

COST AND BENEFIT COMPARISON FOR: WEST CHICAGO ELEMENTARY SCHOOL DISTRICT 33

DENTAL	Current			Renewal			Option 1 (FULLY INSURED)		
	EE	RATE	TOTAL	EE	RATE	TOTAL	EE	RATE	TOTAL
								2 Year Rate Guarantee (Renews 1/1/2027)	
Employee:	191	\$38.78	\$7,406.98	191	\$45.80	\$8,747.80	191	\$41.60	\$7,945.60
Family:	305	\$112.24	\$34,233.20	305	\$132.56	\$40,430.80	305	\$120.40	\$36,722.00
Total Monthly:	496		\$41,640.18	496		\$49,178.60	496		\$44,667.60

	Blue Cross Blue Shield BlueCare Freedom PPO - Passive		Blue Cross Blue Shield BlueCare Freedom PPO - Passive		MetLife PPO	
	In Network	Out Network	In Network	Out Network	In Network	Out Network
Individual Deductible	\$75	\$75	\$75	\$75	\$75	\$75
Family Deductible	\$225	\$225	\$225	\$225	\$225	\$225
Annual Maximum	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500
Deductible Waived for Preventive?	Yes	Yes	Yes	Yes	Yes	Yes
Preventive Services	100%	100%	100%	100%	100%	100%
Basic Services	85%	85%	85%	85%	85%	85%
Major Services	60%	60%	60%	60%	60%	60%
Endodontic Services	85%	85%	85%	85%	85%	85%
Periodontic Services	85%	85%	85%	85%	85%	85%
Orthodontia Coverage	50%	50%	50%	50%	50%	50%
Ortho Lifetime Maximum	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000
Orthodontia Eligibility	Dependent children to age 19		Dependent children to age 19		Child only to age 19	
Out of Network Reimbursement	U&C		U&C		90th R&C	

Total Monthly:		\$41,640.18		\$49,178.60		\$44,667.60
Total Annually:		\$499,682.16		\$590,143.20		\$536,011.20
Annual Difference:		N/A		\$90,461.04		\$36,329.04
Percent Difference:		N/A		18.10%		7.27%

METLIFE IS OFFERING A 3RD YEAR RATE CAP OF 7%

THIS SUMMARY IS FOR ILLUSTRATION PURPOSES ONLY. BENEFITS & RATES PROVIDED BY THE CARRIER WILL PREVAIL.