

Delta Dental of Ohio Proposal for Ohio Wesleyan University



High Plan

Delta Dental PPO (Point-of-Service)
DENTAL BENEFIT HIGHLIGHTS
Coverage effective July 1, 2024

Plan Pays		
Delta Dental PPO™ Dentist	Delta Dental Premier® Dentist	Non-participating Dentist*

Diagnostic & Preventive			
Diagnostic and Preventive Services - exams, cleanings, and fluoride	100%	100%	100%
Emergency Palliative Treatment - to temporarily relieve pain	100%	100%	100%
Sealants - to prevent decay of permanent teeth	100%	100%	100%
Radiographs - X-rays	100%	100%	100%
Basic Services			
Minor Restorative Services - fillings and crown repair	90%	80%	80%
Space Maintainers - appliances to prevent tooth movement	90%	80%	80%
Oral Surgery Services - extractions and dental surgery	90%	80%	80%
Other Basic Services - misc. services	90%	80%	80%
Major Services			
Endodontic Services - root canals	60%	50%	50%
Periodontic Services - to treat gum disease	60%	50%	50%
Major Restorative Services - crowns	60%	50%	50%
Relines and Repairs - to prosthetic appliances	60%	50%	50%
Prosthetic Services - bridges, implants, and dentures	60%	50%	50%
Orthodontic Services			
Orthodontic Services - braces	50%	50%	50%
Orthodontic Age Limit	through age 18 and under		

** When you receive services from a Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental's Nonparticipating Dentist Fee that will be paid for those services. This amount may be less than what the Dentist charges and you are responsible for that difference.*

Maximum Payment
PPO Dentist - \$1,500 per person total per calendar year on diagnostic & preventive, basic services, and major services. \$1,000 per person total per lifetime on orthodontics.
Premier and Nonparticipating Dentist - \$1,000 per person total per calendar year on diagnostic & preventive, basic services, and major services. \$1,000 per person total per lifetime on orthodontics.

Deductible - \$50 deductible per person total per calendar year limited to a maximum deductible of \$150 per family per calendar year on all services except diagnostic and preventive services, emergency palliative treatment, sealants, X-rays, and orthodontic services.

Join Ohio's largest dental benefits family!

As a client of Delta Dental of Ohio, your employees will have access to the nation's largest dental networks: Delta Dental PPO and Delta Dental Premier. With 4 out of 5 dentists participating nationwide, these two networks provide superior access to care as well as reduced fees through our agreements with participating dentists. Lower claims costs mean lower rates! Plus, your employees cannot be balance billed - giving them added savings. Enrollees can visit nonparticipating dentists, but they can be balance billed and may have to pay more.

Online Access

Our HIPAA compliant e-commerce capabilities let benefit managers and enrollees conduct business securely over the Internet. Benefit managers can update eligibility in real time, even while your employee is at the dentist. Your members can find a participating dentist, check benefits, select paperless notices, review claims and amounts used toward maximums or deductibles, print ID cards, and more at their convenience using our Consumer Toolkit.

Quick and Accurate

We process and pay 90% of claims within 10 days with 99% accuracy - just another reason why we retain nearly 99% of our subscribers each year and 96% of our client groups renew their dental benefits with Delta Dental.

Questions?

If you have questions, call your Account Executive, Jason Nickoloff, at (614) 776-2308.

Quality Dental Program

Delta Dental offers world-class customer service from our certified Center of Excellence call center, as awarded by Benchmark Portal. Delta Dental's customer service operation is recognized for superior performance on both cost and quality-related metrics as compared to our industry peers. The award is one of the most highly sought after prizes in the customer service and support industry.

Passport DentalSM

Your members can receive expert dental care when they are outside of the United States through our Passport Dental program. Passport Dental gives Delta Dental's enrollees access to a worldwide network of dentists and dental clinics. English-speaking operators are available around the clock to answer questions and help them schedule care. Delta Dental coverage outside of the United States is the same as Delta Dental coverage within the United States.

THANK YOU!

Thank you for giving Delta Dental the opportunity to provide you with a proposal. We encourage you to call us so that Ohio Wesleyan University can join the more than 5,700 client groups who enjoy the advantages of a dental program administered by Delta Dental of Michigan, Ohio, North Carolina and Indiana. We look forward to doing business with you!

NOTE - *The information contained in this proposal is not intended to be contractually binding without a written agreement executed by both parties memorializing the terms and conditions of dental benefit underwriting and/or administration anticipated to be provided by Delta Dental. We reserve the right to withdraw this proposal at any time.*

RATES (Non-Retention)		
Rates Per Subscriber Per Month	Guaranteed for 1 Year	Guaranteed for 2 Years
Employee only	\$37.25	\$38.52
Employee with one dependent	\$73.80	\$76.31
Employee with two or more dependents	\$119.99	\$124.07

Rating Requirements
Mandatory enrollment: 74 percent or 295 subscribers in both plans combined
Minimum client contributions: 0 percent for employees and 0 percent for dependents
Tied to medical: No
Maximum number of subclients: 4
Rates are valid for 90 days from January 24, 2024
Employees and their dependents choosing either dental plan are required to remain enrolled for a period of 12 months. Should an employee or dependent choose to drop dental coverage after that time, he or she may not re-enroll prior to the date on which 12 months have elapsed. Dependents may enroll if the employee is enrolled (excluding COBRA) and must be enrolled in the same plan as the employee. An election may be revoked or changed at any time if such change is the result of a qualifying event as defined under Internal Revenue Code Section 125.

Rating Assumptions
The rates are based on the census data that you provided to us. If the census data changes by more than 15%, these rates are not valid.
Rates do not include any applicable claims taxes. The rates are valid only for the effective date noted above and are guaranteed for a 1-year or a 2-year contract.
Self-billing is not allowed and you agree to pay as invoiced each month.
Standard subscriber materials will be provided to you to distribute to your members. These include the Summary of Dental Plan Benefits, Certificate, and reference cards.
Printed dentist directories are not included. You can find participating dentists on our website at www.deltadentaloh.com .
The plan specifications are subject to Delta Dental's standard exclusions and limitations, including: <ul style="list-style-type: none"> • No pre-existing condition exclusions or limitations. • Oral exams (including evaluations by a specialist) are payable twice per calendar year. • Prophylaxes (cleanings) are payable twice per calendar year. • Bitewing X-rays are payable once per calendar year and full mouth X-rays (which include bitewing X-rays) are payable once in any five-year period.

Rating Assumptions - Cont'd

Non-standard exclusions and limitations include:

- Fluoride treatments are payable once per calendar year for people up to age 19.
- Sealants are payable once per two-year period per tooth for first and second permanent molars up to age 16. The surface must be free from decay and restorations.
- Space maintainers are payable once per area per lifetime for people up to age 17.
- Posterior composite resin restorations are not covered services.
- Crowns, bridges, dentures and implants are payable once per tooth per seven-year period.

Children under age 26 are eligible for benefits, including children who are married, who do not live with the Subscriber, who are not dependents for Federal income tax purposes, and/or who are not permanently disabled.

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Low Plan

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Diagnostic and Preventive Services - exams, cleanings, and fluoride	100%	90%	90%
Emergency Palliative Treatment - to temporarily relieve pain	100%	90%	90%
Sealants - to prevent decay of permanent teeth	100%	90%	90%
Radiographs - X-rays	100%	90%	90%
Basic Services			
Minor Restorative Services - fillings and crown repair	80%	60%	60%
Space Maintainers - appliances to prevent tooth movement	80%	60%	60%
Simple Extractions - non-surgical removal of teeth	80%	60%	60%
Major Services			
Endodontic Services - root canals	50%	25%	25%
Periodontic Services - to treat gum disease	50%	25%	25%
Other Oral Surgery - dental surgery	50%	25%	25%
Major Restorative Services - crowns	50%	25%	25%
Other Basic Services - misc. services	50%	25%	25%
Relines and Repairs - to prosthetic appliances	50%	25%	25%
Prosthodontic Services - bridges, implants, and dentures	50%	25%	25%

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Maximum Payment - \$1,000 per person total per calendar year on diagnostic & preventive, basic services, and major services.

Deductible - \$50 deductible per person total per calendar year limited to a maximum deductible of \$150 per family per calendar year on all services except diagnostic and preventive services, emergency palliative treatment, sealants, and X-rays.

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Rates Per Subscriber Per Month	Guaranteed for 1 Year	Guaranteed for 2 Years
Employee only	\$26.65	\$27.56
Employee with one dependent	\$52.26	\$54.04
Employee with two or more dependents	\$85.37	\$88.28

Rating Requirements
Mandatory enrollment: 74 percent or 295 subscribers in both plans combined
Minimum client contributions: 0 percent for employees and 0 percent for dependents
Tied to medical: No
Maximum number of subclients: 4
Rates are valid for 90 days from January 24, 2024
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