Rushford-Peterson ISD #239

Voluntary Dental Comparison January 1, 2019

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	HealthPartners Current		HealthPartners Renewal		MetLife			
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network		
Deductible		oer family per Calendar ear		per family per Calendar ear	\$25 per person, \$75 p Ye	er family per Calendar ear		
Yearly Maximum	\$1,000		\$1,000		\$1,250			
	100%		100%		100%			
Preventive	Oral Evaluations/Check-ups, X-Rays, Cleanings, Fluoride Treatments, Sealants		Oral Evaluations/Check-ups, X-Rays, Cleanings, Fluoride Treatments, Sealants		Oral Exams, Cleanings (2 times in 1 calendar year), Sealants, Fluoride, X-Rays			
	90%	80%	90%	80%	90%	80%		
Basic I	Amalgam Fillings, Anterior Composite Fillings, Simple Extractions, Non-Surgical Periodontics, Endodontics (Posterior Composite Fillings covered at 60%)		Amalgam Fillings, Anterior Composite Fillings, Simple Extractions, Non-Surgical Periodontics, Endodontics (Posterior Composite Fillings covered at 60%)		Space Maintainers, Amalgam Fillings, Root Canal, Periodontics, Scaling & Root Planing, Occlusal Adjustments, Emergency Treatment, General Anesthesia, Resin Composite Fillings, Pulpotomy, Apexification & Recalcification, Oral Surgery			
Basic II	90%	80%	90%	80%				
	Surgical Periodontics, Complex Oral Surgery		Surgical Periodontics, Complex Oral Surgery					
	50%		50%		50%			
Major	Restorative Crowns & Onlays, Bridges, Dentures & Partial Dentures, Dental Implants (\$500 max per year for Implants)		Restorative Crowns & Onlays, Bridges, Dentures & Partial Dentures, Dental Implants (\$500 max per year for Implants)		Consultations, Prefabricated Crowns, Crown Repairs, Dentures, Immediate Temporary Dentures, Denture Adjustments, Fixed Bridge, Inlays/ Onlays/ Crowns, Implant Services and Repairs, Tissue Conditioning, TMJ			
	50%		50%		50%		ı	
Orthodontic	\$1,000 Lifetime Maximum *For Dependents under 19 years old		\$1,000 Lifetime Maximum *For Dependents under 19 years old		\$1,000 Lifetime Maximum *For Dependent Children up to age 19 *24 Month Waiting Period			
Network	Open Access		Open Access		MetLife PDP Plus			
Participation Requirements	75% of all eligible employees		75% of the total eligible lives		76% of the total eligible lives			
Rate Guarantee	1 Year		1 Year		1 Year *2nd year rate cap at 8% *3rd year rate cap at 9%		District annual savings	per family annual savings
Rates								
Employee 36		\$42.48		\$43.54		\$38.03	1 '	
Employee/Spouse (CL & Spirit EE + 1)			\$89.12		\$78.17		-	
Employee/Child(ren) 13	3	\$88.34		\$90.55		\$79.11	\$ 1,784.64	
Family 32		\$145.24		\$148.87		\$130.07	_	\$ 225.60
Total Monthly Premium	\$8,716.58		\$8,934.35				\$ 6,267.36	
Total Annual Premium	\$104,598.96		\$107,212.20		\$93,725.64]	