

**SUBMITTAL TO THE BOARD OF SUPERVISORS
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**

001



FROM: Human Resources Dept.

SUBMITTAL DATE: March 5, 2003

SUBJECT: New Dental Benefit Plan Option – Freedom Dental Plan

RECOMMENDED MOTION: That the Board approve a new dental benefit plan option to be offered to County employees and retirees, with rates as shown in Attachment "A".

BACKGROUND: In January, the Board requested that Human Resources consider another dental plan option which would allow employees the freedom to choose any licensed dentist of their choice to provide their dental services. The dental plan that Human Resources is proposing -- Freedom Dental Plan -- is a Delta "look-a-like" dental plan, which would be self-funded. The plan would be administered by the County's third party administrator who currently administers other County self-funded dental plans. The plan would be implemented through an open enrollment process whereby employees would be provided with information about the new dental plan and be allowed to change to any dental plan offered. Employees not currently enrolled in a County dental plan would also be eligible to enroll in the new dental plan during the special open enrollment period. A summary of the Freedom Dental benefits and associated monthly rates is outlined in Attachment A.

Ronald W. Komers
Asst. County Executive Officer/
Human Resources Director

FINANCIAL DATA:

CURRENT YEAR COST: N/A
NET COUNTY COST: N/A
BUDGET ADJUSTMENT: N/A
SOURCE OF FUNDS:

ANNUAL COST: N/A
IN CURRENT YEAR BUDGET: N/A
FOR FY: 2002/03

C.E.O. RECOMMENDATION:

APPROVE

COUNTY EXECUTIVE OFFICER SIGNATURE

Consent [X] Policy
 Consent [] Policy

Department Recommendation:
Per Executive Office:

Prev. Agn. Ref.

Dist.

AGENDA NO.

3.20

Freedom Dental Plan

Summary of Benefits

Plan Benefits	Plan Maximums
Dental Provider	Choice of Any Dentist
Annual Deductible	None
Calendar Year Maximum	\$1,500/Member
Lifetime Orthodontia Maximum	\$1,000/Member
Dental Procedure	Plan Pays
Diagnostic & Preventative (e.g. exam, cleanings, X-rays)	100% of usual & customary charges
Restorative (e.g. fillings, restorations)	80% of usual & customary charges
Endodontics (e.g. root canals)	80% of usual & customary charges
Periodontics (treatment of gum disease)	80% of usual & customary charges
Oral Surgery	80% of usual & customary charges
Crowns, Onlays, Cast Restorations	60% of usual & customary charges
Prosthodontics (e.g. dentures, bridges)	60% of usual & customary charges
Orthodontics (Adults & Children)	50% of usual & customary charges
TMJ & MPD (malfunction of jaw joint, myofacial pain dysfunction)	50% of usual & customary charges

Dental Plan Cost

Category	Monthly Cost	Bi-weekly Cost
Employee Only	\$62.60	\$31.30
Employee + 1 Dependent	\$115.10	\$57.55
Employee + Family	\$170.28	\$85.14

