

Agenda # _____

Memo

Date: July 6, 2017

To: Village Board

From: Brad Lange

Re: Dental Insurance Renewal

Dental insurance coverage for village employees is up for renewal. Delta Dental has offered to renew our current policy with a +2% increase which equates to \$621.96 over last year based on current enrollment. Delta Dental is also allowing for the extension to cover 16 months making the renewal consistent with our health insurance. Additionally Delta Dental includes a no-cost Value Add called CheckUp Plus, which allows bi-annual cleanings and exams that **do not** count toward the annual maximum and is not a standard practice for all carriers.

Recommendation is to approve the renewal of dental insurance with Delta Dental for 16 months.

Thank you for your consideration and should you have any questions, please feel free to reach out to me.



Delta Dental of Wisconsin
www.deltadentalwi.com

Brad Lange
Village Of Allouez
1900 Libal Street
Green Bay WI 54301-0000

Thank you for choosing Delta Dental of Wisconsin as your dental benefits company. A summary of your benefit plan renewal is below.

The new premium will automatically go into effect on the renewal date listed below. However, if you would like to explore plan design or premium options, or if we can be of further assistance, please contact your agent Michael Troup or call us at 800-236-3713 or email sales@deltadentalwi.com.

Group Number: 23808-1462

Renewal Date: September 1, 2017

<u>Current Plan Design</u>	<u>PPO</u>	<u>Premier or Non-Network</u>
Deductible – Individual/Family	\$50 \$150	\$50 \$150
Individual Annual Maximum	\$1,000	\$1,000
Diagnostic & Preventive	100%	100%
Basic Restorative	80% *	80% *
Major Restorative	50% *	50% *
Orthodontic Services	50% *	50% *
Lifetime Orthodontic Maximum	\$1,000	\$1,000

**=Deductible Applies (wp)=Waiting Period may apply – please reference your group contract*

<u>Coverage Type</u>	<u>Enrollment</u>	<u>Monthly Premium</u>	
		<u>Current</u>	<u>Renewal</u>
Employee	4	\$32.74	\$33.39
Employee & Spouse	8	\$65.48	\$66.79
Employee & Child(ren)	5	\$64.86	\$66.16
Employee, Spouse & Child(ren)	15	\$107.67	\$109.82
Totals	32	\$2,594.15	\$2,645.98

Thank you for allowing Delta Dental to serve your dental benefits needs.

Mary St. John
Account Representative

cc: FORSITE BENEFITS
Michael Troup
2300 Riverside Drive Suite 204
Green Bay WI 54301-0000

POLICY ENDORSEMENT NO. 23808 - 1462 - 06022017

Attached to and forming a part of the Contract to Provide Dental Care Benefits between Village Of Allouez and Delta Dental of Wisconsin, Inc.

It is agreed and understood that Declarations, Section 7, Monthly Premium will be replaced with the following, effective September 1, 2017 and ending on August 31, 2018:

Single Coverage (employee, 1 Party)	\$33.39
Family Coverage (employee and spouse, 2 Party)	\$66.79
Family Coverage (employee and child(ren))	\$66.16
Family Coverage (full family, 3+ Party)	\$109.82

DentalRateEndorse 10.08