

DENTON ISD DENTAL - INSURED/PPO OPTIONS

	Metlife	Ameritas Group	Assurant	Assurant MAC PPO	Cigna	Blue Cross Blue Shield
Benefits:	2 per calendar yr	2 per calendar yr	1 per six months	2 per calendar yr	2 per calendar yr	2 per calendar yr
Preventive	100%	100%	100%	100%	100%	100%
Basic*	80%	80%	80%	80%	80%	80%
Major*	50%	50%	50%	50%	50%	50%
Orthodontia*	50%	50%	50%	50%	50%	50%
Calendar Yr. Max.	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500
Lifetime Ortho.	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500
Deductible						
Individual	\$50	\$50	\$50	\$50	\$50	\$50
Family	\$100	\$100	\$100	\$100	\$100	\$100
Provider Network	Yes (passive)	Yes (passive)	Yes (passive)	Yes (passive)	Yes (passive)	Yes (passive)
Rates:						
Employee	\$36.50	\$36.50	\$40.66	\$30.21	\$34.99	\$36.50
Employee + Spouse	\$77.98	\$77.98	\$86.87	\$64.15	\$74.75	\$77.98
Employee + Child(ren)	\$70.68	\$70.68	\$78.74	\$60.49	\$67.76	\$70.68
Family	\$131.72	\$131.72	\$146.74	\$111.25	\$126.27	\$131.72
Rate Guarantee	1 yr	3 yr	2 yr	2 yr	2 yr	1 yr
Notes	Not to exceed cap 9.5% in years 2 & 3	OON 90th Percentile of U&C; Plan includes deductible credit annual max carry over when applicable	OON 90th Percentile of U&C; Plan includes a vision discount plan	OON Paid at 45% off of the 80% of U&C; plan includes vision discount program	OON 90th Percentile of U&C	OON 90th Percentile of U&C

*Deductible applies

**DENTON ISD
DENTAL - DMO**

PROCEDURE NUMBER	PROCEDURE NAME	Assurant	Cigna		
120	PERIODIC ORAL EXAM	\$10.00	\$5.00		
210	INTRAORAL FMS & BITEWINGS	\$0.00	\$0.00		
1110	PROPHYLAXIS ADULTS	\$0.00	\$0.00		
1120	PROPHYLAXIS CHILDREN	\$0.00	\$0.00		
1203	CHILD FLUORIDE	\$0.00	\$0.00		
1351	SEALANT - PER TOOTH	\$0.00	\$11.00		
2140	AMALGAM ONE SURFACE PERM.	\$10.00	\$0.00		
2150	AMALGAM TWO SURFACES PERM.	\$15.00	\$0.00		
2160	AMALGAM 3 SURFACES PERM.	\$20.00	\$0.00		
2750	CROWNS PROCELAIN WITH GOLD	\$225.00	\$230.00		
2751	PROCELAIN W NONPRECIOUS MET.	\$225.00	\$215.00		
2752	PROCELAIN W SEMIPRECIOUS MET	\$225.00	\$230.00		
2950	CROWN BUILDUP-INCLUDING PINS	\$85.00	\$55.00		
3330	ROOT CANAL - 3	\$250.00	\$275.00		
4341	PERIO SCAL & RT PLAN <12 TEETH	\$75.00	\$45.00		
220	INTRAORAL SINGLE FIRST FILM	\$0.00	\$0.00		
272	BITEWINGS TWO FILMS	\$0.00	\$0.00		
274	BITEWINGS FOUR FILMS	\$0.00	\$0.00		
2790	GOLD FULL CAST CROWN	\$225.00	\$220.00		
8090	CLASS II MALOCCLUSION - ADULT	\$2,500.00	\$1,900.00		
8080	CLASS I MALOCCLUSION - CHILD	\$2,300.00	\$2,600.00		
RATES	EMPLOYEE	\$12.08	\$15.68		
	EE + Spouse	\$20.15	\$33.55		
	EE + Child(ren)	\$26.80	\$30.41		
	FAMILY	\$35.87	\$56.59		
NOTES		2 yr rate guarantee			

DENTON ISD EAP SERVICES

	Cost	Worklife Seminars	Start Up	Training Hours	Annual Cost (3,160)	NOTES
Alliance Work Partners						
3 Visit	\$1.18	0.59	0	25 hrs	\$67,118	3 yr rate guarantee 4th yr not to exceed 5%
6 Visit	\$1.46	0.59	0	included	\$77,736	
Deer Oaks						
3 Visit	\$0.80	Included	0	12 hrs	\$30,336	3 yr rate guarantee
6 Visit	\$0.99			included	\$37,541	
United Healthcare						
3 Visit	\$2.16	Included	0	9 hrs	\$81,907	
6 Visit	\$2.76			included	\$104,659	
Blue Cross Blue Shield						
3 Visit	\$1.19	Included	0	12 hrs	\$45,125	3 yr rate guarantee
6 Visit	\$1.60			included	\$60,672	
Delta Health System						
1-5 visit	\$1.35	Included	0	?	\$51,192	3 yr rate guarantee
LifeSynch Wells Fargo						
3 Visit	\$1.06	Included	0	12-15 hrs	\$40,195	3 yr rate guarantee
6 Visit	\$1.49			included	\$56,501	

DENTON ISD
EAP SERVICES

	COST	REPORT FEES	START-UP	MGMNT. TRAINING	ANNUAL COST (3,160)	NOTES
New Direction (MAA)						
3 Visit	\$1.19	Included	0	12 hrs included	\$45,125	1 yr rate guarantee
6 Visit	\$1.62				\$61,430	
Cigna						
3 Visit	\$1.47	Included	0	16 hrs included	\$55,742	3 yr rate guarantee
6 Visit	\$2.00				\$75,840	

DENTON ISD
SECTION 125 / CAFETERIA PLAN COVERAGE

	Medical Reimbursement (ee's 370)	Dependent Care (ee's 41)	Premium Only pepm	Set Up Fees	Annual Renewal Fee	Plan Doc Summ	TOTAL	COMMENTS
United Healthcare without Debit Card with Debit Card	\$6.50 \$6.82	\$6.50 \$6.82	\$0.00 \$0.00	\$0.00	\$0.00	\$0.00	\$32,058 \$33,636	Stand Alone
Blue Cross Blue Shield of Tx without Debit Card with Debit Card	\$4.25 \$5.25	\$4.25 \$5.25	\$0.00 \$0.00	\$3,160	\$1,580	Included	\$24,121 \$29,053	Open Enrollment Support additional \$250 per day plus travel expenses Custom Reporting \$150 per hour
Allegiance (Cigna) without Debit Card with Debit Card	\$4.00 \$5.00	\$4.00 \$5.00	\$0.00 \$0.00	\$1,000	Included	Included	\$20,728 \$25,660	Stand Alone
CoreSource without Debit Card with Debit Card	\$4.35 \$5.85	\$4.35 \$5.85	\$0.00 \$0.00	\$1,500	\$0	\$0	\$22,954 \$30,352	Pricing based upon Auto-Bene Enrollment Sytem
Mutual Assurance Administrators without Debit Card with Debit Card	\$4.35 \$5.85	\$4.35 \$5.85	\$0.00 \$0.00	\$0	\$0	\$0	\$21,454 \$28,852	Travel Costs if needed - pass through Stand Alone
Wells Fargo without Debit Card with Debit Card	\$4.00 \$5.50	\$4.00 \$5.50	\$0.00 \$0.00	\$250	\$0	Electronic \$300	\$20,278 \$27,676	Additional .25 ppm for Plan Yr Extention Stand Alone
Delta Health Systems without Debit Card with Debit Card	\$7.00	\$7.00	\$0.00	\$0	\$0	\$150 per hour	\$34,524	Pass through cost for printing & mailing Plan Documents
UMR without Debit Card with Debit Card	\$3.45 \$4.95	\$3.45 \$4.95	\$0.00	\$0	\$0	\$0.15 PPPM	\$17,015 \$24,413	Additional Cost to mail statements to participants home of \$0.05 ppm 1 yr rate guarantee Stand Alone not an option