

Current Voluntary Dental Plan Information

CONTRACT TYPE: DENTAL GUARD 2000

This plan is currently offered for Insurance Class 1

PLAN BENEFITS SUMMARY

Network	In-Network DentalGuard Preferred	Out-of-Network None
Coinsurance		
Preventive	100%	100%
Basic	100%	80%
Major	60%	50%
Deductible	\$50	\$50
Waived for preventive?	Yes	Yes
Claim Payment Basis	Fee Schedule	UCR 90%
Maximum	\$1,000	\$1,000
Orthodontia	Excluded	
Lifetime Maximum	N/A	
Coinsurance	N/A	
Maximum Rollover		
Threshold		\$500
Rollover Amount		\$250
In-network only rollover		\$350
Max Rollover Limit		\$1,000
Dependent Age Limit		26/26

Plan information is for illustrative purposes only. Please consult plan contract for specific benefit levels.

Additional Voluntary Dental Information

DENTAL MAXIMUM ROLLOVER SUMMARY

For Benefit Year Ending: 12/31/2025

ROLLOVER ACCOUNT SIZE	NUMBER OF QUALIFYING EMPLOYEES & DEPENDENTS	TOTAL ACCOUNT VALUE
\$0	43	\$0.00
\$1 - \$250	6	\$1,352.80
\$251 - \$500	22	\$8,149.58
\$501 - \$750	13	\$8,942.80
\$751 - \$1,000	34	\$33,156.40
Over \$1,000	0	\$0.00
TOTAL	75	\$51,601.58

30 of your Employees and Dependents currently are eligible for additional Maximum Rollover amounts.

"Benefit Year" refers to the 12-month period during which charges are counted toward this plan's annual maximum.

"Number of Qualifying Employees and Dependents" reflects information available at the time this renewal package was issued. Additional claims will affect this count.

"Eligibility for additional rollover amounts reflects information available at the time this renewal package was issued. Additional claims will affect the eligibility for additional rollover amounts"

Rollover amounts earned in the benefit year ending 12/31/2025 are applied to the members Maximum Rollover Account for use starting the next benefit year.

Additional Voluntary Dental Information

HOW WE DETERMINED THE RENEWAL ACTION	
	Experience Period 08/01/2024 - 07/31/2025
Total Dental Claims Paid	\$43,823
Amount Guardian paid for the plan's dental claims	
Adjustment for Plan Changes	\$0
Value to adjust paid claims amount to the plan's current utilization level	
Mature Adjustment	\$0
Claim \$ incurred, but not yet reported at the end of the experience period	
Adjustment for Enrollment Change - Adjustment to account for growth or shrinkage in plan enrollment during the experience period	-\$175
Incurred Claims Adjustment	\$87
Adjustment to account for increase in value of incurred yet unreported claims	
Incurred Claims in Experience Period	\$43,735
Claims Trend - Expected increase in future claims cost due to common plan/environment changes	\$2,624
Adjustment for Claims from Prior Period - Adjustment to trended incurred claims based upon group experience immediately prior to the current period.	-\$3,044
Manual Claims Adjustment - Adjustment to trended incurred claims for expected manual claims based on the plan's specific demographic characteristics	-\$70
Adjustment for Exposures in Renewal Period	-\$1,265
Expected change in claims cost due to difference between current enrollment and experience period average enrollment	
Incurred Claims Projected to Renewal Period	\$41,980
Retention - Cost for Guardian to administer the plan for the upcoming year	\$25,620
Underwriting Risk Adjustment	\$0
Calculated Renewal Premium	\$67,600
CALCULATED RENEWAL ACTION	45.6%
FINAL RENEWAL ACTION	14.0%

Additional Voluntary Dental Information

SUMMARY OF PLAN EXPERIENCE		
For period: 08/01/2024 - 07/31/2025		
CURRENT ENROLLED	PREMIUM	PAID CLAIMS
94	\$47,433	\$43,823

HOW WE DETERMINE TREND	
	Period 08/01/2024 - 07/31/2025
Midpoint of Experience Period	02/01/2025
Midpoint of Rating Period	07/01/2026
Months from Midpoint to Midpoint	17
Annual Trend	4.2%
5- Month Trend	1.7%
Trend from Midpoint of Experience to Midpoint of Rating Period	6.002%

17 Months from Midpoint to Midpoint

MIDPOINT

08/01/2024 02/01/2025 07/31/2025

EXPERIENCE PERIOD

MIDPOINT

01/01/2026 07/01/2026 12/31/2026

RATING PERIOD