

**BENEFIT PROPOSALS FOR CY 2015**  
**FRIC RECOMMENDATIONS:**

**DENTAL BENEFITS**

**CURRENT:**

1. PART A = PREVENTIVE CARE, EMPLOYEE COST IS 0.
2. PART B = RESTORATIVE CARE, EMPLOYEE COST IS 20%, MAX COVERAGE IS \$2000 INCLUDES PART C.
3. PART C = ORTHODONTIC CARE, EMPLOYEE COST IS 70%, MAX COVERAGE IS \$2000 INCLUDES PART B.

**PROPOSED:**

1. REDUCE EMPLOYEE COST FOR PART C, ORTHODONTIC CARE, FROM 70% TO 50%. ESTIMATED ADDITIONAL ANNUAL COST \$157,000.
2. ALLOW CARRYOVER OF UNUSED ANNUAL AMOUNT OF DENTAL COVERAGE FOR PARTS B, RESTORATIVE CARE, & C, ORTHODONTIC CARE, TO A MAX OF TWICE THE ANNUAL AMOUNT. EXPANDING COVERAGE FROM \$2000 TO \$4000. ESTIMATED ADDITIONAL ANNUAL COST \$420,000.
3. ADD A THREE TIER PROVIDER NETWORK TO THE DENTAL PLAN.  
TIER 1 WOULD BE A PPO NETWORK  
TIER 2 WOULD BE OTHER DELTA DENTAL DENTISTS  
TIER 3 ALL OTHER DENTISTS  
ESTIMATED ANNUAL SAVINGS \$400,000.

**SUPPLEMENTAL LIFE INSURANCE**

1. LIMIT COVERAGE TO \$1,000,000 FROM CURRENT UNLIMITED. 64 EMPLOYEES AFFECTED.

7/7/2014