



City of La Crosse		1/1/2023		Option 1 - Self-Funded	
Benefit Outline				Base	Buy-up
Carrier		Delta Dental			
Plan Type		Dental PPO		Dental PPO	
Deductible (Individual / Family)		\$50 / \$150		\$50 / \$150	
Waived For Preventive		Yes		Yes	
Annual Maximum		\$1,000		\$2,000	
Max Rollover		Not Included		Not Included	
Preventive Services		100%		100%	
Basic Services		80%		80%	
Major Services		0%		50%	
Endodontics / Periodontics		Basic		Basic	
Implants		Not Covered		Major	
Orthodontia				50%	
Eligibility		Not Covered		Children To Age 19	
Lifetime Maximum				\$1,500	
Waiting Periods (Prev. / Basic / Major)		None		None	
Non-Network		MAC			
Deductible (Individual / Family)		\$50 / \$150		\$50 / \$150	
Annual Maximum		\$1,000		\$2,000	
Prev. / Basic / Major		70% / 50% / 0%		100% / 80% / 50%	
Participation Requirement		43%			
Rate Guarantee		2 Years to 1/1/2025			
Rates & Total Cost					
ASO Fee PEPM				\$5.10	
Annual ASO Fee				\$19,424.88	
Projected Claims Amount				\$229,162.12	
Annual Total Expected Costs				\$248,587	
<i>Enrollments increased by 15% due to being a contributory plan</i>		<i>Includes \$5.10 pepm</i>			
		Base	B-Up	FULL MONTHLY PREMIUM	
Employee		98	64	\$26.70	\$44.93
Employee + Dependent(s)		86	69	\$73.26	\$129.32
Total Employees		184	133		
Annual Subtotal				\$107,004	\$141,583
Annual Total					\$248,587
Annual Estimated Employer cost @ 50%					\$124,294
Employee Monthly premiums (50%)					
Single				\$13.35	\$22.47
Family				\$36.63	\$64.66
Notes		<i>Principal renewal premiums are lower on the low plan, however Delta premiums are lower on the high plan. Delta has more providers in their network.</i>			