

Bid Tabulation
Project Name: Bid NO. 23-33 2024 Employee and Retiree Group Dental Insurance
Location: 1212 Avenue M Huntsville, TX 77340
Date: May 5, 2023 Time: 2:00 PM



	Met Life		
	CURRENT - Dental 4	PROPOSED	
	W/O Ortho	W/O Ortho	With Ortho
Carrier	Fully - Funded (TMLHB/BCBS TX)	Metropolitan Life Insurance Company	
Calendar Year Deductible (Individual)	\$50 Combined between Tier 2 and 3	\$ 50.00	N/A
Calendar Year Deductible (Family)	N/A	\$ 150.00	N/A
Annual Maximum Benefit (Per Person)	\$ 1,500.00	\$ 1,500.00	N/A
3-Month Deductible Carryover	No	N/A	N/A
TYPE 1 - DIAGNOSTIC & PREVENTIVE			
Routine Oral Exam	100%	100%	N/A
Cleaning	100%	100%	N/A
X-Rays	100%	100%	N/A
Fluoride Treatment	100%	100%	N/A
Child Sealants	100%	100%	N/A
TYPE 2 - BASIC SERVICES			
Space Maintainers	80%	100%	N/A
Emergency Palliative Treatment	80%	80%	N/A
Fillings	80%	80%	N/A
Prefab Stainless Steel or Resin Crowns	80%	80%	N/A
Simple Extractions & Oral Surgery	80%	80%	N/A
Anesthesia	80%	80%	N/A
Repair of Prosthetics	80%	50%	N/A
TYPE 3 - MAJOR SERVICES			
Periodontal Services	50%	80%	N/A
Endodontic Services	50%	80%	N/A
Crowns & Inlay/Onlay Services	50%	50%	N/A
Bridgework	50%	50%	N/A
Dentures	50%	50%	N/A
ORTHODONTIA			
Individual Lifetime Deductible	N/A	N/A	N/A
Diagnostic Procedures & Treatment	N/A	N/A	N/A
Lifetime Maximum Benefit (Per Person)	N/A	N/A	N/A
Late Entrant Waiting Periods	N/A	N/A	N/A
Allowable Amount	N/A	N/A	N/A

	Delta Dental		
	CURRENT - Dental 4	PROPOSED	
	W/O Ortho	W/O Ortho	With Ortho
Carrier	Fully - Funded (TMLHB/BCBS TX)	Delta Dental	
Calendar Year Deductible (Individual)	\$50 Combined between Tier 2 and 3	\$50 Combined between Tier 2 and 3	\$50 Combined between Tier 2 and 3
Calendar Year Deductible (Family)	N/A	\$150 Combined between Tier 2	\$150 Combined between Tier 2
Annual Maximum Benefit (Per Person)	\$ 1,500.00	\$ 1,500.00	\$ 1,500.00
3-Month Deductible Carryover	No	No	No
TYPE 1 - DIAGNOSTIC & PREVENTIVE			
Routine Oral Exam	100%	100%	100%
Cleaning	100%	100%	100%
X-Rays	100%	100%	100%
Fluoride Treatment	100%	100%	100%
Child Sealants	100%	100%	100%
TYPE 2 - BASIC SERVICES			
Space Maintainers	80%	100%	100%
Emergency Palliative Treatment	80%	80%	80%
Fillings	80%	80%	80%
Prefab Stainless Steel or Resin Crowns	80%	50%	50%
Simple Extractions & Oral Surgery	80%	80%	80%
Anesthesia	80%	80%	80%
Repair of Prosthetics	80%	80%	80%
TYPE 3 - MAJOR SERVICES			
Periodontal Services	50%	80%	80%
Endodontic Services	50%	80%	80%
Crowns & Inlay/Onlay Services	50%	50%	50%
Bridgework	50%	50%	50%
Dentures	50%	50%	50%
ORTHODONTIA			
Individual Lifetime Deductible	N/A	N/A	\$ -
Diagnostic Procedures & Treatment	N/A	N/A	N/A
Lifetime Maximum Benefit (Per Person)	N/A	N/A	\$ 1,500.00
Late Entrant Waiting Periods	N/A	N/A	N/A
Allowable Amount	N/A	N/A	N/A

ACTIVE/RETIREE RATES					
EE / Retiree / CORA	W/O Ortho	Active/Retiree Employee Contribution	Active/Retiree Employee Contribution	COBRA	MetLife
Employee Only	160	\$ 14.00	\$ 14.44	\$ 29.01	\$ 37.33
Employee + Spouse	23	\$ 20.00	\$ 46.82	\$ 68.16	\$ 87.72
Employee + Child(ren)	46	\$ 18.00	\$ 43.10	\$ 62.32	\$ 80.21
Employee + Family	42	\$ 26.00	\$ 59.24	\$ 86.94	\$ 111.90
Total	271				

ACTIVE/RETIREE RATES				
EE / Retiree / CORA	W/O Ortho	Active/Retiree Employee Contribution	W/O Ortho	W/ Ortho
Employee Only	203	\$ 14.00	\$ 34.33	\$ 37.98
Employee + Spouse	39	\$ 20.00	\$ 80.67	\$ 89.23
Employee + Child(ren)	46	\$ 18.00	\$ 73.76	\$ 81.59
Employee + Family	45	\$ 26.00	\$ 102.90	\$ 113.82
Total	333			