



NKYHEALTH
NORTHERN KENTUCKY HEALTH DEPARTMENT



Request for Proposal

Employee Group Dental Program

July 1, 2024

for

**Northern Kentucky Independent District
Health Department (NKIDHD)**

hereafter “NKY Health”

**8001 Veterans Memorial Drive
Florence, KY 41042**

Contents Section:

1.0 GENERAL INFORMATION

2.0 GENERAL REQUIREMENTS

3.0 CRITERIA FOR AWARD CONTRACT

4.0 SCOPE OF WORK

5.0 INFORMATION REQUIRED IN PROPOSALS

6.0 CONTRACT INFORMATION

7.0 PROPOSAL SUBMISSION

1.0 GENERAL INFORMATION

1.1 General Proposal Information

Proposals will be received by the Northern Kentucky Independent District Health Department (hereafter “NKY Health”) on the date listed for the following:

PROPOSAL ITEM: Employee Group Dental Plan

OPENING:

Time: 12:00 NOON Eastern Standard Time

Date: July 19, 2024

Location: Northern Kentucky Independent District Health Department
Office of the Human Resources Administrator
8001 Veterans Memorial Drive, Florence KY 41042
859.344.5476
Fax 859.363.2101

NKY Health cautions bidding vendors to assure actual delivery of mailed or hand-delivered proposals directly to NKY Health prior to the deadline set for opening proposals. Confirmations of timely receipt of the proposal may be made by calling 859.344.5476 or emailing hr@nkyhealth.org.

1.2 Other General Information

NKY Health currently subscribes to the Kentucky Employee’s Health Plan (KEHP), which is a self-funded plan offered by the Commonwealth of Kentucky to “state” employees for Group Health, Voluntary Dental, Voluntary Vision, HRA, and FSA benefits. KEHP contracts with Anthem as their TPA and uses Anthem’s network of providers. NKY Health currently pays a portion of the premium for employees who elect Voluntary Dental benefits.

NKY Health seeks to expand the network of providers for dental benefits. Therefore, NKY Health requests written proposals from qualified licensed dental carriers and/or administrators for its own Group Dental plan.

Currently NKY Health seeks to offer dental insurance to approximately 125 eligible full-time employees and their dependents (spouses and children up to age 26.)

Submissions will be accepted for fully insured dental insurance proposals using the requirements as stated in this RFP. Vendors must respond to all questions in this RFP and comply with all details in Section 7 and subsections of this RFP.

NKY Health will contract directly with organizations capable of performing the requirements of this Request for Proposal. Participation by brokers or commissioned agents other than NKY Health’s broker, SHERRILL MORGAN, will not be allowed

during the proposal process or during the term of the proposed contract. Proposed amounts must include standard broker's fees.

2.0 GENERAL REQUIREMENTS

2.1 Vendor Requirements

The selected vendor will be required to have experience with the following:

Fully insured dental plans.

Unless otherwise stipulated, vendor shall provide, and pay for, all materials, labor, transportation, and other facilities necessary for the performance and completion of the work.

All materials submitted by the vendor in response to this request become the sole property of NKY Health upon receipt of the proposal. NKY Health reserves the right to reject any and all bids, to waive any informalities, and to negotiate for the modifications of any proposal or accept that proposal which is deemed the most desirable and advantageous from the standpoint of customer value and may not, on its face, appear to be the lowest and best price.

2.2 Vendor Qualifications/References

All prospective vendors are hereby notified that before any offer in response to solicitation is considered for award, the NKY Health may require the vendor to submit factual information in detail as to the experience, technical organization, and financial resources of the bidder. NKY Health reserves the right to reject any proposal or vendor that does not support the best interest of NKY Health.

Vendor references must be included in proposal.

2.3 Confidentiality Requirement

Vendor agrees to abide by the rules and regulations regarding the confidentiality of personal medical records as mandated by the Health Insurance Portability and Accountability Act (42 USC 1320d) and set forth in federal regulations at 45 CFR Parts 160 and 164. Any subcontract entered by the vendor as the result of this agreement shall mandate that the subcontractor be required to abide by the same statutes and regulations regarding confidentiality of personal medical records, as is the vendor. Vendor also agrees to comply with all federal, state and local laws respecting discrimination in employment and non-segregation of facilities including, but not limited to, requirements set out at 41 CFR 60 – 1.4, 60 – 250.4, and 60 – 741.4, which equal opportunity clauses are hereby incorporated by reference. Notification is hereby given that compliance with these clauses may require the second party to annually file certain reports (e.g. the EEO-1 Report and the VETS – 100 Report) with the federal government and may require the second party to develop written Affirmative Action Programs for Women and Minorities, Covered Veterans and/or Persons with Disabilities.

3.0 CRITERIA FOR AWARD CONTRACT

3.1 Factors for Consideration

A list of factors for consideration includes (but is not limited to) the following and must be addressed in each proposal:

1. The network of providers. Please provide both a Geo Access report and lists of in-network providers within a 30-mile radius of each zip code in NKY Health's census for each network/plan submitted.
2. Premiums. Cost quoted must be guaranteed for at least a one-year period following acceptance. Please provide premiums and describe the tier basis (for example: Employee only, Employee+Spouse, Employee+Children, and Family).
3. Minimum participation or contribution requirements of NKY Health. Please clearly state any minimum participation or contribution requirements of NKY Health or note that there are none.
4. Restrictions on NKY Health. Please clearly state any restrictions on NKY Health (such as continuing to offer the current KEHP dental plan concurrently) or note that there are none.
5. The scope and degree of services covered and provided for in-network providers and out-of-network providers. Please provide details about these, including but not limited to: a) whether endodontics and periodontics services are considered to be basic or major and b) the percentile paid for usual-and-customary fees. Clearly define your out of network claims methodology. Is it a percentage of usual and customary, if so, what percentile? Or is it based on an in-network fee schedule or perhaps an in-network fee schedule minus a certain percentage. Please provide examples where the reimbursement methodology is compared to an in-network claim.
6. Portal access for employees for initial enrollments and open enrollment and for administrative staff for changing and terminating enrollments, setting up new employees, and reconciling/paying invoices. Please describe portal capabilities in as much detail as possible.
7. COBRA administration. Please provide details about COBRA administration (sending notices, collecting payment) you provide including rates. If you do not provide COBRA Administration, please clearly state that you do not provide this service.
8. Demonstrated competence and compliance with HIPAA Privacy regulations.
9. Demonstrated customer service, including claims turnaround time.
10. The qualifications and experience of the vendor's staff and associated vendors.
11. Thoroughness and usefulness of reports provided to the NKY Health.
12. Thoroughness and organization of the response to the RFP.
13. A copy of a Dental EOB and Contract for Services is requested as part of this RFP submission.

All proposals must be submitted in writing on both paper and as .PDFs on a thumb drive. The information requirements from all sections of this RFP represent the minimal contents of proposals to be submitted to the NKY Health.

Some of the criteria will be evaluated on a point system. These criteria can be found in Section 5.5 of this RFP. The points allotted to each service are listed in that section.

NKY Health reserves the right to reject any and all proposals, to waive any informalities, and to negotiate for the modifications of any proposal or accept that proposal which is deemed the most desirable and advantageous from the standpoint of customer value and may not, on its face, appear to be the lowest and best price.

3.2 Schedule for Request for Proposals

The NKY Health will accept proposals from vendors until **FRIDAY, JULY 19, 2024 at NOON Eastern Standard Time**. Proposals received after that time will not be considered. NKY Health anticipates execution of the contract no later than **Friday, September 13, 2024**. The contract is expected to be awarded by **Friday, August 16, 2024**.

A Letter of Intent to Submit should be emailed no later than **MONDAY, July 8, 2024 at NOON Eastern Standard Time**. The intent to submit a proposal may be sent in the form of an email message or a .PDF document attachment that is emailed. Briefly state the vendor's understanding of the work to be performed and make a positive commitment to perform the work. Vendors may withdraw their Letters of intent to submit at any time before the deadline for submittal of Proposals. Submittal of a Letter of Intent to Submit is not a prerequisite for submitting a Proposal, but it is necessary to ensure a vendor's receipt of amendments and other communications regarding this RFP.

Please note the following:

- Specific questions concerning this RFP should be emailed by **WEDNESDAY, JULY 10, 2024 at NOON Eastern Standard Time** in order to receive a prompt response.
- NKY Health will email responses in writing to all questions by **Friday July 12, 2024**.
- Responses are being emailed to ensure accurate, consistent messaging to all vendors. Copies of all written questions and responses shall be emailed to all vendors submitting a Letter of Intent to Submit. Only written responses shall be considered official.
- Additional questions may be entertained throughout the Request for Proposals process prior to the Proposal submission deadline; however, responses may be deferred and are not guaranteed to be provided by the submission deadline.

REQUEST FOR PROPOSALS SCHEDULE

<u>EVENT #</u>	<u>DATE</u>	<u>DESCRIPTION</u>
1	7/1/2024	Request for Proposals Issued
2	7/8/2024	Deadline for Intent to Submit a Proposal
3	7/10/2024 7/12/2024	Deadline for Emailed Questions Deadline for Answers to Questions
4	7/19/2024	Deadline for Submittal of Proposals
5	8/16/2024	Award of Contract
6	9/13/2024	Contract Signed

4.0 SCOPE OF WORK

NKY Health seeks a dental insurance company to provide dental coverage. A complete Plan Document and Summary Plan Descriptions (SPDs) compliant with the Affordable Care Act (ACA) must be provided to each member by the successful vendor. Also, the vendor chosen will need to show the ability to administer ERISA-exempt plans and any state laws applicable to ERISA-exempt plans.

5.0 INFORMATION REQUIRED IN PROPOSALS

5.1 Information in Previous Sections

Proposals should clearly identify responses to the requirements listed. All requested information from RFP sections must be provided in proposal.

5.2 Additional Information

The proposal must outline how the NKY Health's goals and objectives will be accomplished. At a minimum, each proposal must include the following:

1. A detailed description of any processes and methodologies proposed.
2. A detailed biography of pertinent personnel.
3. Verifiable references from similar plans for similar organizations.
4. A detailed description of proposed plan and deliverables.
5. Any known potentials for conflicts-of-interest.

5.3 Vendor Exceptions

Proposal must clearly identify any and all vendor exceptions to the requirements of this proposal.

5.4 Cost Information

The proposal must clearly identify the following:

1. Total solution cost proposal for plan and its administration.
2. Itemized cost of any additional pieces that may benefit NKY Health that are not listed in the proposal or RFP
3. Other costs associated with project not mentioned, if applicable.

5.5 Additional Criteria

The following criteria will be evaluated on a points system:

1. Plan Design (Point Value: 25 points)

The selected vendor must be able to provide or administer plan designs comparable to or better than those currently utilized by the NKY Health. The selected vendor must demonstrate the ability to administer ERISA-exempt plans and to apply any laws or regulations of the State that apply because of this exemption. Please describe your ability to assist in these and other compliance issues, including those relating to federal health care reform legislation and associated regulations. Describe measures used to ensure confidentiality of services including all HIPAA compliant measures. The NKY Health requests any information about value-added programs offered, including vision riders, vision benefits, etc. be included.

2. Network of Providers (Point Value: 25 Points)

Significant regard will be given to vendors who can provide a network of dentists and dental specialists that are geographically accessible to employees of the NKY Health. If a network is proposed, vendors should state what provisions are made for utilization of out-of-network providers. Vendors should provide a GEO Access report for each proposed network. Please illustrate the GEO Access within a 30-mile radius of the zip codes included in NKY Health's census, especially 41001, 41011, 41017, 41035, 41042 and 45201. A disruption report may be required of finalists.

3. Portal Access (Point Value: 15 Points)

Consideration will be given to ease of use of portal for both employees and administration and to how much information can be accessed concerning claims status, eligibility, reports, etc.

4. Customer Service (Point Value: 10 Points)

Vendors should provide a toll-free number that is available at least eight hours per day during normal Eastern Standard Time business hours for employees of the NKY Health who wish to speak with a knowledgeable customer service representative regarding specific details of the dental insurance program, claims, or the identification of dental service providers. Vendors should also provide support services to assist employees in understanding and using their benefits and demonstrate the ability to provide prompt, courteous and knowledgeable responses to customer service requests posed by employees. Consideration will be given to the ease of access to knowledgeable customer service personnel.

5. Administrative Requirements (Point Value: 10 Points)

Vendors must be able to demonstrate the ability to meet the following administrative requirements:

- Produce initial identification cards to all covered members prior to the effective date of the plan. During the contract year, identification cards must be provided to new members within 10 days of receipt of their enrollment data.
- Provide an electronic copy of benefit booklet outlining and defining all covered services, limitations and exclusions, and schedule of benefits. NKY Health shall review and approve booklets prior to distribution.
- Provide a plan document and an ACA-compliant Summary Plan Description for each plan offered.
- Provide an administrative procedures manual to the NKY Health to be used to administer the program, including necessary forms and instructions.
- Designate a single point of contact responsible for resolving problems, answering claim questions and administrative or billing issues, and expediting services related to overall performance of the contract.

6. COBRA AND HIPAA (Point Value: 10 Points)

Respondents must be able to provide this service on behalf of NKY Health. Respondents must also be compliant with HIPAA Title II regulations and be able to assist the NKY Health in the privacy policy area. Please indicate whether COBRA administration is provided in-house or with an outside vendor and indicate what, if any additional charges apply.

7. References (Point Value: 5 Points)

At least five references in total should be provided, and one of the five must be a former client. Include contact information and number of covered employees. Government or public sector references will receive significant regard.

8. Thoroughness of Response to RFP (Point Value: -1 to -50 Points)

All proposals must be submitted in writing and specifically address all of the requirements listed above. Proposals that do not specifically address any requirement may be disqualified and/or points may be subtracted for missing information or disorganization.

A copy of a Dental EOB and Contract for Services is requested as part of this Request for Proposals.

6.0 CONTRACT INFORMATION

6.1 Payment Information

Upon selection of an acceptable proposal, NKY Health will negotiate payment terms and delivery with vendor.

6.2 Contract Term and Effective Date

The dental services contract for NKY Health will cover a one-year period and will commence on January 1, 2025 and will end on December 31, 2025. The contract may be renewed for like terms on the anniversary date upon written notice by NKY Health. The contract can be terminated by the NKY Health with at least thirty (30) days' prior written notice of termination. It is anticipated that the contract will be renewed for consecutive years. Multi-year contracts will be considered if offered.

6.3 Assignment

The successful Vendor shall not assign, transfer, convey, sublet or otherwise dispose of any award or any or all of its rights, title or interest therein, without prior written consent of NKY Health. Such consent by NKY Health shall not relieve the assignor of liability in the event of default by the assignee.

6.4 Right to Audit

NKY Health reserves the right to audit claim records and other financial records of the successful Vendor as they pertain to its employee benefits plan whenever it is deemed appropriate. Such audits may be performed by NKY Health personnel, its consultants, or by outside auditors selected by NKY Health.

6.5 Indemnification

The successful Vendor shall indemnify, save harmless, and exempt NKY Health, its officers, agents, servants, and employees from and against any and all such suits, actions, legal proceedings, claims, demands, damages, costs, expenses, attorney fees and any and all other costs or fees incident to any work done as a result of the request for proposal and arising out of a willful or negligent act or omission of the successful Vendor, its officers, agents, servants, and employees.

6.6 Applicable Law

The laws of the Commonwealth of Kentucky shall govern any Agreement entered into as a result of this request for proposal. No rights, remedies, and warranties available to NKY Health under any agreement or by operation of law will be waived or modified unless expressly waived or modified by NKY Health in writing.

7.0 PROPOSAL SUBMISSION

7.1 Intent to Submit a Proposal

Intent to submit a proposal should be emailed no later than **MONDAY, JULY 8, 2024 at NOON Eastern Standard Time** to both:

hr@nkyhealth.org
julie@sherrillmorgan.com

7.2 Questions and Additional Information

Some supporting materials have been distributed along with this document; other information may be emailed in response to questions submitted during the question period. All questions must be submitted no later than **WEDNESDAY, JULY 10, 2024 at NOON Eastern Standard Time.**

All questions will be collected and responses emailed at the same time to all Vendors who have emailed an intent to submit a proposal.

Questions regarding any of the terms above should be emailed to both:

hr@nkyhealth.org
julie@sherrillmorgan.com

7.3 Address and Proposal Submission

Four paper copies and one electronic copy (in .PDF format) of the sealed proposals should be marked “**NKY Health Dental RFP**” and submitted to:

Karen Domaschko
Human Resources Administrator
NKY Health
8001 Veterans Memorial Drive
Florence, KY 41042

Proposals should arrive at the above address no later than **FRIDAY, JULY 19, 2024 at NOON. Eastern Standard Time.** Bidding Vendors will need to be available for interviews that will be scheduled Monday through Friday between 8:00 a.m. and 3:00 p.m. Eastern Standard Time until **Thursday, August 15, 2024 at NOON. Eastern Standard Time.**

Each sealed proposal should be clearly marked and mailed to the address as instructed above. Any proposals received after the deadline of **FRIDAY, JULY 19, 2024 at NOON. Eastern Standard Time** will be returned unopened.

Anthem Optional Dental Insurance

No rate
changes
for 2024

You may choose optional employer-sponsored, employee-paid, dental insurance administered by Anthem. Dental benefits not only protect your teeth but also can support overall health. Some conditions, like heart disease, can have warning signs in the mouth and gums.¹ Our dental plan gives you all the benefits you need for a healthy mouth and more.

Your dental plan includes:

- Access to a large number of dentists in the plan.
- An extra cleaning if you're pregnant, have diabetes, or another qualifying condition.
- A benefit for a brush biopsy that can help diagnose oral cancer.
- No out-of-pocket costs for most preventive and diagnostic services, including regular cleanings and X-rays, when you see a dentist in the plan's network.
- Easy-to-use online tools, including a Dental Health Assessment, Dental Cost Estimator, and Ask a Dental Hygienist.
- Teledentistry, 24 hours a day, 7 days a week, 365 days a year. Using technology and telecommunications, employees can get dental care remotely, without the need to go to a dentist's office.
- Orthodontic benefits now include at-home clear aligners — Ortho@Home — providing a simple, more budget-friendly option in the Gold plan for children up to age 18.

	Bronze ²	Silver ²	Gold ²
Your Dental Plan at a Glance	In/Out-of-Network ³	In/Out-of-Network ³	In/Out-of-Network ³
Annual Benefit Maximum ⁴	\$750	\$1,000	\$1,500
Annual Deductible	\$50	\$50	\$50
Orthodontia (only for children up to 18)	Not covered	Not covered	\$1,500
Diagnostic and Preventive Services	100%/100% of allowable amount ³	100%/100% of allowable amount ³	100%/100% of allowable amount ³
Basic Services	50%/50% of allowable amount ³	80%/80% of allowable amount ³	80%/80% of allowable amount ³
Oral Surgery (Simple)	50%/50% of allowable amount ³	80%/80% of allowable amount ³	80%/80% of allowable amount ³
Major Services ⁵ (including Complex Oral Surgery, Porcelain Crowns, and Implants)	Not covered	50%/50% of allowable amount ³	50%/50% of allowable amount ³
Annual Maximum Carryover	Not covered	Not covered	Covered

No waiting periods for basic or major services. Up to 24-month waiting period missing tooth clause.⁵

¹ Harvard Health Publishing, *Gum disease and heart disease: The common thread* (accessed July 2023); [health.harvard.edu](https://www.health.harvard.edu).

² In-network rates for each tier, out-of-network reimbursement limitations may apply.

³ Difference in charged amount and out-of-network allowable amount can result in balance billing.

⁴ Dental services exceeding annual benefit maximum(s) are not Covered Services in compliance with applicable state law(s) and participating provider discounts may not apply. Please contact your dentist to determine available discounts prior to obtaining services. For complete coverage details, please refer to your plan certificate or contact member services.

⁵ For replacement of congenitally missing teeth or teeth extracted prior to coverage under this plan.

Monthly Dental Rates for 2024

Monthly Rates	Bronze	Silver	Gold
Employee only	\$14.08	\$21.40	\$28.40
Employee + spouse	\$25.68	\$40.62	\$54.90
Employee + child(ren)	\$33.40	\$45.92	\$70.00
Family	\$49.28	\$68.26	\$102.10

Anthem Optional Vision Insurance

No rate changes for 2024

You may choose optional employer-sponsored, employee-paid, vision insurance administered by Anthem. Routine eye checkups are about more than making sure you can see clearly. They're also important to overall health, safety, and learning. Even if you can see well, regular eye exams are important to help keep your eyes healthy – and catch other health problems early.¹

With Blue View VisionSM, you have access to one of the country's largest networks of eye doctors and eye-care retailers. This makes it easy to get eye care at the best time for you.

- 39,000 eye doctors in the Insight Network²
- 28,000 locations²
- Online shopping at Glasses.com, ContactsDirect.com, Lenscrafters.com, Targetoptical.com, ray-ban.com/insurance, and 1-800 CONTACTS[®]
- National network of optical retail stores like LensCrafters[®], Target Optical[®], and most Pearle Vision[®] stores

Your vision benefits cover:

- Adult routine eye exam
- Frames and either eyeglass lenses or contact lenses for adults
- Pediatric routine eye exams
- Frames and either eyeglass lenses or contact lenses for covered children up to age 26. For children up to age 19, Transitions[®] lenses are included to protect their eyes from harmful UV rays and polycarbonate lenses at no extra cost

	Bronze ³	Silver ³	Gold ³
Exam with dilation as necessary	\$10 co-pay	\$10 co-pay	\$10 co-pay
Frames	\$125 allowance and 20% off any remaining balance	\$150 allowance and 20% off any remaining balance	\$150 allowance and 20% off any remaining balance
Eyeglass lenses: single vision, bifocal, trifocal, lenticular	\$25 co-pay	\$10 co-pay	\$10 co-pay
Standard progressive lens	Standard fixed price/discount	Standard fixed price/discount	\$20 co-pay
Contact lenses			
Conventional	\$150 allowance, 15% off balance over \$150	\$150 allowance, 15% off balance over \$150	\$175 allowance, 15% off balance over \$175
Disposable	\$150 allowance	\$150 allowance	\$175 allowance
Medically necessary	Covered in full	Covered in full	Covered in full
Frequency			
Examination	Once every calendar year	Once every calendar year	Once every calendar year
Lenses or contact lenses	Once every calendar year	Once every calendar year	Once every calendar year
Frame	Once every two calendar years	Once every two calendar years	Once every calendar year
Monthly Rates			
	Bronze	Silver	Gold
Employee only	\$5.52	\$6.46	\$13.12
Employee + spouse	\$10.94	\$12.80	\$26.14
Employee + child(ren)	\$11.22	\$13.12	\$26.80
Family	\$16.64	\$19.48	\$39.82

¹ American Optometric Association, *Evidence-Based Clinical Practice Guideline, Comprehensive Adult Eye and Vision Examination 2015* (accessed July 2023): aoa.org.

² Internal data, 2021.

³ In-network rates for each tier, out-of-network reimbursement limitations may apply.

Sex	DOB	ZIP	Dental Plan	Level	Cost	Monthly ER	Dental Cost
F	1/13/1981	45103	Dental Bronze	Single		\$ 14.08	\$ 14.08
F	11/24/2000	41001	Dental Bronze	Parent Plus	\$ 12.00	\$ 21.40	\$ 33.40
M	10/23/1981	41017	Dental Bronze	Single		\$ 14.08	\$ 14.08
M	07/16/1980	41017	Dental Bronze	Parent Plus	\$ 12.00	\$ 21.40	\$ 33.40
F	05/02/1970	41051	Dental Bronze	Parent Plus	\$ 12.00	\$ 21.40	\$ 33.40
F	05/14/1998	47031	Dental Bronze	Single	\$ -	\$ 14.08	\$ 14.08
F	08/23/1978	41015	Dental Bronze	Family	\$ 27.88	\$ 21.40	\$ 49.28
F	07/05/1966	41015	Dental Bronze	Couple	\$ 4.28	\$ 21.40	\$ 25.68
F	02/22/1993	41051	Dental Bronze	Single		\$ 14.08	\$ 14.08
M	10/23/1990	41051	Dental Bronze	Parent Plus	\$ 12.00	\$ 21.40	\$ 33.40
F	12/5/1988	41042	Dental Bronze	Family	\$ 27.88	\$ 21.40	\$ 49.28
F	6/21/1982	41005	Dental Bronze	Family	\$ 27.88	\$ 21.40	\$ 49.28
M	12/27/1990	41042	Dental Gold	Single	\$ 7.00	\$ 21.40	\$ 28.40
F	03/03/1983	41033	Dental Gold	Family	\$ 80.70	\$ 21.40	\$ 102.10
M	06/18/1971	41042	Dental Gold	Family	\$ 80.70	\$ 21.40	\$ 102.10
F	07/21/1990	41042	Dental Gold	Couple	\$ 33.50	\$ 21.40	\$ 54.90
M	03/10/1964	41042	Dental Gold	Single	\$ 7.00	\$ 21.40	\$ 28.40
F	01/21/1969	41051	Dental Gold	Single	\$ 7.00	\$ 21.40	\$ 28.40
F	09/06/1985	41042	Dental Gold	Parent Plus	\$ 48.60	\$ 21.40	\$ 70.00
F	12/10/1974	41016	Dental Gold	Family	\$ 80.70	\$ 21.40	\$ 102.10
M	03/05/1979	41051	Dental Gold	Family	\$ 80.70	\$ 21.40	\$ 102.10
F	10/23/1953	41015	Dental Gold	Couple	\$ 33.50	\$ 21.40	\$ 54.90
F	1/21/1970	41035	Dental Gold	Couple	\$ 33.50	\$ 21.40	\$ 54.90
F	11/20/1995	45150	Dental Gold	Single	\$ 7.00	\$ 21.40	\$ 28.40
M	11/19/1979	41003	Dental Gold	Single	\$ 7.00	\$ 21.40	\$ 28.40
F	10/15/1964	41042	Dental Gold	Parent Plus	\$ 48.60	\$ 21.40	\$ 70.00
F	06/04/1962	41035	Dental Gold	Single	\$ 7.00	\$ 21.40	\$ 28.40
F	06/02/1986	41091	Dental Gold	Single	\$ 7.00	\$ 21.40	\$ 28.40
F	10/11/1958	41042	Dental Gold	Couple	\$ 33.50	\$ 21.40	\$ 54.90
M	11/20/1970	41076	Dental Gold	Single	\$ 7.00	\$ 21.40	\$ 28.40
F	05/08/1962	41035	Dental Gold	Family	\$ 80.70	\$ 21.40	\$ 102.10
F	05/28/1998	41017	Dental Gold	Single	\$ 7.00	\$ 21.40	\$ 28.40
F	10/05/1977	41071	Dental Gold	Single	\$ 7.00	\$ 21.40	\$ 28.40
F	3/26/1979	45102	Dental Gold	Single	\$ 7.00	\$ 21.40	\$ 28.40
F	01/30/1969	41005	Dental Gold	Single	\$ 7.00	\$ 21.40	\$ 28.40
F	10/27/1976	41048	Dental Gold	Parent Plus	\$ 48.60	\$ 21.40	\$ 70.00
F	09/20/1969	41017	Dental Gold	Family	\$ 80.70	\$ 21.40	\$ 102.10
F	06/09/1976	45101	Dental Gold	Parent Plus	\$ 48.60	\$ 21.40	\$ 70.00
F	11/20/1996	41051	Dental Gold	Couple	\$ 33.50	\$ 21.40	\$ 54.90
F	09/07/1992	41030	Dental Gold	Parent Plus	\$ 48.60	\$ 21.40	\$ 70.00
F	11/03/1957	45223	Dental Gold	Couple	\$ 33.50	\$ 21.40	\$ 54.90
F	07/08/1974	41094	Dental Gold	Parent Plus	\$ 48.60	\$ 21.40	\$ 70.00
F	02/25/1975	41063	Dental Silver	Family	\$ 46.86	\$ 21.40	\$ 68.26
F	06/17/1996	41091	Dental Silver	Single		\$ 21.40	\$ 21.40
F	09/30/1962	41042	Dental Silver	Single	\$ -	\$ 21.40	\$ 21.40
F	09/17/1977	45102	Dental Silver	Family	\$ 46.86	\$ 21.40	\$ 68.26
F	03/18/1999	41031	Dental Silver	Single	\$ -	\$ 21.40	\$ 21.40
F	09/01/1995	41042	Dental Silver	Single		\$ 21.40	\$ 21.40
F	10/04/1991	41042	Dental Silver	Single	\$ -	\$ 21.40	\$ 21.40
F	12/06/1977	41018	Dental Silver	Single	\$ -	\$ 21.40	\$ 21.40
F	09/18/2000	45236	Dental Silver	Single	\$ -	\$ 21.40	\$ 21.40

JUNE 2024 CENSUS

Sex	DOB	ZIP	Dental Plan	Level	Cost	Monthly ER	Dental Cost
F	10/10/1990	41094	Dental Silver	Single	\$ -	\$ 21.40	\$ 21.40
M	11/07/1974	41051	Dental Silver	Single	\$ -	\$ 21.40	\$ 21.40
F	09/30/1992	41030	Dental Silver	Single	\$ -	\$ 21.40	\$ 21.40
F	9/15/1965	41042	Dental Silver	Single	\$ -	\$ 21.40	\$ 21.40
F	01/13/1956	41014	Dental Silver	Single	\$ -	\$ 21.40	\$ 21.40
F	10/11/1966	45242	Dental Silver	Single	\$ -	\$ 21.40	\$ 21.40
F	9/20/1997	45202	Dental Silver	Single		\$ 21.40	\$ 21.40
F	01/26/1973	41051	Dental Silver	Family	\$ 46.86	\$ 21.40	\$ 68.26
F	10/26/1994	45014	Dental Silver	Single	\$ -	\$ 21.40	\$ 21.40
F	06/14/1993	41040	Dental Silver	Couple	\$ 19.22	\$ 21.40	\$ 40.62
F	02/28/1965	41073	Dental Silver	Single	\$ -	\$ 21.40	\$ 21.40
F	10/02/1992	41017	Dental Silver	Family	\$ 46.86	\$ 21.40	\$ 68.26
M	04/15/1985	45157	Dental Silver	Single	\$ -	\$ 21.40	\$ 21.40
F	09/14/1961	41075	Dental Silver	Single	\$ -	\$ 21.40	\$ 21.40
F	03/07/1990	41010	Dental Silver	Single	\$ -	\$ 21.40	\$ 21.40
M	07/31/1996	45230	Dental Silver	Single	\$ -	\$ 21.40	\$ 21.40
F	09/08/1961	45230	Dental Silver	Family	\$ 46.86	\$ 21.40	\$ 68.26
F	03/08/1971	41051	Dental Silver	Couple	\$ 19.22	\$ 21.40	\$ 40.62
M	05/22/1972	41011	Dental Silver	Family	\$ 46.86	\$ 21.40	\$ 68.26
F	01/17/1979	41015	Dental Silver	Single	\$ -	\$ 21.40	\$ 21.40
M	04/12/1975	45241	Dental Silver	Family	\$ 46.86	\$ 21.40	\$ 68.26
F	11/11/1978	41017	Dental Silver	Single	\$ -	\$ 21.40	\$ 21.40
F	05/15/1964	41017	Dental Silver	Couple	\$ 19.22	\$ 21.40	\$ 40.62
F	11/09/1977	41042	Dental Silver	Single		\$ 21.40	\$ 21.40
F	12/23/1979	41030	Dental Silver	Family	\$ 46.86	\$ 21.40	\$ 68.26
M	03/28/1997	41042	Dental Silver	Single	\$ -	\$ 21.40	\$ 21.40
M	09/01/1977	41051	Dental Silver	Single	\$ -	\$ 21.40	\$ 21.40
M	08/16/1977	41003	Dental Silver	Parent Plus	\$ 24.52	\$ 21.40	\$ 45.92
F	02/28/1963	41048	Dental Silver	Couple	\$ 19.22	\$ 21.40	\$ 40.62
F	08/06/1969	41015	Dental Silver	Couple	\$ 19.22	\$ 21.40	\$ 40.62
F	06/28/1978	45219	Dental Silver	Family	\$ 46.86	\$ 21.40	\$ 68.26
F	08/25/1976	41042	Dental Silver	Parent Plus	\$ 24.52	\$ 21.40	\$ 45.92
M	08/05/1975	41017	Dental Silver	Parent Plus	\$ 24.52	\$ 21.40	\$ 45.92
F	07/18/1995	41071	Dental Silver	Single		\$ 21.40	\$ 21.40
F	04/09/1997	45002	Dental Silver	Single		\$ 21.40	\$ 21.40
F	12/14/1995	41048	Dental Silver	Single		\$ 21.40	\$ 21.40
F	03/30/1998	41001	Dental Silver	Single		\$ 21.40	\$ 21.40
M	02/13/1964	41051	Dental Silver	Family	\$ 46.86	\$ 21.40	\$ 68.26
F	10/28/1988	41001	Dental Silver	Family	\$ 46.86	\$ 21.40	\$ 68.26
F	08/09/1962	41051	Dental Silver	Single	\$ -	\$ 21.40	\$ 21.40
F	06/05/1986	41001	Dental Silver	Family	\$ 46.86	\$ 21.40	\$ 68.26
F	12/30/1963	41018	Dental Silver	Couple	\$ 19.22	\$ 21.40	\$ 40.62
F	05/01/1961	41042	Dental Silver	Couple	\$ 19.22	\$ 21.40	\$ 40.62
F	04/25/1979	41042	Dental Silver	Parent Plus	\$ 24.52	\$ 21.40	\$ 45.92
M	10/06/1977	41042	Dental Silver	Single	\$ -	\$ 21.40	\$ 21.40
F	02/18/1981	41011	Dental Silver	Family	\$ 46.86	\$ 21.40	\$ 68.26
F	05/20/1980	41017	Dental Silver	Parent Plus	\$ 24.52	\$ 21.40	\$ 45.92
F	05/06/1997	47025	Dental Silver	Single	\$ -	\$ 21.40	\$ 21.40
F	06/13/1996	45206	Dental Silver	Single	\$ -	\$ 21.40	\$ 21.40
M	12/05/1970	45202	Dental Silver	Couple	\$ 19.22	\$ 21.40	\$ 40.62
M	08/06/1962	41075	Dental Silver	Single	\$ -	\$ 21.40	\$ 21.40

Sex	DOB	ZIP	Dental Plan	Level	Cost	Monthly ER	Dental Cost
F	06/09/1983	45245	Dental Silver	Single	\$ -	\$ 21.40	\$ 21.40
F	11/13/1992	41048	Dental Silver	Single	\$ -	\$ 21.40	\$ 21.40
F	05/02/1958	41011	Dental Silver	Single	\$ -	\$ 21.40	\$ 21.40
F	07/20/1984	41005	Dental Silver	Single	\$ -	\$ 21.40	\$ 21.40
F	02/11/1976	41048	Dental Silver	Single	\$ -	\$ 21.40	\$ 21.40
F	09/08/1985	45227	Dental Silver	Parent Plus	\$ 24.52	\$ 21.40	\$ 45.92
F	10/10/1975	41097	Dental Silver	Family	\$ 46.86	\$ 21.40	\$ 68.26
F	10/22/1980	41091	Dental Silver	Couple	\$ 19.22	\$ 21.40	\$ 40.62
M	09/05/1989	41017	Dental Silver	Single		\$ 21.40	\$ 21.40
F	02/03/1968	41040	Dental Silver	Single	\$ -	\$ 21.40	\$ 21.40
F	03/22/1975	41094	Waiver				\$ -
F	10/02/1973	41001	Waiver				\$ -
F	01/04/1980	47001	Waiver				\$ -
F	01/27/1968	41005	Waiver				\$ -
F	09/01/1986	41094	Waiver				\$ -
F	07/01/1971	41091	Waiver				\$ -
F	10/22/1995	41018	Waiver				\$ -
F	11/08/1999	41051	Waiver				\$ -
F	04/13/1980	41071	Waiver				\$ -
F	07/01/1962	41051	Waiver				\$ -
F	11/27/1983	41051	Waiver				\$ -
F	01/17/1997	41017	Waiver				\$ -
F	09/27/1988	41094	Waiver				\$ -
F	10/08/1962	41015	Waiver				\$ -
F	10/28/1971	41018	Waiver				\$ -
					#####	\$ 2,353.44	\$ 4,526.30