

CRA Dental Program - Insurance Analysis Worksheets

The following guide was prepared to assist you in determining the value of dental insurance.

	No Insurance		
	<u>Member</u>	<u>Spouse</u>	<u>Total</u>
(1) Estimated Annual Dental Cost			
(2) Less: Insurance Company Discount*	NA	NA	NA
(3) Adjusted Annual Dental Cost (1 minus 2)			
(4) Less: Estimated Insurance Claim Payment	NA	NA	NA
(5) Balance (3 minus 4)			
(6) Plus: Annual Insurance Premium	NA	NA	NA
(7) Annual Retiree's Cost (5 plus 6)			

* Negotiated fee arrangement with the dentist. Discounts are typically 10% to 15%.

NA = Not Applicable

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MetLife - Low Plan

	<u>Member</u>	<u>Spouse</u>	<u>Total</u>
(1) Estimated Annual Dental Cost			
(2) Less: Insurance Company Discount*	_____	_____	_____
(3) Adjusted Annual Dental Cost (1 minus 2)			
(4) Less: Estimated Insurance Claim Payment	_____	_____	_____
(5) Balance (3 minus 4)			
(6) Plus: Annual Insurance Premium	_____	_____	_____
(7) Annual Retiree's Cost (5 plus 6)			
(8) Less: Retiree's Cost W/O Ins or Alt Ins	_____	_____	_____
(9) Net: Retiree's Cost/(Savings)			

* Negotiated fee arrangement with the dentist. Discounts are typically 10% to 15%.

Worksheet for Estimated Insurance Claim Payment - Low Plan

Member:

<u>Service</u>	<u>Adj Charge</u>	<u>Deductible</u>	<u>= Net</u>	x	<u>Co Ins %</u>	<u>= Claim Payment</u>
Type A - Preventative					100%	
Type B - Basic					70%	
Type C - Major	NA	NA	NA		NA	NA

Spouse:

<u>Service</u>	<u>Adj Charge</u>	<u>Deductible</u>	<u>= Net</u>	x	<u>Co Ins %</u>	<u>= Claim Payment</u>
Type A - Preventative					100%	
Type B - Basic					70%	
Type C - Major	NA	NA	NA		NA	NA

NA = Not Applicable

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MetLife - High Plan

	<u>Member</u>	<u>Spouse</u>	<u>Total</u>
(1) Estimated Annual Dental Cost			
(2) Less: Insurance Company Discount*	_____	_____	_____
(3) Adjusted Annual Dental Cost (1 minus 2)			
(4) Less: Estimated Insurance Claim Payment	_____	_____	_____
(5) Balance (3 minus 4)			
(6) Plus: Annual Insurance Premium	_____	_____	_____
(7) Annual Retiree's Cost (5 plus 6)			
(8) Less: Retiree's Cost W/O Ins or Alt Ins	_____	_____	_____
(9) Net: Retiree's Cost/(Savings)			

* Negotiated fee arrangement with the dentist. Discounts are typically 10% to 15%.

Worksheet for Estimated Insurance Claim Payment - High Plan

Member:

<u>Service</u>	<u>Adj Charge</u>	<u>Deductible</u>	=	<u>Net</u>	x	<u>Co Ins %</u>	=	<u>Claim Payment</u>
Type A - Preventative						100%		
Type B - Basic						70%		
Type C - Major	_____	_____		_____		50%		_____

Spouse:

<u>Service</u>	<u>Adj Charge</u>	<u>Deductible</u>	=	<u>Net</u>	x	<u>Co Ins %</u>	=	<u>Claim Payment</u>
Type A - Preventative						100%		
Type B - Basic						70%		
Type C - Major	_____	_____		_____		50%		_____

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	<u>Alternative Plan</u>		
	<u>Member</u>	<u>Spouse</u>	<u>Total</u>
(1) Estimated Annual Dental Cost			
(2) Less: Insurance Company Discount*	_____	_____	_____
(3) Adjusted Annual Dental Cost (1 minus 2)			
(4) Less: Estimated Insurance Claim Payment	_____	_____	_____
(5) Balance (3 minus 4)			
(6) Plus: Annual Insurance Premium	_____	_____	_____
(7) Annual Retiree's Cost (5 plus 6)			
(8) Less: Retiree's Cost W/O Ins or Alt Ins	_____	_____	_____
(9) Net: Retiree's Cost/(Savings)			

* Negotiated fee arrangement with the dentist. Discounts are typically 10% to 15%.

** Chevron's Plan, etc.

Worksheet for Estimated Insurance Claim Payment - Alternative Plan

Member:

Service Adj Charge - Deductible = Net x Co Ins % = Claim Payment

Type A - Preventative

Type B - Basic

Type C - Major _____ _____ _____ _____

Spouse:

Service Adj Charge - Deductible = Net x Co Ins % = Claim Payment

Type A - Preventative

Type B - Basic

Type C - Major _____ _____ _____ _____