## J. STERLING MORTON HIGH SCHOOL DISTRICT #201

Dental Financial Analysis - Renewal October 1, 2025 Renewal Date

CARRIER			FINAL SOLD	
Coinsurance:   PPO II and Extend	CARRIER	Anton		
PPO     and Extend	CARRIER			
Coinsurance:		(10/1/2024 - Current)	(10/1/2025 - Renewal)	
Network:		PPO II and Extend	PPO II and Extend	
Non-Network:   100 / 80 / 50 / 50   100 / 80 / 50 / 50   100 / 80 / 50 / 50   100 / 80 / 50 / 50   100 / 80 / 50 / 50   100 / 80 / 50 / 50   100 / 80 / 50 / 50   100 / 80 / 50 / 50   100 / 80 / 50 / 50   100 / 80 / 50 / 5150   100 / 80 / 50 / 5150   100 / 80 / 50 / 5150   100 / 80 / 50 / 5150   100 / 80 / 50 / 5150   100 / 80 / 50 / 5150   100 / 80 / 50 / 5150   100 / 80 / 50 / 5150   100 / 80 / 50 / 5150   100 / 80 / 50 / 5150   100 / 80 / 50 / 5150   100 / 80 / 50 / 5150   100 / 80 / 50 / 5150   100 / 80 / 50 / 5150   100 / 80 / 50 / 5150   100 / 80 / 50 / 5150   100 / 80 / 50 / 5150   100 / 80 / 50 / 5150   100 / 80 / 50 / 50 / 5150   100 / 80 / 50 / 50 / 50 / 50 / 50 / 50 /	Coinsurance:			
Policy Vear Deductible: (single/family)	Network:	100 / 80 / 50 / 50	100 / 80 / 50 / 50	
Network: (waived for preventative)	Non-Network:	100 / 80 / 50 / 50	100 / 80 / 50 / 50	
Network: (waived for preventative)	Policy Year Deductible: (single/family)	Applies to Basic & Major Services	Applies to Basic & Major Services	
Non-Network: (waived for preventative)				
Policy Year Maximum:   \$1,500   \$1,50				
Orthodontia Lifetime Maximum:         \$1,500 Child Only - To age 19         \$2,500 Child Only - To age 19         \$2,500 Child Only - To age 19         \$2,500 Child Only - To age 19         \$3,500 Child Ship	, , , , , , , , , , , , , , , , , , ,	400,4100	\$557.\$1.55	
Child Only - To age 19   Child Only - To age 19	Policy Year Maximum:	\$1,500	\$1,500	
Max Rollover:         Not Included Space Maintainers:         Not Included Preventative - 100% Preventati	Orthodontia Lifetime Maximum:	\$1,500	\$1,500	
Space Maintainers:   Preventative - 100%		Child Only - To age 19	Child Only - To age 19	
Space Maintainers:   Preventative - 100%	Max Rollover:	Not Included	Not included	
Salants:         Preventative - 100%         Preventative - 100%           Periodontics:         Basic - 80%         Basic - 80%           Non-Surgical:         Basic - 80%         Basic - 80%           Endodontics:         Basic - 80%         Basic - 80%           Endodontics:         Basic - 80%         Basic - 80%           Fillings         Basic - 80%         Basic - 80%           Anterior Composites:         Basic - 80%         Basic - 80%           Implants:         Major - 50%         Major - 50%           Out-of-Network Reimbursement         R&C         R&C           Qut-of-Network Reimbursement         Post Percentile         90th Percentile           Fixed Costs         \$3.79         \$3.92           Total Est. Annual Fixed Costs         \$38,703.43         \$40,031.04         (+3.4           Paid Claims¹         \$68.61         \$74.64         F8.62           Est. Annual Dental Claims*         \$700,645.32         \$762,223.68         (+8.8           TOTAL Est. Annual Cost:         851         \$739,348.80         \$802,254.72           Est. Annual Percentage Increase/Decrease (%) from Current         \$62,905.92         Est. Annual Percentage Increase/Decrease (%) from Current         \$8.5%           Rate Guarantee:         12 Months				
Surgical:   Basic - 80%   Ba	Sealants:	Preventative - 100%	Preventative - 100%	
Non-Surgical:   Basic - 80%	Periodontics:			
Non-Surgical:   Basic - 80%	Surgical:	Basic - 80%	Basic - 80%	
Endodontics:   Basic - 80%		Basic - 80%	Basic - 80%	
Anterior Composites: Basic - 80% Posterior Composites: Basic - 80% Basic - 80% Implants:	Endodontics:	Basic - 80%	Basic - 80%	
Posterior Composites:   Basic - 80%   Basic - 80%   Implants:   Major - 50%   Major - 50%   Major - 50%	Fillings			
Implants:   Major - 50%   Major - 50%   Major - 50%	Anterior Composites:	Basic - 80%	Basic - 80%	
Out-of-Network Reimbursement R&C 90th Percentile    Pixed Costs   90th Percentile   90th Percentile	Posterior Composites:	Basic - 80%	Basic - 80%	
State   Stat	Implants:	Major - 50%	Major - 50%	
State   Stat	Out_of-Network Paimbursement	P&C	P&C	
Monthly Administrative Service Fee         851         \$3.70         \$3.92           Total Est. Annual Fixed Costs         \$38,703.48         \$40,031.04         (+3.4           Paid Claims¹         \$66.1         \$74.64         \$74.64         \$700,645.32         \$762,223.68         (+8.8           TOTAL Est. Annual Dental Claims⁴         \$700,645.32         \$762,223.68         (+8.8         (+8.8           TOTAL Est. Annual Cost:         851         \$739,348.80         \$802,254.72         Est. Annual Cost Increase/Decrease (\$) from Current         \$62,905.92         \$8.5%           Est. Annual Percentage Increase/Decrease (%) from Current         \$8.5%         <	Out-of-Network Reimbursement			
Monthly Administrative Service Fee         851         \$3.70         \$3.92           Total Est. Annual Fixed Costs         \$38,703.48         \$40,031.04         (+3.4           Paid Claims¹         \$66.1         \$74.64         \$74.64         \$700,645.32         \$762,223.68         (+8.8           TOTAL Est. Annual Dental Claims⁴         \$700,645.32         \$762,223.68         (+8.8         (+8.8           TOTAL Est. Annual Cost:         851         \$739,348.80         \$802,254.72         Est. Annual Cost Increase/Decrease (\$) from Current         \$62,905.92         \$8.5%           Est. Annual Percentage Increase/Decrease (%) from Current         \$8.5%         <	Fixed Costs			
Total Est. Annual Fixed Costs   \$38,703.48   \$40,031.04   (+3.4		\$3.79	\$3.92	
\$700,645.32   \$762,223.68 (+8.65   \$700,645.32   \$762,223.68 (+8.65   \$700,645.32   \$762,223.68 (+8.65   \$700,645.32   \$762,223.68 (+8.65   \$700,645.32   \$762,223.68 (+8.65   \$700,645.32   \$762,223.68 (+8.65   \$700,645.32   \$762,223.68 (+8.65   \$700,645.32   \$700,64	Total Est. Annual Fixed Costs			(+3.4%)
\$700,645.32   \$762,223.68 (+8.65   \$700,645.32   \$762,223.68 (+8.65   \$700,645.32   \$762,223.68 (+8.65   \$700,645.32   \$762,223.68 (+8.65   \$700,645.32   \$762,223.68 (+8.65   \$700,645.32   \$762,223.68 (+8.65   \$700,645.32   \$762,223.68 (+8.65   \$700,645.32   \$700,64				
TOTAL Est. Annual Cost: 851 \$739,348.80 \$802,254.72	Paid Claims <sup>1</sup>	\$68.61	\$74.64	
Est. Annual Cost Increase/Decrease (\$) from Current  Est. Annual Percentage Increase/Decrease (%) from Current  862,905.92  8.5%  Rate Guarantee:  12 Months  With 3.5% Rate Cap for Year 2 and 3: Year 2: \$3.92  Notes:  Year 3: \$4.06	Est. Annual Dental Claims*	\$700,645.32	\$762,223.68	(+8.8%)
Est. Annual Cost Increase/Decrease (\$) from Current  Est. Annual Percentage Increase/Decrease (%) from Current  862,905.92  8.5%  Rate Guarantee:  12 Months  With 3.5% Rate Cap for Year 2 and 3: Year 2: \$3.92  Notes:  Year 3: \$4.06				
Est. Annual Percentage Increase/Decrease (%) from Current 8.5%  Rate Guarantee: 12 Months 12 Months With 3.5% Rate Cap for Year 2 and 3: With 3.5% Rate Cap for Year 3: 4.06  Notes: Year 3: \$4.06	TOTAL Est. Annual Cost: 851	\$739,348.80	\$802,254.72	
Est. Annual Percentage Increase/Decrease (%) from Current 8.5%  Rate Guarantee: 12 Months 12 Months With 3.5% Rate Cap for Year 2 and 3: With 3.5% Rate Cap for Year 3: 4.06  Notes: Year 3: \$4.06	Fet Annual Cost Increase/Decrease (\$) from Current		\$62 905 92	
With 3.5% Rate Cap for Year 2 and 3:     With 3.5% Rate Cap for Year 3:       Year 2: \$4.06       Notes:     Year 3: \$4.06				
With 3.5% Rate Cap for Year 2 and 3:     With 3.5% Rate Cap for Year 3:       Year 2: \$4.06       Notes:     Year 3: \$4.06	Rate Guarantee:	12 Months	12 Months	
Year 2: \$3.92         Year 3: \$4.06           Notes:         Year 3: \$4.06		With 3.5% Rate Cap for Year 2 and 3:		
Notes: Year 3: \$4.06				
	Notes:	Year 3: \$4.06		
	Enrollment based on Aetna renewal.	1041 0. 44100		

				FINAL SOLD
	(10	0/1/2024 - Current)	(10/1/2025 - Renewal)	(10/1/2025 - Renewal)
		,	Aetna Recommended	Unified Increase
Funding Factors				
Employee	373	38.93	33.43 (-14.1%)	42.64 (+9.5%)
Family	478	97.32	113.77 (+16.9%)	106.59 (+9.5%)
EST. ANNUAL CONVENTIONAL				
EQUIVALENT RATES	851	\$732,462.25	\$802,217.40	\$802,254.72
Est. Annual Premium Increase Over				
The Current Policy Year			\$69,755.15	\$69,792.47
Est. Annual Percentage Increase Over				
The Current Policy Year			8.7%	9.5%
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<sup>1</sup>Claims experience based on projected claims from Aetna.

