



**City of La Crosse
VOLUNTARY Dental Plan
Benefit Outline and Cost Summary
January 1, 2023 Renewal Date**

| Benefit Outline | Current | | Renewal | |
|---|-----------------------|--------------------|-----------------------|--------------------|
| | Base | Buy-up | Base | Buy-up |
| Carrier | Principal | | Principal | |
| Plan Type | Dental PPO | Dental PPO | Dental PPO | Dental PPO |
| Deductible (Individual / Family) | \$50 / \$150 | \$50 / \$150 | \$50 / \$150 | \$50 / \$150 |
| Waived For Preventive | Yes | Yes | Yes | Yes |
| Annual Maximum | \$1,000 | \$2,000 | \$1,000 | \$2,000 |
| Max Rollover | Not Included | Not Included | Not Included | Not Included |
| Preventive Services | 100% | 100% | 100% | 100% |
| Basic Services | 80% | 80% | 80% | 80% |
| Major Services | 0% | 50% | 0% | 50% |
| Endodontics / Periodontics | Basic | Basic | Basic | Basic |
| Implants | Not Covered | Major | Not Covered | Major |
| Orthodontia | | 50% | | 50% |
| Eligibility | Not Covered | Children To Age 19 | Not Covered | Children To Age 19 |
| Lifetime Maximum | | \$1,500 | | \$1,500 |
| Waiting Periods (Prev. / Basic / Major) | None | None | None | None |
| Non-Network | MAC | 99th UCR | MAC | 99th UCR |
| Deductible (Individual / Family) | \$0 / \$0 | \$0 / \$0 | \$0 / \$0 | \$0 / \$0 |
| Annual Maximum | \$1,000 | \$2,000 | \$1,000 | \$2,000 |
| Prev. / Basic / Major | 70% / 50% / 0% | 100% / 80% / 50% | 70% / 50% / 0% | 100% / 80% / 50% |
| Participation Requirement | Current Participation | | Current Participation | |
| Rate Guarantee | To 1/1/2023 | | 2 Years to 1/1/2025 | |
| Rates & Total Cost | Base | B-up | | |
| Employee | 85 | 56 | \$16.69 | \$42.61 |
| Employee + Dependent(s) | 75 | 60 | \$48.34 | \$119.66 |
| Total Employees | 160 | 116 | | |
| Annual Subtotal | | | \$60,530 | \$114,789 |
| Percent Change by Plan | | | | 20.0% |
| | | | | 19.9% |