

Date: March 12, 2009
To: MCC employees eligible for dental insurance
From: Ron Ally on behalf of the Insurance Advisory Committee
Subject: Dental insurance consideration

Due to concerns Insurance Advisory Committee members have heard about the College's dental insurance, the Committee is currently considering a different dental insurance plan. The following meetings are scheduled to provide information and answer questions regarding the dental insurance plan being considered, which is provided by Delta Dental:

<u>Date</u>	<u>Time</u>	<u>Location</u>
March 16, 2009	9:00 am	B166-167
March 16, 2009	11:30 am	B166-167
March 19, 2009	4:00 pm	Bersted Lecture Hall

Please attend one of these meetings (if your schedule allows) and provide feedback via the attached form. The Committee values your input, and will consider all feedback received prior to making a recommendation.

In addition to this memorandum, the following information is provided for your review:

- Page 2 – *Benefit level comparison between current plan and Delta Dental*
- Page 3 – *Coverage percentages for different types of treatments, in network, in premier network, and non-network*
- Page 4 – *Explanation of Delta Dental To Go program*
- Page 5 – *Information regarding enhanced benefits with Delta Dental*
- Page 6 – *Estimated cost differences for current plan and Delta Dental Plan*
- Page 7 – *Worksheet to calculate amounts for Classified, Professional, and Exempt Staff (since they pay a fixed dollar amount rather than a percentage of the premium).*
- Page 8 – *Feedback Form*

Further information about Delta Dental of Illinois can be found at the following website:
<http://www.deltadentalil.com>

Dental Comparison for McHenry County College
Based on zipcode 600

Procedure Code	Procedure	Current Benefit Level FY 2009	Benefit Level with Delta Dental
D0100-D0999 I. Diagnostic			
	Office Visit Copayment		
D 0120	Periodic oral evaluation	\$20.00	\$37.00
D 0140	Limited oral evaluation-problem focused	\$20.00	\$54.00
D 0150	Comprehensive oral evaluation - new or established patient	\$31.00	\$60.00
D 0210	Intraoral radiographs - complete series (including bitewings)	\$66.00	\$104.00
D 0220	Intraoral - periapical first film	\$14.00	\$21.00
D 0230	Intraoral - perapical each additional film	\$11.00	\$21.00
D 0272	Bitewings - two films	\$22.00	\$33.00
D 0274	Bitewings - four films	\$34.00	\$44.00
D 0330	Panoramic film	\$55.00	\$92.00
D1000-D1999 II. Preventive			
D 1110	Prophylaxis (cleaning) - adult	\$45.00	\$72.00
D 1120	Prophylaxis (cleaning) - child	\$31.00	\$48.00
D 1203	Topical application of fluoride	\$19.00	\$29.00
D 1351	Sealant, per tooth	\$31.00	\$41.00
D2000-D2999 III. Restorative			
D 2140	Amalgam - one surface, primary or permanent	\$52.00	\$88.00
D 2150	Amalgam - two surfaces, primary or permanent	\$74.00	\$115.20
D 2160	Amalgam - three surfaces, primary or permanent	\$85.00	\$138.40
D 2330	Resin-based composite - one surface, anterior	\$55.00	\$88.80
D 2391	Resin-based composite - one surface, posterior	\$97.00	\$115.20
D 2392	Resin-based composite - two surfaces, posterior	\$134.00	\$150.40
D 2393	Resin-based composite - three surfaces, posterior	\$167.00	\$168.80
D 2750	Crown - porcelain fused to high noble	\$305.00	\$665.60
D 2752	Crown - porcelain fused to noble metal	\$295.00	\$647.20
D 2790	Crown - full cast high noble metal	\$272.00	\$665.60
D 2950	Core buildup, including any pins	**	\$171.20
D 2952	Cast post and core in addition to crown	**	\$244.80
D 2954	Prefabricated post and core in addition to crown	**	\$206.40
D3000-D3999 IV. Endodontics			
D 3310	Root canal - anterior (excluding final restoration)	\$293.00	\$464.00
D 3320	Root canal - bicuspid (excluding final restoration)	\$365.00	\$516.00
D 3330	Root canal - molar (excluding final restoration)	\$492.00	\$635.20
D4000-D4999 V. Periodontics			
D 4260	Ossious surgery	\$269.00	\$748.80
D 4341	Periodontal scaling and root planing	\$84.00	\$156.80
D 4910	Periodontal maintenance procedures	\$34.00	\$78.40
D5000-D5899 VI. Prosthodontics, removable			
D 5110	Complete denture - maxillary	\$543.00	\$664.50
D 5213	Maxillary partial denture	\$600.00	\$955.50
D 5214	Mandibular partial denture	\$600.00	\$955.50
D6200-D6999 IX. Prosthodontics, fixed			
D 6240	Pontic - Porcelain fused to high noble metal	\$299.00	\$416.00
D 6241	Pontic - Porcelain fused to predominantly base metal	\$272.00	\$385.00
D 6242	Pontic - Porcelain fused to noble metal	\$284.00	\$404.50
D 6750	Crown - Porcelain fused to high noble metal	\$300.00	\$416.00
D 6752	Crown - Porcelain fused to noble metal	\$277.00	\$404.50
D7000-D7999 X. Oral and Maxillofacial Surgery			
D 7140	Extraction, erupted tooth or exposed root	\$70.00	\$100.80
D 7210	Surgical removal of erupted tooth	\$60.00	\$132.50
D 7230	Removal of impacted tooth - partially bony	\$108.00	\$191.00

* FY 2009 Dental schedule of Benefits is based on information received.

** No fee listed for this procedure.



Delta Dental PPO Plus Proposal Featuring ToGoSM Provided For: McHenry County College

This plan design includes the ability to carry over unused annual maximums. Enrollees may carry over unused portions of their annual maximum in a given year to the new year's annual maximum.

	* Delta Dental PPO Network Dentist	** Delta Dental Premier Managed Fee-For-Service Network Dentist	***Non-Network Dentist
Coverage A: Preventive & Diagnostic Prophylaxis (cleanings) twice per benefit year Topical fluoride applications for dependents under age 19 once per benefit year Routine periodic evaluations, including bitewing x-rays, twice per benefit year Full mouth x-rays once every three years Space maintainers	100%	100%	100%
Coverage B: Minor Sealants on first and second molars once in a lifetime for dependents under age 16 Amalgam and composite resin fillings (including posterior composites) Non-surgical periodontics Endodontics Oral surgery	80%	80%	80%
Coverage C: Major Surgical periodontics Denture relining and rebasing Cast restorations: crowns, onlays, post and core Prosthodontics: fixed and removable bridges and complete dentures Endosteal implant therapy	50%	50%	50%
Coverage D: Orthodontics Treatment necessary for proper alignment of teeth • Subject to lifetime maximum	50%	50%	50%
Deductible: • Applies to coverage B&C	\$100 Single/\$300 Family	\$100 Single/\$300 Family	\$100 Single/\$300 Family
Annual Maximum: • Dependent children to age 19 • Dependent students to age 23	\$2,000	\$2,000	\$2,000
Ortho. Lifetime Maximum: • Dependent children to age 19	\$1,500	\$1,500	\$1,500

*Delta Dental PPO dentists agree to accept payment based on the lesser of the submitted fee or the PPO discounted fee schedule, which is established at a level that typically delivers a 15 – 35 percent discount off of average billed charges nationally.

**Delta Dental Premier network dentists agree to accept payment based on the lesser of the submitted fee or Delta Dental's maximum plan allowance (also known as "Usual & Customary" fee).

*** Non Network dentists are reimbursed at Delta's Maximum Plan Allowance (U&C) at the 85th percentile.

Delta Dental PPO and Premier dentists cannot balance bill the enrollee for the difference between Delta Dental's 3 allowed fee and the dentist's actual charge.



To GoSM

Take it to go with Delta Dental of Illinois.

The To GoSM feature – an option for Delta Dental PPOSM and Delta Dental Premier[®] programs – ensures that enrollees don't have to leave unused annual maximums behind.

Enrollees don't have to leave unused annual maximums behind anymore. With Delta Dental of Illinois' To Go feature, they can take the unused amount "to go" from one year to the next. This option offers enrollees more flexibility and can help them prepare for more extensive and costly dental treatment.

In traditional PPO plans, the annual maximum is a "use it or lose it" benefit. The To Go feature gives enrollees the ability to carryover any qualified, unused portion of their annual maximum in a given year and apply it to their To Go Bank, increasing their total dollars for dental treatment. (Contact your sales executive for complete underwriting guidelines; this feature may not be available for all Delta Dental PPO

and Delta Dental Premier plans.) Unused annual maximums eligible for carryover in a given year will be subject to a dollar threshold depending on the specific plan design. The enrollee also must have had a dental service that applies to the annual maximum (preventive/diagnostic, basic or major) during the year in order to carry over any unused annual maximum.

Example

Year 1		Year 2		Year 3	
Annual Max:	\$1,500	Annual Max:	\$1,500	Annual Max:	\$1,500
Eligible Benefits Received:	\$500	To Go Bank balance for year 2:	\$1,000	To Go Bank balance for year 3:	\$1,500
Unused Annual Max:	\$1,000	Eligible Benefits Received:	\$400	Eligible Benefits Received:	\$2,000
To Go Benefit/carryover:	\$1,000	(Applied to Year 2 Annual Max)		(Applied to Year 3 Annual Max)	
To Go Bank balance:	\$1,000	Unused Annual Max:	\$1,100	Unused Annual Max:	\$0
(Available for use in Year 2)		(\$1,500 - \$400)		(Exhausted all \$1,500 of Annual Max)	
		To Go Benefit/carryover:	\$500*	To Go Benefit Used:	\$500
		(The To Go Bank balance is \$1,000; total To Go Bank cannot exceed the total of the annual max (\$1,500) so only \$500 of the unused annual max for the current year can be applied to the To Go Bank)		(Claims exceeded annual max by \$500 so \$500 deducted from To Go Bank)	
		To Go Bank balance:	\$1,500	To Go Benefit/carryover:	\$0
		(Available for use in Year 3)		(Used all \$1,500, therefore there is \$0 to carryover into the To Go Bank, but there is still a To Go Bank balance that will carryover to Year 4)	
				To Go Bank balance:	\$1,000
				(Available for use in Year 4)	

\$500 was applied to the annual maximum with \$1,000 unused. \$1,000 is carried over into the To Go Bank, increasing the total benefit in Year 2.

**Total To Go Bank cannot exceed the total of the annual maximum. With \$1,000 already in the To Go Bank (amount carried over from Year 1), only \$500 from the \$1,100 unused annual maximum for Year 2 (current year) can be carried over into the To Go Bank for a total of \$1,500 (equal to the annual maximum).*

Because the paid claims exceeded the annual maximum by \$500, \$500 was deducted from the To Go Bank. The total annual maximum of \$1,500 was used so there was no carryover for Year 3. However, the To Go Bank still carries a balance of \$1,000 that can be applied in Year 4.

Enrollees cannot take unused annual maximums with them upon termination of employment or the dental plan, nor can they apply the unused annual maximum to another dental plan.

To Go is a trademark of Delta Dental of Illinois.

Delta Dental of Illinois, P.O. Box 3395, Lisle, IL 60558, 800-335-8215

We give you a reason to smile.™

**Delta Dental of Illinois' Enhanced Benefits Program
Summary**

People Eligible	Treatment	Coverage Level	Frequency per Benefit Year	Applies to Annual Maximum
Diabetics	Prophylaxis and Periodontal Maintenance Cleaning	Same % as the Group Contracted Benefit Level	4x total	YES
	OR			
	Periodontal Maintenance Cleaning	Same % as the Group Contracted Benefit Level	4x total	YES
Pregnant Women	Prophylaxis	Same % as the Group Contracted Benefit Level	3x total	YES
Persons with Periodontal Disease or a History of Periodontal Surgery (At-Risk Persons)	Prophylaxis and Periodontal Maintenance Cleaning	Same % as the Group Contracted Benefit Level	4 x total	YES
	OR			
	Periodontal Maintenance Cleaning	Same % as the Group Contracted Benefit Level	4x total	YES
	Fluoride Varnish (no age limits)	Same % as the Group Contracted Benefit Level	2x total (following periodontal surgery)	YES
All Enrollees	Oral CDx Brush Biopsy*	Same % as the Group Contracted Benefit Level	N/A	YES

*The Oral CDx Brush Biopsy is standardly covered under oral surgery in Delta Dental of Illinois' group plans.

Revised 4-16-09 - Also a reminder, these are estimated costs at this time.

Full-Time Faculty and Administrators
Consideration of Changing Dental Plan to Delta Dental

	Remain with Current Plan			If Change to Delta Dental Plan			
	Projected FY 2010 Annual Rate	Employee Annual Cost	Employee Cost Per Paycheck	Projected FY 2010 Annual Rate	Employee Annual Cost	Cost Per Paycheck	Additional Cost Per Paycheck
Single	275.16	137.58	5.29	359.88	222.30	8.55	3.26
Employee + 1	474.36	237.18	9.12	620.52	383.34	14.74	5.62
Family	908.88	454.44	17.48	1,188.84	734.40	28.25	10.77

(A) 359.88 new premium - 137.58 MCC cost

(B) 620.52 new premium - 237.18 MCC cost

(C) 1,188.84 new premium - 454.44 MCC cost

Classified, Professional, and Exempt Staff
Consideration of Changing Dental Plan to Delta Dental
(See Worksheet on Following Page)

	Remain with Current Plan			If Change to Delta Dental Plan			
	Projected FY 2010 Annual Rate	Employee Annual Cost	Employee Cost Per Paycheck	Projected FY 2010 Annual Rate	Employee Annual Cost	Cost Per Paycheck	Additional Cost Per Paycheck
Plan 1							
Single	275.16	33.62	1.29	359.88	51.11	1.97	0.67
Employee + 1	474.36	63.83	2.46	620.52	82.23	3.16	0.71
Family	908.88	110.21	4.24	1,188.84	169.57	6.52	2.28
Plan 2							
Single	275.16	33.47	1.29	359.88	51.26	1.97	0.68
Employee + 1	474.36	58.30	2.24	620.52	87.76	3.38	1.13
Family	908.88	109.66	4.22	1,188.84	170.12	6.54	2.33

Since the cost for the proposed plan is higher than if we remained with the current plan, 100% of the marginal cost increase would be absorbed by the employee.

Amounts presented are estimates. These would be adjusted as final rates become available.

Dental Insurance Feedback Form
Please return to Sandy Swanson by March 30 (A218)

Were you able to attend a presentation by Delta Dental?

Yes No

Are you in favor of a recommendation to ask the Board of Trustees to approve the change to Delta Dental for the College's dental insurance carrier?

Yes No

On a scale from 1 to 5, how confident are you that a change this year would be good for the College? (Circle One)

Not confident Confident
1 2 3 3 5

Please include any questions you may have in the area provided below.

Please include any comments you may have in the area provided below.

Name (optional): _____

If extra space is required use the back of this page. Indicate whether it is a question or a comment.