COUNTY OF DANE

00704 * All Groups *

Delta Dental of Wisconsin Plan Management Report

Reporting Period from 4/1/2019 to 3/31/2021



Executive Summary

Highlights of your group's experience from April 2020 through March 2021.

- 46.5% of paid claims were concentrated in preventive and diagnostic procedure categories.
- The average claim payment was \$202.17, compared to your previous year's average of \$199.94.
- The utilization rate, which measures the average number of claims filed annually was 4.40 per subscriber, compared to your previous year's average of 5.22. Per member, the utilization rate was 1.83 compared to 2.17 in the previous year.
- The average age of your group was 38.7, compared to Delta Dental's average of 35.6.
- 99.1% of the procedures were performed by Delta Dental's network dentists.
- Savings due to Delta Dental's cost management tools (reduction to maximum plan allowance, consultant review, optional procedures and eligibility verification, etc.) were 29.3% of billed charges.
- The number of patients using the plan was 5,469 representing 72.4% of all members. In the prior period the numbers were 6,060 and 81.2%.
- 2.4% of members met or exceeded their annual maximum benefit during the most recently completed benefit accumulation period.



Monthly Activity

A summary of your monthly enrollment and claims.

Month	Number of Claims	Paid Claims	Total Employees	Employees Only	Employees w/Family
Apr 2019	1,323	\$271,363	3,073	1,069	1,700
May 2019	1,655	\$343,093	3,078	1,071	1,705
Jun 2019	1,223	\$256,942	3,096	1,083	1,708
Jul 2019	1,480	\$284,306	3,104	1,087	1,711
Aug 2019	1,238	\$239,884	3,111	1,093	1,711
Sep 2019	1,243	\$223,269	3,116	1,091	1,717
Oct 2019	1,532	\$293,497	3,108	1,077	1,723
Nov 2019	1,308	\$252,503	3,107	1,073	1,729
Dec 2019	1,272	\$254,967	3,108	1,072	1,732
Jan 2020	1,414	\$288,462	3,111	1,073	1,737
Feb 2020	1,318	\$281,300	3,116	1,072	1,743
Mar 2020	1,204	\$251,462	3,127	1,080	1,739
Apr 2020	279	\$62 <i>,</i> 798	3,138	1,085	1,748
May 2020	369	\$68,697	3,135	1,094	1,736
Jun 2020	1,077	\$211,277	3,153	1,106	1,741
Jul 2020	1,592	\$294,233	3,144	1,102	1,735
Aug 2020	1,337	\$257,064	3,135	1,099	1,732
Sep 2020	1,471	\$283,806	3,140	1,098	1,736
Oct 2020	1,152	\$249,124	3,151	1,107	1,741
Nov 2020	982	\$199,079	3,148	1,101	1,744
Dec 2020	1,320	\$266,241	3,141	1,103	1,733
Jan 2021	1,273	\$260,466	3,144	1,106	1,736
Feb 2021	1,266	\$263,589	3,148	1,109	1,738
Mar 2021	1,707	\$378,622	3,150	1,106	1,739



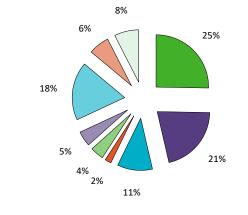
Claims by Coverage

Category

			April 2020 -	- March 2021			Percent Change From Prior			
Coverage Category	Members Covered	Procedures Billed	Procedures PMPM	Amount Paid	Amt. Paid PMPM	Members Covered	Procedures Billed	Procedures PMPM	Amount Paid	Amt. Paid PMPM
Diagnostic		16,590	0.183	\$706,476	\$7.80		-10.3%	-11.4%	-11.3%	-12.4%
Preventive	1	11,705	0.129	\$592,431	\$6.54	1	-8.0%	-9.1%	-16.6%	-17.7%
Routine Fillings	1	3,161	0.035	\$303,458	\$3.35	1	-13.9%	-15.0%	-15.5%	-16.6%
Oral Surgery		773	0.009	\$51,579	\$0.57	1 '	-9.8%	-10.9%	-4.4%	-5.6%
Endodontics	1	248	0.003	\$115,688	\$1.28	1	-19.0%	-20.0%	-21.5%	-22.5%
Periodontics		1,218	0.013	\$134,777	\$1.49		-25.3%	-26.3%	-25.0%	-26.0%
Crowns/Onlays		1,123	0.012	\$500,391	\$5.52	1 '	-12.7%	-13.8%	-12.0%	-13.1%
Bridges/Dentures		366	0.004	\$179,543	\$1.98	1 '	-23.3%	-24.2%	-26.2%	-27.1%
Orthodontics		1,586	0.017	\$210,653	\$2.32	1	13.4%	11.9%	15.8%	14.3%
Total	7,552	36,770	0.406	\$2,794,996	\$30.84	1.3%	-10.0%	-11.1%	-13.8%	-14.8%

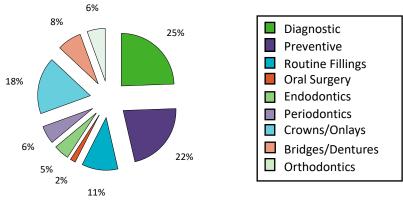
PMPM - Per Member Per Month

Amount Paid April 2020 - March 2021



COUNTY OF DANE 00704 * All Groups * NM - Not meaningful. Used when group has no data in a specific area.

Amount Paid April 2019 - March 2020



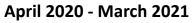


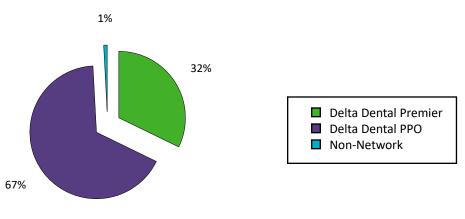
Dentist Selection Patterns

Distribution of claim payments by Delta Dental network vs. non-network dentists.

	April 2020 - March 202	1
Delta Dental Network	Number of Claims	Claim Payments
Delta Dental Premier	4,558	\$896,767
Delta Dental PPO	9,148	\$1,877,103
Non-Network	124	\$21,125
Total	13,830	\$2,794,996

Claim Payments by Period





COUNTY OF DANE

00704 * All Groups *

04/22/2021

Delta Dental PPO Usage & Savings

Your savings for the period April 2020 through March 2021 resulting from utilization of Delta Dental PPO dentists.

	Preventive & Diagnostic	Basic	Major	Total
Number of procedures by Delta Dental PPO dentists	18,818	3,697	979	23,494
Delta Dental PPO share of total procedures	70.2%	71.3%	67.5%	70.3%
Submitted amount by Delta Dental PPO dentists	\$1,435,205	\$1,181,135	\$999 <i>,</i> 753	\$3,616,093
Approved amount for Delta Dental PPO dentists	\$1,022,904	\$912,186	\$763 <i>,</i> 095	\$2,698,184
Estimated Delta Dental PPO Savings	28.7%	22.8%	23.7%	25.4%

COUNTY OF DANE 00704 * All Groups *

A DELTA DENTAL

04/22/2021

Delta Dental Premier Usage & Savings

Your savings for the period April 2020 through March 2021 resulting from utilization of Delta Dental Premier dentists.

	Preventive & Diagnostic	Basic	Major	Total
Number of procedures by Delta Dental Premier dentists	7,195	1,328	439	8,962
Delta Dental Premier share of total procedures	27.4%	26.1%	30.6%	27.4%
Submitted amount by Delta Dental Premier dentists	\$546,251	\$325,969	\$411,584	\$1,283,804
Approved amount for Delta Dental Premier dentists	\$412,700	\$247,946	\$327,583	\$988,228
Estimated Delta Dental Premier Savings	24.4%	23.9%	20.4%	23.0%



Cost Management

Savings

		April 2020-Mar	ch 2021	April 2019-March 2020		
Billed Charges		\$	5,557,362		\$ \$	6,315,355
Paid Claims Predetermination Savings		\$ \$	2,794,996 85,607		\$	3,241,050 181,138
Cost Management Savings		Dollars Saved	% of Billed Charges		Dollars Saved	% of Billed Charges
Delta Dental PPO Dentist Savings	\$ \$	895,658	16.1%	\$	925,747	14.7%
Delta Dental Premier Dentist Savings Non-Network Dentist Savings	\$	288,002	5.2%	\$	350,796	5.6%
Consultant Review	\$	8,917 48,290	0.2% 0.9%	\$	7,066	0.1%
Non-Billable Procedures	Ś	48,290	1.4%	\$ \$	67,821	1.1%
Elective Care	Ś	9,315	0.2%	\$	75,511 10,324	1.2% 0.2%
Eligibility Verification	\$	14,985	0.3%	\$	13,288	0.2%
Coordination of Benefits	\$	285,824	5.1%	\$	342,652	5.4%
Subtotal	\$	1,630,264	29.3%	\$	1,793,205	28.4%
Cost Management Savings per employee per month		43.21		\$	48.13	
Plan Design Savings						
Non-Covered Procedures	\$	390,670	7.0%	\$	470,071	7.4%
Deductible Savings	\$	57,750	1.0%	\$	65,272	1.0%
Coinsurance Savings	\$	421,320	7.6%	\$	444,772	7.0%
Plan Maximum Savings		139,189	2.5%	\$	156,349	2.5%
Subtotal	\$	1,008,929	18.2%	\$	1,136,464	18.0%
Total Savings	\$	2,639,193	47.5%	\$	2,929,669	46.4%
Claims Adjustments Net Savings	\$ \$	123,173 2,762,366	2.2% 49.7%	\$ \$	144,637 3,074,306	2.3% 48.7%



Cost Management Savings

Definitions of Savings Categories

Predetermination Savings: Reflects the difference between the amount charged and the amount allowed. Paid claims may be included in any of the saving categories listed below, depending on what treatment was actually rendered.

Cost Management Savings

Delta Dental PPO Dentist Savings: Reduction of submitted fees to reflect the Delta Dental PPO Dentist's fee schedule as set by Delta Dental. The balance is not charged to the patient.

Delta Dental Premier Dentist Savings: Reduction of submitted fees to reflect the Delta Dental Premier Dentist's maximum plan allowance. The balance is not charged to the patient.

Non-Network Dentist: Reduction of submitted fees to the maximum plan allowance.

Consultant Review: Determinations made by Delta Dental's dental consultants regarding the appropriateness of a proposed service.

Non-Billable Procedures: Procedures not charged to the patient or the group by a Delta Dental Network Dentist, such as unbundling of charges and work covered under Delta Dental's treatment guarantees.

Elective Care: Payment allowance made by Delta Dental for the most cost-effective, acceptable alternative dental procedure (e.g., a silver filling allowance toward a tooth-colored filling on a molar).

Eligibility Verification: Delta Dental's careful attention, monitoring and maintenance of subscriber and group eligibility records.

Coordination of Benefits: Delta Dental's special attention to properly applying coordination of benefits (COB) policies, regardless of claim size.

Plan Design Savings

Non-Covered Procedures: Procedures excluded or limited by the Plan that are charged to the patient.

Deductible Savings: A specified dollar amount paid by the patient before benefit payment/coinsurance is applied.

Coinsurance Savings: The patient's share of payment of allowable fees for covered benefits.

Plan Maximum Savings: The dollar amount which exceeds a patient's maximum allowable benefits for a specified period.

Claim Adjustments: The net result of adjustments made to claims processed in a prior period. There may be additional savings reflected in the adjusted claim action or there may be a reversal of the claim savings originally shown.

