



TO: LIBRARY BOARD OF DIRECTORS
FROM: PERSONNEL COMMITTEE
SUBJECT: DENTAL INSURANCE PROPOSAL FOR 2021
DATE: 12/12/2020

We currently offer full-time employees and their family members a dental benefit provided through Delta Dental. This benefit is also offered to part-time employees, they are responsible for the entire monthly cost, through payroll deduction. Our current plan includes the pediatric dental coverage, per ACA regulations. We are required to provide this specific benefit, either through our dental provider or through our medical insurance provider.

Currently the only option we have to continue our dental benefit is with Delta Dental, our current provider. Delta Dental is **not** increasing our rates for 2021, we would pay the same amount in 2021 as we did in 2020. We budgeted for an 8% increase for dental insurance in 2021. Delta Dental, is a well-known provider and offers many participating dentists and orthodontists to choose from. Delta Dental also offers an out-of-network option, so employees can still choose a dentist of their choice. We have not had any issues with coverage or participating dentists with Delta Dental.

Guardian provided a quote, however we would have to have 75% of all employees on the plan, which would include the part-timers. Part-timers pay for their cost 100% and we currently only have 10% of the part-timers actively participating in the dental plan. Beam also provided a quote, but also has a participant requirement of 30% of all employees. **If we elect to continue with Delta Dental, our rate would not increase for the 2021 year.** I have attached a quick spreadsheet showing the cost and coverages for Delta Dental and two other possible providers.

We are recommending continuing with Delta Dental; effective plan year 01/01/21 to 12/31/21.

RESOLVED BY _____, SECONDED BY _____, TO APPROVE THE RENEWAL OF THE 2021 DENTAL PLAN.

Dental Options - Plymouth District Library

Renewal Period: 01/01/2021 - 12/31/2021

Current/Renewal Plan	Option 1		Option 2					
CARRIER	Delta Dental		Guardian		Beam Dental			
Benefit Plan	Delta Premier PPO		Delta Preferred or Out of Network		In-Network		Out-of-Network	
Class of Service								
I. Preventive	100%	100%	100%	100%	100%	100%	100%	100%
II. Basic	80%	80%	80%	80%	80%	80%	80%	80%
III. Major	50%	50%	50%	50%	50%	50%	50%	50%
IV. Orthodontia	50% to \$1000 lifetime maximum		50% to \$1000 lifetime maximum		50% to \$1000 lifetime maximum		50% to \$1000 lifetime maximum	
Office Visit Copay	N/A		N/A		N/A		N/A	
Deductible	\$50/150		\$50/150		\$50/150		\$50/150	
Annual Maximum	\$1,000		\$1,000 plus Maximum Rollover		\$1,000		\$1,000	
Pediatric Dental	Included		Included		Excluded		Excluded	
Endodontics & Periodontics	Covered as Major		Covered as Major		Covered as Major		Covered as Major	
Waiting Period	None		None		None		None	
Network	Delta Premier & Preferred		DentalGuard Preferred		Beam Dental Network		Beam Dental Network	
Eligible Employees	Full Time and Part Time Employees		Full Time and Part Time Employees		Full Time and Part Time Employees		Full Time and Part Time Employees	
Contribution			Contributory		Contributory		Contributory	
Participation			Minimum of 75% of eligibles		Minimum of 30% of eligibles		Minimum of 30% of eligibles	
A.M. Best Rating	A- (Excellent)		A+ (Superior)		A- (Excellent)		A- (Excellent)	
Rate Period	1 Year		1 Year		1 Year		1 Year	
Rate		<u>Current</u>	<u>Renewal</u>					
Employee	6	\$39.10	\$39.10		\$35.58		\$32.51	
Employee + One	7	\$74.67	\$74.67		\$67.95		\$65.98	
Family	3	\$143.44	\$143.44		\$130.53		\$125.06	
Monthly Premium		\$1,187.61	\$1,187.61		\$1,080.72		\$1,032.10	
Annual Premium		\$14,251.32	\$14,251.32		\$12,968.64		\$12,385.20	
Difference			\$0.00		-\$1,282.68		-\$1,866.12	
% Difference			0.00%		-9.00%		-13.09%	

¹Employee is responsible for any balance billing for out-of-network claims.