

Group # 63266		
MEA RETIRED	Renewal Date: February 1, 2022	
Proposed Program	PPO plus Premier Network	
Coverage A (Diagnostic & Preventive)	100%	
Coverage B (Basic Restorative)	60%	
Coverage C (Major Restorative)	50%	
Waiting Period on Coverage C	None	
Deductible per Person per Calendar Year	\$50	
Deductible per Family per Calendar Year	\$150	
Deductible Applied to Coverage A	No	
Maximum per Person per Calendar Year	\$1,350	
Coverage A Services Excluded from Maximum	No	
Double-Up Max sm	Yes	
Coverage D (Orthodontics)	N/A	
Lifetime Orthodontic Maximum per Patient	N/A	
Coverage D for Adults	N/A	
Waiting Period on Coverage D	N/A	
Eligibility Period:	Date of Retirement	
Contribution and Participation	Employees	Dependents
Minimum Employer Contribution	0%	0%
Minimum Participation Required	0%	0%
Monthly Rates	Current	Renewal
Employee	\$51.98	\$55.10
Employee plus One	\$88.55	\$93.86
Family	\$139.43	\$147.80
Rate Guarantee: One Year		
Renewal Rate Change: + 6.00%		
Add a DeltaVision® plan at little or no cost to your employee benefit budget.		
Have you considered our standalone PPO network? Northeast Delta Dental has the largest PPO network in the tri-state region and in the nation. Our standalone PPO typically produces savings up to 16%. If you would like to see this proposal quoted using our standalone PPO network, please contact your insurance professional or Northeast Delta Dental representative.		

Delta Dental Plan of Maine
MEA RETIRED, Group # 63266

Renewal Date: February 1, 2022

Network: PPO plus Premier Network

Claims Experience

	Premium *	Claims	Claims Count
10/20	\$0.00	\$0.00	0
11/20	\$0.00	\$0.00	0
12/20	\$0.00	\$0.00	0
1/21	\$0.00	\$0.00	0
2/21	\$123,089.32	\$67,792.77	338
3/21	\$124,448.39	\$128,804.43	685
4/21	\$123,880.52	\$115,049.40	593
5/21	\$123,917.09	\$116,295.95	632
6/21	\$123,874.77	\$119,743.14	650
7/21	\$124,442.64	\$110,468.24	604
8/21	\$124,515.78	\$99,098.15	556
9/21	\$127,091.55	\$116,966.00	698
Total	\$995,260.06	\$874,218.08	4756

* Premium has been adjusted for any rate change during the period.

Incurred Claims

Change in Reserve	-\$26,600.00
(Reserve change includes enrollment change, inflation and dentist days adjustments)	
Incurred Claims	\$847,618.08
Incurred Claims Ratio	0.8517

Trend, Margin and Administration

Annual Trend Percentage	3.00%
# of Months Left in Current Contract	4
Actuarial Margin Included in Rates	1.00%
Renewal Administration Percentage	15.42%

Renewal Rates

$$\text{Required Ratio} = \frac{0.8517 \times 1.0100 \times 1.0300}{(1 - 0.0100 - 0.1542)} = \frac{0.8860}{0.8358} = 1.0600$$

Renewal Rates = Current Rates x Required Ratio

	Employee	Employee plus One	Family	
Current Rates	\$51.98	\$88.55	\$139.43	
Renewal Rates	\$55.10	\$93.86	\$147.80	
Current Enrollment	1038	814	8	
Projected Number of Claims per Year	8,225			
Annualized Premium at Renewal Rates	\$1,617,338.88			

Enrollment and Growth

Month	Employee	Employee plus One	Family	Total Subscribers	Total Persons
February 2021	1,005	784	9	1,798	2,600
September 2021	1,038	814	8	1,860	2,690
Ratio	1.0328	1.0383	0.8889	1.0345	1.0346