

Delta Dental of Illinois

Dental Benefits Renewal



Smart plans for smart mouths.

Presented to

COUNTY OF FRANKLIN

DDIL #8424

Effective Date
April 1, 2024

Presented By

Cecilia Spencer

Account Manager

630-718-4952

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Delta Dental of Illinois 111 Shuman Boulevard Naperville, Illinois 60563

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Your Delta Dental of Illinois Dental Plan Proposal

Delta Dental of Illinois is pleased to present its dental renewal for Delta Dental PPO Plus Premier/Delta Dental PPO and DeltaCare network services and administration to COUNTY OF FRANKLIN.

Delta Dental of Illinois' renewal includes:

- COUNTY OF FRANKLIN's current plan design(s) and proposed new plan design, if applicable.
- Claims/premium experience
- Renewal claim calculation
- Proposed renewal rates/fees. Please note: we require a signature and notification returned to confirm you agree to the proposed rates/fees. If we do not receive notification from you at least 30 days prior to your renewal date, we will assume you agree to the proposed rates/fees and renew.

One good plan deserves another. Groups can receive a discount of 2% on their dental plan rate by adding a qualifying DeltaVision®* group product to a Delta Dental of Illinois dental plan. DeltaVision is offered in association with EyeMed Vision Care networks. Our vision plans offer quality coverage, single-site administration, larger networks, more benefits and a better member experience. We can provide a DeltaVision quote upon your request.

Smart option for non-benefit eligible employees. Delta Dental of Illinois strives to help all of your employees as healthy as possible. Individuals with dental insurance go to the dentist more than those without to get the oral health care services they need. Consider our dental plans for Illinois individuals and families for your non-benefit eligible employees. Please see the enclosed brochure or visit deltadentalil.me for more details on our individual product offerings.

Delta Dental of Illinois and COUNTY OF FRANKLIN: A Smart Partnership



Since 1967, Delta Dental of Illinois has been providing dental benefits for Illinois-based groups and their members nationwide — while helping to control costs and improve access to dental care — as part of our overall commitment to improving the oral health of those we serve.

We are pleased to partner with you to offer:

Larger Networks and Better Access

Nearly 80 percent of dentists nationwide participate in our networks (75% of Illinois dentists participate). Our Delta Dental PPO network provides more savings, better discounts and higher network usage than other carriers. The Delta Dental PPO network delivers the industry's best effective discount – averaging 22.4 percent nationally. Nearly 85 percent of our members use in-network dentists, which means cost savings to our clients and members, as well as network protections. We manage and own our dental network, which helps ensure quality and recruitment goals are met.





Acting as a safety net, our Delta Dental Premier network works alongside our Delta Dental PPO network. The network combination of Delta Dental PPO Plus Premier offers members additional network protections, savings and choice for those who do not have access to or choose not to visit PPO dentists; however, members will save the most with Delta Dental PPO network dentists.



Local, Single-Site Client Service and Administration



We work hard to deliver exceptional service from our Naperville, Illinois based service center. All administrative services – customer service, claims processing, underwriting, billing, network recruiting and management, enrollment, sales and account service – are conducted from one location, making for proactive issue resolution and smooth client administration.

Experienced Account Management

The benefits of single-site administration coupled with our knowledgeable team of account managers ensure a seamless implementation and hassle-free ongoing account managing and administration.



Smart Resources



Our online member and group tools provide secure access for members and group administrators to view and manage plan information. We offer a comprehensive wellness program for groups which includes a variety of employee wellness materials, including a cost estimator, risk assessment tool and oral health information and tips. Plus, we offer comprehensive management reporting to help manage dental benefits and costs.

Delta Dental of Illinois' mission includes improving the oral health of the communities we serve. The Delta Dental of Illinois Foundation acts as the 501(c)3 charitable arm of Delta Dental of Illinois and works to improve oral health by providing oral health education and increasing access to dental care. Through its Land of Smiles program (offered free to Illinois elementary schools), Dentist by 1, and Community Grants and Wisdom Tooth Award Programs, the Foundation has helped advance oral health and impacted thousands.



Thank you for choosing Delta Dental of Illinois for your dental benefit needs. The Delta Dental of Illinois team truly values your business and hopes to provide your employees with dental benefits for many years to come. We are dedicated to providing your employees with the coverage they need to maintain good oral health, and we are committed to delivering excellent customer service and a hassle-free experience.

Sincerely,

Cecilia Spencer Account Manager 630-718-4952 cspencer@deltadentalil.com

* DeltaVision is provided by ProTec Insurance Company, a wholly-owned subsidiary of Delta Dental of Illinois, in association with EyeMed Vision Care networks.



COUNTY OF FRANKLIN Plan Design Summary

Annual Deductible			The second secon		
Deductible applies to Basic and Major services	\$50/person; \$150	iO/family			
Annual Maximum	\$1000 / person	on			
To Go SM Carryover Feature	Not Included				
Enhanced Benefits Program	Your plan provides additional cleanings and/or applications of topical fluoride to people with specific health conditions that put them at risk for oral health disease. The costs of the additional cleanings and fluoride treatments will be applied to your annual maximum.				
		Delta Dental PPO Network Dentist*	Delta Dental Premier Network Dentist**	Non-Network Dentist***	
PREVENTIVE/DIAGNOSTIC SERVICES	100%	100%	90%		
BASIC RESTORATIVE SERVICES	80%	80%	70%		
MAJOR RESTORATIVE SERVICES	50%	50%	40%		
ORTHODONTICS (treatment for proper alignment of teeth)	9	Not Included	Not Included	Not Included	

^{*}Delta Dental PPO dentists accept payment based on the lesser of the submitted fee or the PPO fee schedule, which is established at a level that typically delivers a 15 – 40% discount off of average billed charges nationally.

Delta Dental PPO and Premier dentists cannot balance bill the enrollee for the difference between Delta Dental's allowed fee and the dentist's submitted charge.



^{**}Delta Dental Premier dentists accept payment based on the lesser of the submitted fee or Delta Dental's maximum plan allowance (MPA), which is established at a level that typically delivers discounts of 25% - 30% off of average billed charges nationally.

^{***}Non-network (non-Delta Dental PPO/non-Delta Dental Premier) dentist reimbursement is based on the lesser of the submitted fee or MPA.

Delta Dental of Illinois Renewal Claims/Premium Experience for COUNTY OF FRANKLIN

DDIL#8424

				Pri	ior Period				
Month/Year	Employee	EE + Spouse	EE + Child(ren)	Family	Total	Number of Claims	Paid Claims	Earned Premium	Earned Loss Ratio
Apr-22	116	0	0	41	157	15	\$1,274.80	\$6,068.81	21.0
May-22	117	0	0	41	158	31	\$3,203.10	\$6,095.52	52,5
Jun-22	117	0	0	41	158	18	\$2,452.60	\$6,095.52	40.2
Jul-22	117	0	0	40	157	28	\$3,642.00	\$6,023.07	60.5
Aug-22	118	0	O	40	158	43	\$4,786.00	\$6,049.78	79.1
Sep-22	120	0	0	37	157	24	\$2,581.20	\$5,885.85	43.9
Oct-22	123	0	0	38	161	17	\$1,997.40	\$6,038.43	33.1
Nov-22	122	0	O	38	160	51	\$7,290.50	\$6,011.72	121.3
Dec-22	122	0	0	38	160	29	\$4,518.70	\$6,011.72	75.2
Jan-23	120	0	0	38	158	17	\$955.00	\$5,958.30	16.0
Feb-23	115	0	0	35	150	57	\$9,015.60	\$5,607.40	160.8
Mar-23	116	0	0	35	151	45	\$5,610.70	\$5,634.11	99.6
Total	1423	0	0	462	1885	375	\$47,327.60	\$71,480.23	66.2
Average	119	0	0	39	157		* *		
				Curr	ent Period				
Month/Year	Employee	EE + Spouse	EE + Child(ren)	Family	Total	Number of Claims	Paid Claims	Earned Premium	Earned Loss Ratio
Apr-23	115	0	0	35	150	21	\$3,381.40	\$5,607.40	60.3
May-23	116	0	O	34	150	28	\$2,877.80	\$5,561.66	51.7
Jun-23	115	0	0	35	150	42	\$4,916.50	\$5,607.40	87.7
Jul-23	116	0	0	35	151	21	\$3,058.20	\$5,634.11	54.3
Aug-23	115	0	0	35	150	50	\$6,781.30	\$5,607.40	120.9
Sep-23	116	0	0	36	152	31	\$2,533.30	\$5,706.56	44.4
Oct-23	116	0	0	34	150	44	\$4,831.40	\$5,561.66	86.9
Nov-23	117	0	0	34	151	31	\$4,460.50	\$5,588.37	79.8
Dec-23	117	0	0	35	152	50	\$8,097.70	\$5,660.82	143.0
Jan-24	120	0	O	35	155	37	\$4,805.54	\$5,740.95	83.7
Feb-24	120	0	O	35	155	39	\$5,155.56	\$5,740.95	89.8
Mar-24	120	0	0	35	155	38	\$4,833.90	\$5,740.95	84.2
Total	1403	0	0	418	1821	432	\$55,733.11	\$67,758.23	82.3
Average	117	0	0	35	152		22 PC	-9 10	
*Projections			DIL #8424	F	tenewal Da	te:	4/1/2024		



Delta Dental of Illinois Plan Renewal Claim Calculation for COUNTY OF FRANKLIN

DDIL#8424

Prior Period	4/1/2022	through	3/31/2023	
Current Period	4/1/2023	through	3/31/2024	
Renewal Period	4/1/2024	through	3/31/2025	
		Current		Prior
Paid Claims		\$55,733.11		\$47,327.60
Incurred But Not Reported Adjustment		\$1,122.21		\$952.96
Incurred Claims		\$56,855.32		\$48,280.56
Exposures		1,821		1,885
Average Incurred Claim Cost		\$31.22		\$25.61
Trend		1.025		1.051
Trended Experience		\$32.01		\$26.92
Dep. Ration Adjustment		1.000		1.000
Benefit/Network Adjustments		1.000		1.000
Projected Paid Claims		\$32.01		\$26.92
Experience Period Weighting		85%		15%
Blended Experience Composite			\$31.24	
Manual Composite			\$32.81	
Experience Credibility			56.00%	
Total Projected Composite			\$31.93	
Projected Enrollment			155	
Projected Net Paid Claims			\$59,395.90	
	Retention		14.7%	
	Commission	n	2.5%	
Total Needed Premium			\$71,734.18	
Current Annual Premium			\$68,891.40	
Blended Rate Adjustment			4.1%	
Multi-line Discount			-2.0%	
Underwriting Required Adjustment			2.1%	
Underwriting Requested Adjustment			2.1%	
Current Enrollment	Current Rates	12 Month Rene	wal Rate	% Increase
Employee 120	\$26.71		\$27.28	2.1%
Family 35	\$72.45		\$73.99	2.1%



Delta Dental of Illinois Fully Insured Proposed Renewal Rates for COUNTY OF FRANKLIN Current Plan

		Delta Dental P	PO Plus Premier Pro	pposed Renewal Current Plan	
Current Enrollment			Current Rates	12 Month Renewal Rates	% Increase
Employee Family	120 35	Annual Expense:	\$26.71 \$72.45 \$68,891.40	\$27.28 \$73.99 \$70,356.36	2.1% 2.1% 2.1%
Current Enrollment Employee Family	120 35	Annual Expense:	Current Rates \$26.71 \$72.45 \$68,891.40	24 Month Renewal Rates \$28.37 \$76.95 \$73,170.61	% Increase 6.2% 6.2% 6.2%

Underwriting Considerations

		Census Data	
Total Current Enr	ollment Counts		
Single	120	During the current experience period, averaged:	152 enrollees.
Family	35		
Total	155		
		Guarantee Terms	

Policy and Claim Settlement Practices

Renewal Date:

April 1, 2024

All Delta Dental of Illinois standard processing policies, limitations and exclusions apply.

Delta Dental of Illinois reserves the right to recalculate rates in the event of any of the following:

- · Change in effective date.
- The number of eligible and/or enrolled employees changes by more than 15% from that identified in this proposal.
- The number of enrolled employees falls below the required 40 to maintain individually underwritten status.
- · New or changes to legislation or regulations that affect the benefits payable, eligibility or contractual provisions.

Broker Compensation

Proposed rates include the following broker commissions:

Fully Insured PPO

2.5%

Acceptance of Delta Dental of Illinois Plan Renewal

Please acknowledge your acceptance of these terms by signing below and returning this page to your Account Manager. You can fax or email a copy of this letter to:

Cecilia Spencer Account Manager 630-718-4952 cspencer@deltadentalil.com Delta Dental of Illinois 111 Shuman Boulevard Naperville, IL 60563

If we do not receive notification from you at least 30 days prior to your renewal date, we will assume you agree to the proposed rates and renew your current dental benefit plan with the noted 12 month renewal rates.

DDIL#8424

AGREED AND ACCEPTED -- Current Plan

☑ 12 Month Rates

☐ 24 Month Rates

Authorized Signature:

Printed Name: Veil Hargis

11/2

ate: 4/18/25

1/15/2025 UW/JAP GM/17.2

