \$13		35.70			
Estimated Monthly Premium				\$13,127.40	\$27,076.00		\$121	,898.48		
Estimated Annual Premium				\$157,528.80	\$324,	912.00	\$1,46	2,781.76		
Grand Total						\$1,945,222.56				
Annual Percentage Change						11.33%				
Annual Dollar Change	nual Dollar Change			\$197,897.52						
					5% In	crease	14% I	Increase		

Effective Date: 1/1/2022

			Option 3		
Benefits	Delta Dental Preventive PPO	Delta Dental Low PPO	Delta Dental Low Plus Premier	Delta Dental High PPO	<b>Delta Dental</b> High Plus Premir
In-Network	In-Network	In-Network	In-Network	In-Network	In-Network
Deductible					
Individual	\$50	\$	100	\$1	00
Family	\$100	\$2	200	\$3	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	I/A	Unli	mited
Out-of-Network	Out-of-Network	Out-of-Network	Out-of-Network	Out-of-Network	Out-of-Network
Coinsurance					
Preventative	100%	10	00%	10	0%
Basic	80%	7	0%	70	)%
Major	N/A	8	0%	50%	
Orthodontia	N/A	N	I/A	50	)%

Note: D+C = Deductible + Coinsurance.

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						Option 3		
Cost Analysis				Delta Dental	Delta Dental	Delta Dental	Delta Dental	Delta Dental
Rates		Counts		PPO	PPO	Plus Premier	PPO	Plus Premir
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	7.58	\$83.40	
Family	27	59	202	\$60.18	\$96.42 \$131.52		1.52	
Estimated Monthly Premium				\$13,127.40	\$27,9	10.60	\$117,	038.34
Estimated Annual Premium				\$157,528.80	\$334,9	927.20	\$1,404	,460.08
Grand Total				\$1,896,916.08				
Annual Percentage Change				8.56%				
Annual Dollar Change						\$149,591.04		

7% Increaase

Effective Date: 1/1/2022

		Option 4						
Benefits	<b>Delta Dental</b> Preventive PPO	Delta Dental  Low PPO	Delta Dental  Low  Plus Premier	Delta Dental  High  PPO	<b>Delta Dental</b> High Plus Premir			
In-Network	In-Network	In-Network	In-Network	In-Network	In-Network			
Deductible	III-I46fMOLK	III-Network	III-Network	III-Network	III-IVELWOIK			
Individual	\$50	\$	100	\$	1 50			
Family	\$100	·	200	·	150			
Coinsurance	Ψ.00	Ų-		*				
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	I/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%		10	0%			
Basic	80%	70	0%	70	0%			
Major	N/A		0%	50%				
Orthodontia	N/A	N	I/A	50	0%			

Note: D+C = Deductible + Coinsurance.

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						Option 4			
Cost Analysis				Delta Dental PPO	Delta Dental PPO	<b>Delta Dental</b> Plus Premier	Delta Dental PPO	Delta Dental Plus Premir	
Rates		Counts							
Employee Only	398	383	1125	\$18.36	\$32.06		\$46	3.60	
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	7.58	\$86.92		
Family	27	59	202	\$60.18	\$96	.42	\$13	1.52	
Estimated Monthly Premium				\$13,127.40	\$27,910.60		\$122,	758.30	
Estimated Annual Premium				\$157,528.80	\$334,9	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% Increaase

Effective Date: 1/1/2022

		Option 5						
Benefits	Delta Dental Preventive PPO	Delta Dental Low PPO	Delta Dental Low Plus Premier	Delta Dental High PPO	<b>Delta Dental</b> High Plus Premir			
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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				Option 5							
Cost Analysis			Delta Dental PPO	Delta Dental PPO	<b>Delta Dental</b> Plus Premier	Delta Dental PPO	Delta Dental Plus Premir				
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		\$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	rcentage Change				8.44%						
Annual Dollar Change					\$1,894,722.96						
					=0/ 1		100/ 1				

7% Increaase