



AGENDA ITEM #10.3.A

REPORT TO CITY COUNCIL

Report Prepared by: Nancy Malecha

Date: November 1, 2016

Subject: Group Dental Insurance Plan

Report: I received several requests from staff on the possibility of the City having a group dental insurance plan for employees and dependents. To my knowledge, the City has never had a group dental insurance plan that incorporates all employees. I surveyed employees to determine if there was enough interest to meet the minimum enrollment requirements and researched various voluntary dental plans with the assistance of Jim Ochs from Integrity Employee Benefits.

The Insurance Committee and Personnel Committee both met in October and are recommending the City implement the attached voluntary dental insurance plan from Pathfinder/Delta Dental with a \$1,000 calendar year annual coverage maximum. The Personnel Committee further recommends that there be no employer contribution

provided to employees who utilize this benefit; therefore, there will be no cost to the City to implement this Plan and no impacts on the 2017 budget.

Council Action Requested: Council motion to implement the Pathfinder/Delta Dental Insurance Plan with a \$1,000 calendar year annual coverage maximum for eligible employees beginning on 1-1-17 with no employer contribution.

Pathfinder Value Proposal Underwritten & Administered by Delta Dental of Minnesota				
\$1,000 Calendar year Annual Coverage Maximum/per person				
Service	Benefit Summary	Benefits are based on provider at time of service		
		Delta Dental Network Options www.deltadental.com		
		Delta PPO	Delta Premier	Non-Delta Provider
Preventive Services \$100 Lifetime Deductible applies No waiting period	Preventive & Diagnostic Services: Oral evaluations/check-ups, X-rays, dental cleanings, fluoride treatments	100%	100%	100%
Basic Services \$100 Lifetime Deductible applies No waiting period	Basic Restorative Care & Services: composite (white) fillings, sealants, space maintainers, palliative treatment for emergencies Endodontic Services: pulpal therapy, root canal therapy, pulpotomy Periodontal Services: non-surgical and surgical periodontal care	80%	80%	80%
Basic Services \$100 Lifetime Deductible applies 6-month waiting period	Oral Surgery Services: basic extraction of erupted tooth or exposed root, surgical removal of erupted tooth, impacted teeth and tooth roots	55%	50%	50%
Major Services \$100 Lifetime Deductible applies 12-month waiting period	Restorative Care Services: inlays	optional treatment (***)	optional treatment (***)	optional treatment (***)
	onlays, crowns and crown repairs (*)	55%	50%	50%
	Prosthetic Services: removable prosthetic services - dentures and partials (*) (**), fixed prosthetic services - bridges (*) (**), repairs - removable and fixed Implants	55%	50%	50%

* Coverage does not include the following crown or bridge services: buildups, pins, posts and cores.

** Missing-tooth exclusion applies during the first 24 months of coverage.

*** Member receives the amalgam benefit for the least costly commonly performed course of treatment.

Waiting period takeover - If the group has at least 12 months of prior comparable coverage, and no gap between that coverage and the Pathfinder effective date, ALL members of the group will receive a waiver of the Pathfinder waiting periods, with the following exceptions: The waiver does not apply to employees/dependents who join the group or enroll for Pathfinder coverage after the initial Pathfinder effective date.

Dental Plan Design & Rates				
Enrollment: 5+ Employees enrolled	Quoted Participation Requirements: This proposal requires a minimum of 20% participation of eligible employees and dependents, that are not covered by another dental plan.			
Deductible:	\$100 Lifetime Deductible per person. Applies to all covered services, including Diagnostic and Preventive. Each covered member is responsible for first \$100 of covered charges incurred while covered by this plan.			
Plan Factors:	Rates include the following:			Impact:
	<ul style="list-style-type: none"> • Annual Maximum: \$1,000 Calendar year per person • Less than 60% employee participation • Increase Endodontic/Periodontal coinsurance to 80% • Posterior composite (white) fillings 			<ul style="list-style-type: none"> • +0% • +5% • +5% • +5%
Pathfinder Value no Ortho	Employee	Employee + Spouse	Employee + Child(ren)	Family - Employee, Spouse, Child(ren)
	\$33.16	\$68.19	\$69.23	\$109.86
Rates are Valid through December 1, 2017 Effective Dates				

This is a summary only. For complete details, refer to your Dental Benefits Plan Summary.
We do not provide coverage to: Dental offices, groups with high turnover, or seasonal employment practices.

10/3/2016 at 12:03pm CDT