

GroupLink Dental Plan Cost Comparison

	Self Funded			Fully Insured
	Minimum	Expected	Maximum	Actual
Employee Only				
Expected Claim Cost	\$ -	\$ 18.00	\$ 21.60	\$ -
Plan Administration Expense	\$ 4.00	\$ 4.00	\$ 4.00	\$ -
Sales & Marketing Expense	\$ 2.50	\$ 2.50	\$ 2.50	\$ -
Stop Loss Insurance Premium	\$ 1.50	\$ 1.50	\$ 1.50	\$ -
Total	\$ 8.00	\$ 26.00	\$ 29.60	\$ 28.00
Number of Single Coverage	10	10	10	10
Monthly Cost	\$ 80.00	\$ 260.00	\$ 296.00	\$ 280.00
Annual Cost	\$ 960	\$ 3,120	\$ 3,552	\$ 3,360
Employee and Spouse				
Expected Claim Cost	\$ -	\$ 36.00	\$ 43.20	\$ -
Plan Administration Expense	\$ 4.00	\$ 4.00	\$ 4.00	\$ -
Sales & Marketing Expense	\$ 2.50	\$ 2.50	\$ 2.50	\$ -
Stop Loss Insurance Premium	\$ 1.50	\$ 1.50	\$ 1.50	\$ -
Total	\$ 8.00	\$ 44.00	\$ 51.20	\$ 50.00
Number of Single Coverage	10	10	10	10
Monthly Cost	\$ 80.00	\$ 440.00	\$ 512.00	\$ 500.00
Annual Cost	\$ 960	\$ 5,280	\$ 6,144	\$ 6,000
Employee and Child(ren)				
Expected Claim Cost	\$ -	\$ 36.00	\$ 43.20	\$ -
Plan Administration Expense	\$ 4.00	\$ 4.00	\$ 4.00	\$ -
Sales & Marketing Expense	\$ 2.50	\$ 2.50	\$ 2.50	\$ -
Stop Loss Insurance Premium	\$ 1.50	\$ 1.50	\$ 1.50	\$ -
Total	\$ 8.00	\$ 44.00	\$ 51.20	\$ 50.00
Number of Single Coverage	10	10	10	10
Monthly Cost	\$ 80.00	\$ 440.00	\$ 512.00	\$ 500.00
Annual Cost	\$ 960	\$ 5,280	\$ 6,144	\$ 6,000
Family				
Expected Claim Cost	\$ -	\$ 80.00	\$ 96.00	\$ -
Plan Administration Expense	\$ 4.00	\$ 4.00	\$ 4.00	\$ -
Sales & Marketing Expense	\$ 2.50	\$ 2.50	\$ 2.50	\$ -
Stop Loss Insurance Premium	\$ 1.50	\$ 1.50	\$ 1.50	\$ -
Total	\$ 8.00	\$ 88.00	\$ 104.00	\$ 100.00
Number of Single Coverage	10	10	10	10
Monthly Cost	\$ 80.00	\$ 880.00	\$ 1,040.00	\$ 1,000.00
Annual Cost	\$ 960	\$ 10,560	\$ 12,480	\$ 12,000
Total Monthly Cost	\$ 320.00	\$ 2,020.00	\$ 2,360.00	\$ 2,280.00
Total Annual Cost	\$ 3,840	\$ 24,240	\$ 28,320	\$ 27,360

Note:

- 1) Self funded monthly maximum costs are illustrative only. Aggregate stop loss insurance is reimbursed annually.
- 2) Above illustration does not include plan start up expense or SPD printing costs.

FEES FOR SELF FUNDED DENTAL PLAN SERVICES

Number of Enrolled Employees	25+
Setup Fee	\$500
Plan Document	\$500
Summary Plan Description	<u>\$500</u>
Total	\$1,500
Claims Adjudication	
Per Employee Per Month	\$6.00

** This charge includes preparation of the SPD only. This does not include printing of the SPD which is the responsibility of the employer.

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