

DELTA DENTAL OF COLORADO

Rates Sheets & Health Plan Description Forms

Denver City Clerk's Filing No. 11-740

Filed 09.08.2011

The Denver Police Retiree Dental Plan
Effective 1/1/2011

11-170



Group Numbers:	Low Option	Medium Option	High Option
Annual Maximum (contract year): combined in and out-of-network (plan includes Prevention First)	#7952 \$1,000	#7953 \$1,000	#7954 \$1,500
Deductible (contract year): combined in and out-of-network (Per person, applies to all services)	\$100	\$75	\$75

COVERED SERVICES

Type 1 Preventive Services DO NOT GO TOWARD PLAN MAXIMUM	Low Option	Medium Option	High Option
Exams oral (limited to 1 in a 12-month period)	70%	80%	100%
Cleanings (limited to 1 in a 6-month period)			
Fluoride Treatments (limited to 1 in a 12-month period, under age 16)			
Space Maintainers (under age 14)			
Bitewing X-rays (limited to 1 in a 12-month period)			
Sealants (under age 15)			

Type 2 Basic Services	Low Option	Medium Option	High Option
X-rays (full-mouth/panoramic - Limited to 1 in 60 months)	50%	60%	80%
Simple Extractions			
Fillings			

Type 3A Major Services: 12-month waiting period*	Low Option	Medium Option	High Option
Gum Disease Treatment	30%	40%	50%
Root Canals			
Surgical Extractions			
General anesthesia			
Denture relines and rebases, adjustments			
Repairs to crowns, dentures and bridges			

Type 3B Major Services: 24-month waiting period*	Low Option	Medium Option	High Option
Special Restorative	30%	40%	50%
Crowns			
Complete and partial dentures			
Fixed Bridgework			

Rates	Low Option	Medium Option	High Option
Employee Only	\$18.22	\$25.02	\$32.90
Employee and 1 Dependent	\$34.61	\$47.53	\$62.51
Employee and 2 or More Dependents	\$50.78	\$68.62	\$92.49

* Waiting periods are waived for retirees that enroll within 60 days of retirement
 ** Reimbursement is paid at the Delta Dental PPO Allowance. If you see a Delta Dental Premier® or non-participating dentist, you may incur additional out-of-pocket expenses.
 Plan Design**: Delta Dental PPO - Voluntary MAC (Maximum Allowable Charge) INCLUDES PREVENTION FIRST RIDER
 Who can be covered: Retiree as defined by the employer, spouse and dependent children to age 25.
 When does coverage expire: Coverage will only be terminated at the request of the member or upon non-payment of premium. If the retiree dies, the spouse can continue coverage as long as the spouse was covered in the retiree dental plan before the death of the retiree and continues to pay premium.
 Ongoing Retiree Program: Group's Benefit Administrator will offer Delta Dental to all retirees during their exit interview.

2011-2012 CSA Monthly Medical Premium Compare

2011 Contributions and Rates					2012 Contributions and Rates					Change 2011 to 2012		
	% City Cont	Monthly Total	City Monthly Cost	Employee Monthly Cost		% City Cont	Monthly Total	City Monthly Cost	Employee Monthly Cost	Total % Change	City Monthly \$ Change	Employee Monthly \$ Change
United Healthcare HMO												
Employee	85%	\$699.54	\$560.61	\$98.93	85%	\$717.70	\$610.05	\$107.66		8.8%	\$49.44	\$8.72
+ spouse	77.5%	\$1,448.61	\$1,122.67	\$325.94	77.5%	\$1,578.96	\$1,223.69	\$355.27		9.0%	\$101.02	\$29.33
+ child	80%	\$1,317.12	\$1,053.70	\$263.42	80%	\$1,435.44	\$1,148.35	\$287.09		9.0%	\$94.66	\$23.66
Family	75%	\$2,106.50	\$1,579.88	\$526.63	75%	\$2,297.03	\$1,722.77	\$574.26		9.0%	\$142.90	\$47.63
United Healthcare HDHP												
Employee	85%	Removed in 2012										
+ spouse	77.5%	Removed in 2012										
+ child	80%	Removed in 2012										
Family	75%	Removed in 2012										
KAISER												
Employee	85%	\$435.73	\$370.37	\$65.36	85%	\$454.04	\$385.93	\$68.11		4.2%	\$15.56	\$2.75
+ spouse	77.5%	\$956.20	\$741.06	\$215.15	77.5%	\$998.88	\$774.13	\$224.75		4.5%	\$33.08	\$9.60
+ child	80%	\$869.45	\$695.56	\$173.89	80%	\$908.08	\$726.46	\$181.62		4.4%	\$30.90	\$7.73
Family	75%	\$1,389.93	\$1,042.45	\$347.48	75%	\$1,452.92	\$1,089.69	\$363.23		4.5%	\$47.24	\$15.75
KAISER DEDUCTIBLE HMO												
Not offered in 2011												
DENVER HEALTH												
Employee	85%	\$479.01	\$407.16	\$71.85	85%	\$513.27	\$436.28	\$76.99		7.2%	\$29.12	\$5.14
+ spouse	77.5%	\$992.42	\$769.13	\$223.29	77.5%	\$1,065.68	\$825.90	\$239.78		7.4%	\$56.78	\$16.48
+ child	80%	\$770.84	\$616.67	\$154.17	80%	\$827.27	\$661.82	\$165.45		7.3%	\$45.14	\$11.29
Family	75%	\$1,373.96	\$1,030.47	\$343.49	75%	\$1,476.20	\$1,107.15	\$369.05		7.4%	\$76.68	\$25.56

2011-2012 CSA Monthly Dental Premium Compare

2011 Rates					2012 Rates					2011-2012		
	% City Cont	Monthly Total	City Monthly Cost	Employee Monthly Cost		% City Cont	Monthly Total	City Monthly Cost	Employee Monthly Cost	City % Change	City Monthly \$ Change	Employee Monthly \$ Change
EPO												
Employee	95%	\$21.39	\$20.32	\$1.07	80.7%	\$27.92	\$22.53	\$5.39		-14.3%	\$2.21	\$4.32
+ spouse	90%	\$47.06	\$42.35	\$4.71	73.6%	\$61.98	\$45.60	\$16.38		-16.4%	\$3.25	\$11.67
+ child	90%	\$42.83	\$38.55	\$4.28	75.9%	\$55.84	\$42.41	\$13.43		-14.1%	\$3.86	\$9.15
Family	85%	\$68.43	\$58.16	\$10.26	71.2%	\$99.40	\$70.77	\$28.63		-13.8%	\$12.61	\$18.37
PPO Low												
Employee	70.4%	\$28.84	\$20.32	\$8.52	85%	\$26.51	\$22.53	\$3.98		14.6%	\$2.21	-\$4.55
+ spouse	66.6%	\$63.62	\$42.35	\$21.26	77.5%	\$58.84	\$45.60	\$13.24		10.9%	\$3.25	-\$8.03
+ child	67.3%	\$57.25	\$38.55	\$18.70	80%	\$53.01	\$42.41	\$10.60		12.7%	\$3.86	-\$8.10
Family	57.2%	\$101.72	\$58.16	\$43.56	75%	\$94.36	\$70.77	\$23.59		17.8%	\$12.61	-\$19.97
PPO High												
Employee	54.8%	\$37.11	\$20.32	\$16.79	63.8%	\$35.34	\$22.53	\$12.81		9.0%	\$2.21	-\$3.98
+ spouse	51.4%	\$82.40	\$42.35	\$40.05	58.1%	\$78.46	\$45.60	\$32.86		6.7%	\$3.25	-\$7.19
+ child	51.5%	\$74.88	\$38.55	\$36.33	60.0%	\$70.68	\$42.41	\$28.27		8.5%	\$3.86	-\$8.06
Family	44.1%	\$132.03	\$58.16	\$73.86	56.2%	\$125.82	\$70.77	\$55.05		12.2%	\$12.61	-\$18.81

2011-2012 CSA Monthly Vision Premium Compare

2011 Superior Vision		2012 Anthem Rates		2011-2012	
Employee	Monthly Cost	Employee	Monthly Cost	% Diff	Monthly Decrease
Employee	\$6.38		\$5.78	-9.4%	-\$0.60
+ spouse	\$13.68		\$12.39	-9.4%	-\$1.29
+ child	\$10.30		\$9.33	-9.4%	-\$0.97
Family	\$18.78		\$17.02	-9.4%	-\$1.76



City and County of Denver
Actuarial Renewal with Composite Fillings on All Plans with Current Contributions

2012 Renewal Rates High Option							
	Total Premiums	EE Contributions	ER Contributions	Subscribers	Tier Structure	EE Percentage	ER Percentage
Employee Only	\$35.34	\$14.14	\$21.21	1,632	1.00	40.0%	60.0%
Employee + Spouse	\$78.46	\$32.85	\$45.60	942	2.22	41.9%	58.1%
Employee + Child(ren)	\$70.88	\$28.27	\$42.41	772	2.00	40.0%	60.0%
Employee + Family	\$125.82	\$55.04	\$70.77	1,476	3.56	43.8%	56.3%
Total Monthly	\$371,860	\$157,094	\$214,766	4,822			
Total Annual	\$4,462,318	\$1,885,124	\$2,577,194				
Total PEPM	\$77.12	\$33	\$45				
Percentage Contributed		42%	58%				

Low PPO Relativity Factor 0.7500

2012 Renewal Rates Low Option							
	Total Premiums	EE Contributions	ER Contributions	Subscribers	Tier Structure	EE Percentage	ER Percentage
Employee Only	\$26.51	\$5.30	\$21.21	664	1.00	20.0%	80.0%
Employee + Spouse	\$58.84	\$13.24	\$45.60	386	2.22	22.5%	77.5%
Employee + Child(ren)	\$53.01	\$10.60	\$42.41	295	2.00	20.0%	80.0%
Employee + Family	\$94.36	\$23.59	\$70.77	770	3.56	25.0%	75.0%
Total Monthly	\$128,612	\$29,923	\$98,689	2,115			
Total Annual	\$1,543,346	\$359,079	\$1,184,267				
Total PEPM	\$60.81	\$14	\$47				
Percentage Contributed		23%	77%				

EPO Relativity Factor 0.7900

2012 Renewal Rates EPO Option							
	Total Premiums	EE Contributions	ER Contributions	Subscribers	Tier Structure	EE Percentage	ER Percentage
Employee Only	\$27.92	\$6.71	\$21.21	841	1.00	24.1%	75.9%
Employee + Spouse	\$61.98	\$16.38	\$45.60	423	2.22	26.4%	73.6%
Employee + Child(ren)	\$55.84	\$13.43	\$42.41	401	2.00	24.1%	75.9%
Employee + Family	\$99.40	\$28.62	\$70.77	836	3.56	28.8%	71.2%
Total Monthly	\$155,166	\$41,890	\$113,296	2,501			
Total Annual	\$1,862,230	\$502,678	\$1,359,552				
Total PEPM	\$62.05	\$17	\$45				
Percentage Contributed		27%	73%				

Renewal			
Total Monthly	\$655,658	\$228,907	\$426,751
Total Annual	\$7,867,894	\$2,746,881	\$5,121,013
Total PEPM	\$69.47	\$24.25	\$45.22

Current			
Total Monthly	\$642,066	\$268,324	\$373,742
Total Annual	\$7,704,790	\$3,219,886	\$4,484,904
Total PEPM	\$68.03	\$28.43	\$39.60

These rates are not final.