DISCLAIMER:This document is a summary of certain plan features. It should not be interpreted as a complete comparison of the products represented.

Dental Rate Summary
Branch ISD
All Employees
Assumed Effective Date: 7/1/23

Current Plans and Segments		1P	2P	FF	Total Annual Cost	Rate Period
Admin, Tch, SS except head start (SET SF i50%/i50%/90%/50%-$1000/$1500)	**Census**	52	38	80	$170,617	7/1/22 - 6/30/23
SET SEG SF i50%/i50%/90%/50%-$1000/$1500	**Rate**	$35.17	$63.99	$124.47		
SS (head start) (SET SF i50%/i50%/90%/50%-$600/$1500)	**Census**	26	3	7	$15,713	7/1/22 - 6/30/23
SET SF i50%/i50%/90%/50%-$600/$1500	**Rate**	$24.10	$41.85	$79.61		
	TOTALS:	**78**	**41**	**87**	**$186,330**	

Product Name	Rate Period	1P Rate	2P Rate	FF Rate	Total Cost	Estimated Annual Savings
Ameritas	See additional rate sheets.					
Guardian	Solicited and declined to quote.					
MetLife	Solicited and declined to quote.					

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Dental Rate Summary
Branch ISD
Administrators, Teachers and Support Staff
Assumed Effective Date: 7/1/23

Current Plans and Segments		1P	2P	FF	Total Annual Cost	Rate Period
Admin, Tch, SS except head start (SET SF i50%/i50%/90%/50%-$1000/$1500)	**Census**	52	38	80	$170,617	7/1/22 - 6/30/23
SET SEG SF i50%/i50%/90%/50%-$1000/$1500	**Rate**	$35.17	$63.99	$124.47		
	TOTALS:	**52**	**38**	**80**	**$170,617**	

Product Name	Rate Period	1P Rate	2P Rate	FF Rate	Total Cost	Estimated Annual Savings
Ameritas						
Ameritas 100%/100%/90%/50%-$1000/$1500	7/1/23 - 6/30/25	$34.04	$65.92	$120.54	$167,019	$3,598

*Ameritas rates include taxes and fees.

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Branch ISD
Dental Plan Comparison
Administrators, Teachers and Support Staff
Assumed Effective Date: 7/1/2023

Plan Name	CURRENT PLAN Admin, Tch, SS except head start SET SEG SF i50%/i50%/90%/50%-$1000/$1500	Option 1 Ameritas 100%/100%/90%/50%-$1000/$1500
Rate Period	**7/1/22 - 6/30/23**	**7/1/23 - 6/30/25**
Purchased Plan Features		
Preventative %	i50%	100%
Basic %	i50%	100%
Major %	90%	90%
Orthodontics %	50%	50%
Basic/Major Deductible Ind/Family	$50 (class I, II, III and IV)/$100 (class III)	$0/$0
Ortho Deductible Ind/Family	$50/$0	$0/$0
Basic/Major Annual Maximum	$1,000	$1,000
Orthodontic Lifetime Maximum	$1,500	$1,500
Purchased Plan Rates		
One Person (1P)	(52) $35.17	(52) $34.04
Two Person (2P)	(38) $63.99	(38) $65.92
Family (FF)	(80) $124.47	(80) $120.54
Total Annual Premium	**(170) $170,616.72**	**(170) $167,018.88**
Combined Annual Premium	$170,616.72	
Savings		
Estimated Savings		$3,597.84 (-2.1%)

*Ameritas rates include taxes and fees.

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Dental Rate Summary
Branch ISD
Head Start Employees
Assumed Effective Date: 7/1/23

Current Plans and Segments		1P	2P	FF	Total Annual Cost	Rate Period
SS (head start) (SET SF i50%/i50%/90%/50%-$600/$1500)	**Census**	26	3	7	$15,713	7/1/22 - 6/30/23
SET SF i50%/i50%/90%/50%-$600/$1500	**Rate**	$24.10	$41.85	$79.61		
	TOTALS:	**26**	**3**	**7**	**$15,713**	

Product Name	Rate Period	1P Rate	2P Rate	FF Rate	Total Cost	Estimated Annual Savings
Ameritas						
Ameritas 100%/100%/90%/50%-$600/$1500	7/1/23 - 6/30/25	$21.04	$41.32	$81.94	$14,935	$778

*Ameritas rates include taxes and fees.

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Branch ISD
Dental Plan Comparison
Head Start Employees
Assumed Effective Date: 7/1/2023

Plan Name	CURRENT PLAN SS SET SF i50%/i50%/90%/50%-$600/$1500	Option 1 Ameritas 100%/100%/90%/50%-$600/$1500
Rate Period	**7/1/22 - 6/30/23**	**7/1/23 - 6/30/25**
Purchased Plan Features		
Preventative %	i50%	100%
Basic %	i50%	100%
Major %	90%	90%
Orthodontics %	50%	50%
Basic/Major Deductible Ind/Family	$50 (class I & II, III and IV)/$100 (class III)	$0/$0
Ortho Deductible Ind/Family	$50/$0	$0/$0
Basic/Major Annual Maximum	$600	$600
Orthodontic Lifetime Maximum	$1,500	$1,500
Purchased Plan Rates		
One Person (1P)	(26) $24.10	(26) $21.04
Two Person (2P)	(3) $41.85	(3) $41.32
Family (FF)	(7) $79.61	(7) $81.94
Total Annual Premium	**(36) $15,713.04**	**(36) $14,934.96**
Combined Annual Premium	$15,713.04	
Savings		
Estimated Savings		$778.08 (-5.0%)

*Ameritas rates include taxes and fees.