



# San Joaquin Valley Insurance Authority Dental RFP

Date: August 22, 2025

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# EXECUTIVE SUMMARY

# Executive Summary

Keenan & Associates conducted a Dental Request for Proposal (RFP) on behalf of SJVIA to evaluate competitive options for both PPO and DHMO dental plans for the 2026 plan year. Five carriers submitted proposals, with four fully evaluated across key areas, including provider network strength, administrative capabilities, financial cost, and performance guarantees. All PPO carriers were able to match the current benefit design with minor adjustments, and the evaluation included a detailed analysis of in-network coverage, out-of-network exposure, and projected costs.

# Executive summary

Following a thorough review of all submitted proposals, SJVIA staff approved moving forward with two finalist carriers for interviews: Delta Dental (853) and Anthem (193). Finalist interviews were conducted on Friday, August 15, providing an opportunity to further evaluate each vendor's capabilities and alignment with SJVIA's needs. All references provided by both carriers were contacted and verified, with no concerns identified.

Following the finalist interviews, SJVIA is recommending Delta Dental as the Dental PPO and DHMO provider.

# FINALIST DENTAL PROPOSAL COMPARISON

# Provider Network Access

- Delta Dental offers a larger PPO provider network in Fresno and Tulare counties than Anthem, enhancing member options.
- A broader provider network by Delta Dental ensures better access, higher utilization, and improved member satisfaction.
- Increased use of out-of-network providers can lead to higher member costs due to lower reimbursement rates. Members may also face balance billing, which can substantially raise their out-of-pocket expenses.

**PPO Network County Providers**

<b>Fresno County</b>	<b>853</b>	<b>193</b>
General Dentist	625	509
Specialized Dentists		
Orthodontist	76	45
Endodontist	26	8
Periodontist	18	11
Pediatric Dentist	30	22
Prosthodontist	3	-
Oral Pathologist	35	-
<b>Tulare County</b>	<b>853</b>	<b>193</b>
General Dentist	416	339
Specialized Dentists		
Orthodontist	49	27
Endodontist	9	6
Periodontist	10	3
Pediatric Dentist	32	23
Prosthodontist	0	-
Oral Pathologist	23	-

**DHMO Network County Providers**

<b>Fresno County</b>	<b>853</b>	<b>193</b>
General Dentist	163	70
Specialized Dentists		
Orthodontist	24	6
Endodontist	9	5
Periodontist	8	6
Pediatric Dentist	4	2
Prosthodontist	0	-
Oral Pathologist	11	-
<b>Tulare County</b>	<b>853</b>	<b>193</b>
General Dentist	126	49
Specialized Dentists		
Orthodontist	12	0
Endodontist	3	4
Periodontist	2	2
Pediatric Dentist	0	0
Prosthodontist	0	-
Oral Pathologist	4	-

# Network Analysis

- Based on the 2024 SJVIA annual data provided, Delta Dental as the carrier:
  - utilized 1,110 in-network providers, who performed 64,646 procedures, based on \$11,231,725 in eligible charges.
  - 115 of the providers would have been out-of-network performing 4,663 procedures, based on \$847,849 in eligible charges
- Had Anthem been the carrier:
  - 986 of the providers would have been in-network performing 55,588 procedures, based on \$9,253,890 in eligible charges.
  - 239 of the providers would have been out-of-network performing 13,721 procedures, based on \$2,825,684 in eligible charges
- With Anthem as the carrier, there is a greater likelihood of balance billing and the requirement for upfront payment by out-of-network providers

Carrier Code	Providers			# of Procedures			\$ Submitted Charge		
	PPO Network	Out of Network	Carrier Total	PPO Network	Out of Network	Carrier Total	PPO Network	Out of Network	Carrier Total
<b>Delta Dental</b>	1,110	115	1,225	64,646	4,663	69,309	\$ 11,231,725	\$ 847,849	\$ 12,079,574
<b>Anthem</b>	986	239	1,225	55,588	13,721	69,309	\$ 9,253,890	\$ 2,825,684	\$ 12,079,574



# Cost Analysis

- Delta Dental's projected claim cost is higher at \$48.87 versus Anthem's \$48.53, reducing overall claims expense.
- Administrative fees differ, with Delta Dental at \$4.40 and Anthem at \$2.25, affecting cost structure.

## Cost Analysis

PEPM Cost	853	193
Network Adjusted Claim Cost	\$ 48.87	\$ 48.53
Trend (3.0%) Factor	1.0479	1.0479
Projected Claim Cost	\$ 51.21	\$ 50.85
Administration Fee	\$ 4.40	\$ 2.25
Total Cost	\$ 55.61	\$ 53.10
Annual Cost	853	193
Projected Claim Cost	\$ 5,385,131	\$ 5,347,665
Projected Administration	\$ 462,686	\$ 236,601
Total Annual Cost	\$ 5,847,817	\$ 5,584,266

# Performance Guarantees

- Both carriers tie performance guarantees to administrative fees, ensuring accountability and service quality.
- Delta Dental risks \$87,910 while Anthem risks \$72,320
- Anthem offers extra guarantees including \$20,000 for implementation and \$5,000 for network recruitment incentives

## Performance Guarantees

Dental PPO Performance Guarantees	853	193
PG - Fee At Risk as % of Fee	19.0%	20.0%
PG - Implementation		\$ 20,000
PG - Network Recruitment		\$ 5,000
Projected Administration	\$ 462,686	\$ 236,601
Total Dollars at Risk	\$ 87,910	\$ 72,320

# Out-of-Network Assistance

- During the finalist presentation Delta Dental described their Healthcare Spending Card
- The Healthcare Spending Card features:
  - No annual fee card through Lane Health provides
  - Exclusive access to 12-month, 0% financing for dental expenses and more
- Lane Health is a financial technology company, not a bank. The Healthcare Spending Card is issued by Lead Bank pursuant to a license from Visa USA Inc.
- Lane Health does not charge interest on, or an annual fee for, the Healthcare Spending Card. Each advance can be repaid in full, 4-month term, or 12-month term (with a minimum \$3 due each payment period).
- Transactions other than qualified hospital or dental expenses (based on merchant category code) will be charged an origination fee of 5% and periodic finance fees.
- The location of the service provider is not determinative of whether a transaction is a qualified hospital expense. Rather, transactions made within or at a hospital (including but not limited to specialists, doctors, pharmacies, etcetera) are determined to be eligible by the associated MCC and not the location of the service provider in the hospital. New advances, if eligible, can be repaid in full or over 4 installments with no origination or periodic finance fees. Late fees apply.

# DENTAL PRELIMINARY RFP RESULTS

# Overview of RFP

## RFP Process

SJVIA Board requested Keenan conduct a Dental marketing for the 2026 plan year.

Keenan requested each dental carrier provide :

- provider network information
- a completed questionnaire outlining capabilities, terms, and conditions
- the financial cost of their proposal
- performance guarantees to assure minimum standards are met.

Provider Network

Questionnaire

Financial Cost

Performance  
Guarantee

# RFP Proposals

## Carrier Responses

Five carriers provided proposals.

Aetna

Guardian

Anthem

Delta Dental

MetLife

Ameritas submitted a proposal, however it was received two days after the deadline and disallowed. Carriers invited but not participating include CIGNA, Principal, and Standard. Due to the proprietary nature of much of the information provided by each carrier, the carriers names have been deidentified in this report.

# Dental PPO Plan Design

All Proposers were able to duplicate the current benefit designs with minor plan design adjustments.

Current Employee Enrollment:

- Tulare County – 2,998
- Fresno County – 5,355
- SJVIA Total – 8,353

SJVIA Plan Design	County of Tulare		County of Fresno	
	PPO	Non-PPO	PPO	Non-PPO
<b>General Plan Information</b>				
Annual Deductible/Individual	\$0	\$25	\$50	\$50
Annual Deductible/Family	\$0	\$75	\$150	\$150
Annual Plan Maximum	\$2,000		\$2,500	
Diagnostic and Preventive Waiver	Included		Included	
Waiting Period	None		None	
Out-of-Network Reimbursement	N/A	MAC	N/A	MAC
<b>Covered Services</b>				
<b>Diagnostic and Preventive</b>				
Diagnostic and Preventive	100%	100%	100%	90%
<b>Space Maintainers</b>				
Space Maintainers	100%	100%	100%	90%
<b>Basic Services</b>				
Basic	80%	80%	90%	90%
Endodontic Treatment	80%	80%	50%	50%
Periodontic Treatment	80%	80%	50%	50%
Oral Surgery	80%	80%	50%	50%
<b>Major Services</b>				
Major	50%	50%	50%	50%
Prosthodontics	50%	50%	50%	50%
<b>Orthodontia Services</b>				
Lifetime Maximum	\$1,500	\$1,500	\$1,880	\$1,880
Orthodontia - Adults and dependent ch	50%	50%	100%	100%
<b>Dental Accident Benefits</b>				
	100% (separate \$1,000 maximum per person each calendar year)			

# Dental PPO - RFP Network Analysis

Keenan requested that each carrier evaluate the following 2024 SJVIA plan experience from their PPO network perspective based on a common valuation date of April 1, 2025.

- Total Unique Providers - refers to the total number of dental providers utilized by SJVIA covered members.
- Total Procedures – refers to the total number of procedures incurred by SJVIA members.
- Total Submitted Charges – refers to the dollar value of eligible charges remitted by the SJVIA providers. Submitted charges exclude any carrier network discounts and other adjustments.

2024 Plan Experience	Amount
Total Number of Unique Providers	1,225
Total Number of Procedures	69,309
Total Dollar Value of Submitted Charges	\$12,079,574



# Dental PPO - In-Network and Out-of-Network Repricing

Valuation Date April 1, 2025	Providers			# of Procedures			\$ Submitted Charge		
Carrier Code	PPO Network	Out of Network	Carrier Total	PPO Network	Out of Network	Carrier Total	PPO Network	Out of Network	Carrier Total
<b>853</b>	1,110	115	1,225	64,646	4,663	69,309	\$ 11,231,725	\$ 847,849	\$ 12,079,574
<b>674</b>	919	306	1,225	54,440	14,869	69,309	\$ 9,364,583	\$ 2,714,992	\$ 12,079,574
<b>193</b>	986	239	1,225	55,588	13,721	69,309	\$ 9,253,890	\$ 2,825,684	\$ 12,079,574
<b>962</b>	943	282	1,225	53,585	15,724	69,309	\$ 8,997,274	\$ 3,082,300	\$ 12,079,574
<b>407</b>	897	328	1,225	55,052	14,257	69,309	\$ 9,281,948	\$ 2,797,626	\$ 12,079,574

- Number of Providers in-network ranged from 73.2% to 90.6% between the carriers.
- Number of Procedures in-network ranged from 77.3% to 93.3% between the carriers.
- Dollar value of submitted charges paid in-network ranged from 74.5% to 93.0% between the carriers.

Carriers	# of Providers		# of Procedures		\$ Submitted Charge	
	PPO Network	Out of Network	PPO Network	Out of Network	PPO Network	Out of Network
<b>853</b>	90.6%	9.4%	93.3%	6.7%	93.0%	7.0%
<b>674</b>	75.0%	25.0%	78.5%	21.5%	77.5%	22.5%
<b>193</b>	80.5%	19.5%	80.2%	19.8%	76.6%	23.4%
<b>962</b>	77.0%	23.0%	77.3%	22.7%	74.5%	25.5%
<b>407</b>	73.2%	26.8%	79.4%	20.6%	76.8%	23.2%

# Dental PPO - In-Network and Out-of-Network Repricing

## In-Network Pricing

- The in-network discount utilized by each carrier is considered proprietary by each carrier and is not shown in the report. Keenan did conduct an analysis and will provide the rank for each carrier.

## Out-of-Network Pricing

- Each carrier provided the submitted charges for out-of-network providers. Based on the out-of-network allowed charge, the balance could be subject to balance billing to the member since a network contract is not in place.
- The potential for balance billing is between \$407,056 to \$1,580,640.

Network Discount Analysis	PPO Network	Out of Network	Carrier Total
853	Proprietary	Proprietary	Proprietary
674	Proprietary	Proprietary	Proprietary
193	Proprietary	Proprietary	Proprietary
962	Proprietary	Proprietary	Proprietary
407	Proprietary	Proprietary	Proprietary
Out-of-Network Analysis	Out-of-Network Submitted Charge	SJVIA Paid Out of Network	Potential for Balance Bill
853	\$ 847,849	\$ 440,793	\$ 407,056
674	\$ 2,714,992	\$ 1,284,147	\$ 1,430,844
193	\$ 2,825,684	\$ 1,245,045	\$ 1,580,640
962	\$ 3,082,300	\$ 2,421,450	\$ 660,850
407	\$ 2,797,626	\$ 1,249,939	\$ 1,547,687

# Dental PPO - Network Ranking

## Network Ranking

Keenan ranked each carrier from 1 to 5:

- 1 for first place,
- 2 for second place,
- 3 for third place,
- 4 for fourth place, and
- 5 for fifth place.

This ranking system allows for the lowest score to be the most favorable carrier.

Based on the scoring, carrier 853 offers the most favorable network.

Network Ranking	853	674	193	962	407
# of In-Network Providers	1.0	4.0	2.0	3.0	5.0
# of In-Network Procedures	1.0	4.0	2.0	5.0	3.0
\$ Value of In-Network Submitted Charges	1.0	2.0	4.0	5.0	3.0
\$ Value of In-Network Discount	2.0	4.0	3.0	1.0	5.0
\$ Value of Out-of-Network Potential	1.0	3.0	5.0	2.0	4.0
<b>Total Raw Score</b>	<b>6.0</b>	<b>17.0</b>	<b>16.0</b>	<b>16.0</b>	<b>20.0</b>
<b>Total Network Ranking</b>	<b>1.0</b>	<b>4.0</b>	<b>2.5</b>	<b>2.5</b>	<b>5.0</b>

# RFP Questionnaire Analysis

Keenan requested that each carrier provide responses to the questionnaire included in the RFP. The Questionnaire covered the carrier for both Dental PPO and Dental DHMO.

The Questionnaire asked 124 questions in the following areas:

- Organizational Background, Financial Strength, Experience
- Administration Support & Account Management
- Plan Administration/ Services
- Access/ Continuity of Care
- Innovation and Miscellaneous Services
- Financial Cost/Benefit Design

The Questionnaire responses were evaluated by Keenan, and SJVIA Staff members from Tulare and Fresno County.

# RFP Questionnaire Analysis

The Questionnaire responses were assigned a score based on a 1–5-point system defined as:

- 1 - Response does not meet requirements
- 2 - Response meets some requirements
- 3 – Response meets all requirements
- 4 – Response meets and exceeds some requirements
- 5 – Response meets all and substantially exceeds many requirements

Each of the 124 questions were evaluated based on this criteria.

# RFP Questionnaire Analysis

<b>Questionnaire Scoring</b>	<b>853</b>	<b>674</b>	<b>193</b>	<b>962</b>	<b>407</b>
Organizational Background, Financial Strength, Experience	219	185	191	190	209
Administration Support & Account Management	236	247	247	224	233
Plan Administration/ Services	696	704	630	602	652
Access/ Continuity of Care	159	144	136	140	144
Innovation and Miscellaneous Services	49	43	48	32	43
Financial Cost/Benefit Design	134	138	128	135	136
<b>Raw Score Total</b>	<b>1493</b>	<b>1461</b>	<b>1380</b>	<b>1323</b>	<b>1417</b>
<b>Total Raw Score Ranking</b>	<b>1.0</b>	<b>2.0</b>	<b>4.0</b>	<b>5.0</b>	<b>3.0</b>
<b>Questionnaire Ranking</b>	<b>853</b>	<b>674</b>	<b>193</b>	<b>962</b>	<b>407</b>
Organizational Background, Financial Strength, Experience	1.0	5.0	3.0	4.0	2.0
Administration Support & Account Management	3.0	1.5	1.5	5.0	4.0
Plan Administration/ Services	3.0	2.0	1.0	5.0	4.0
Access/ Continuity of Care	1.0	2.5	5.0	4.0	2.5
Innovation and Miscellaneous Services	1.0	3.5	2.0	5.0	3.5
Financial Cost/Benefit Design	4.0	1.0	5.0	3.0	2.0
<b>Total Ranking Score</b>	<b>13.0</b>	<b>15.5</b>	<b>17.5</b>	<b>26.0</b>	<b>18.0</b>
<b>Overall Ranking</b>	<b>1.0</b>	<b>2.0</b>	<b>4.0</b>	<b>5.0</b>	<b>3.0</b>

# Dental PPO - RFP Proposal Performance Guarantees

Each proposer provided performance guarantees for the SJVIA's dental PPO plans.

Performance guarantees will be based on a percentage of administrative fees at risk and/or dollars at risk.

The carrier's dollars at risk range from \$24,181 to \$87,674.

Dental PPO Performance Guarantees	853	674	193	962*	407
PG - Fee At Risk as % of Fee	19.0%	20.0%	20.0%	\$ 10,000	10.0%
PG - Implementation			\$ 20,000	\$ 7,500	
PG - Network Savings			5.0%	10.0%	
Projected Administration	\$ 459,081	\$ 218,514	\$ 225,531	\$ 290,684	\$ 240,566
Total Dollars at Risk	\$ 87,225	\$ 43,703	\$ 76,383	\$ 46,568	\$ 24,057
Dollar Cost at Risk Ranking	1	4	2	3	5

\* Implementation PG combined with DHMO

# Dental PPO - RFP Administrative Fee Proposal

SJVIA's Dental PPO is self-funded.

Each carrier provided an administration fee with three-year fee guarantees.

<b>PPO Administrative Fees</b>	<b>853</b>	<b>674</b>	<b>193</b>	<b>962</b>	<b>407</b>
2026 Fee	\$ 4.58	\$ 2.18	\$ 2.25	\$ 2.90	\$ 2.40
Annual Premium	\$ 459,081	\$ 218,514	\$ 225,531	\$ 290,684	\$ 240,566
2027 Fee	\$ 4.58	\$ 2.18	\$ 2.25	\$ 2.90	\$ 2.40
Annual Premium	\$ 459,081	\$ 218,514	\$ 225,531	\$ 290,684	\$ 240,566
2028 Fee	\$ 4.58	\$ 2.27	\$ 2.25	\$ 2.90	\$ 2.40
Annual Premium	\$ 459,081	\$ 227,536	\$ 225,531	\$ 290,684	\$ 240,566
<b>Three Year Total</b>	<b>\$ 1,377,243</b>	<b>\$ 664,565</b>	<b>\$ 676,593</b>	<b>\$ 872,053</b>	<b>\$ 721,699</b>
<b>Administrative Fee Cost Ranking</b>	<b>5</b>	<b>1</b>	<b>2</b>	<b>4</b>	<b>3</b>



# Dental PPO - RFP Underwriting and Total Cost Proposal

Based on the administrative fees and network evaluation, Keenan conducted underwriting by carrier to project 2026 dental cost on a pepm basis.

Total cost is based on two components 1) claim cost, and 2) administration cost

Using the 2025 rates and the underwriting enrollment, estimated annual premium is \$5,812,904

<b>Underwriting</b>	<b>853</b>	<b>674</b>	<b>193</b>	<b>962</b>	<b>407</b>
Network Adjusted Claim Cost	\$ 48.87	\$ 49.77	\$ 48.53	\$ 53.44	\$ 49.35
Trend (3.0%) Factor	1.0479	1.0479	1.0479	1.0479	1.0479
Projected Claim Cost	\$ 51.21	\$ 52.15	\$ 50.85	\$ 56.00	\$ 51.71
Administration Fee	\$ 4.58	\$ 2.18	\$ 2.25	\$ 2.90	\$ 2.40
Total Cost	\$ 55.79	\$ 54.33	\$ 53.10	\$ 58.90	\$ 54.11
Ranking	4	3	1	5	2
<b>Annual Cost</b>	<b>853</b>	<b>674</b>	<b>193</b>	<b>962</b>	<b>407</b>
Projected Claim Cost	\$ 5,133,086	\$ 5,227,307	\$ 5,097,001	\$ 5,613,216	\$ 5,183,204
Projected Administration	\$ 459,081	\$ 218,514	\$ 225,531	\$ 290,684	\$ 240,566
Total Annual Cost	\$ 5,592,167	\$ 5,445,821	\$ 5,322,532	\$ 5,903,900	\$ 5,423,770
Annual Cost Ranking	4	3	1	5	2

# Dental PPO - RFP Summary

Based on the ranking in each category, the overall rank of carriers is as follows:

- 1 carrier 853
- 2 carrier 193
- 3 carrier 674
- 4 carrier 407
- 5 carrier 962

Dental PPO RFP Response Rank	Raw Score	RFP Rank
853	7	1
674	13	3
193	9.5	2
962	15.5	5
407	15	4

## Network Analysis

853 Rank – 1.0  
674 Rank – 4.0  
193 Rank – 2.5  
962 Rank – 2.5  
407 Rank – 5.0

## Questionnaire

853 Rank – 1.0  
674 Rank – 2.0  
193 Rank – 4.0  
962 Rank – 5.0  
407 Rank – 3.0

## RFP Results

## Financial Analysis

853 Rank – 4.0  
674 Rank – 3.0  
193 Rank – 1.0  
962 Rank – 5.0  
407 Rank – 2.0

## Performance Guarantees

853 Rank – 1.0  
674 Rank – 4.0  
193 Rank – 2.0  
962 Rank – 3.0  
407 Rank – 5.0

# DENTAL DHMO RFP RESULTS

# Dental HMO RFP

Unlike the Dental PPO, the dental DHMO plan does not provide encounter data. This limits Keenan's ability to determine:

- value the DHMO network,
- pricing value, and
- provider disruption

Proposers completed one questionnaire for both the Dental PPO and the Dental HMO. The questionnaire was valued under the Dental PPO section.

# Dental HMO - Plan Design

With a dental HMO plan, the provider reimbursement is based on the DHMO schedule of services.

The DHMO outlines member cost by procedure.

All Proposers attempted to duplicate the current plan design but have some cost share differentials.

Since the copayment schedule covers almost 400 different procedures, any comparative in copayment differences will be examined closer with the finalists.

Current Employee Enrollment:

- Tulare County – 2,998
- Fresno County – 5,355
- SJVIA Total – 8,353

# Dental HMO - Network

## DHMO Network

Since DHMO provider information is not available, Keenan asked each proposer to value the 1,225 PPO providers to see the level of DHMO participation.

853 and 407 had the highest level of DHMO providers.

We also asked for the providers to complete a GeoAccess showing number of providers within 10 miles of each zip code with Tulare and Fresno County.

This study typically counts multiple times for each ZIP code and may not be a valid representation of the provider's DHMO network.

DHMO Provider Analysis	In-Network	Out-of-Network	Total
853	221	1,004	1,225
674	178	1,047	1,225
193	125	1,100	1,225
962	53	1,172	1,225
407	224	1,001	1,225

DHMO GeoAccess*	Dentists	Specialists
853	13,770	2,439
674	2,097	1,508
193	338	92
962	1,065	1,065
407	264	114

\*2 within 10 miles of each Zip Code

# Dental HMO - RFP Proposal Performance Guarantees

Only three proposers provided performance guarantees for the SJVIA's dental DHMO plans.

Proposed performance guarantees will be a fixed dollar amount (carrier 962) or based on a percentage of premium (carrier 407) or percentage of administration (carrier 853).

The carrier's dollars at risk range from \$24,181 to \$87,674.

<b>DHMO Performance Guarantees</b>	<b>853*</b>	<b>674</b>	<b>193</b>	<b>962**</b>	<b>407</b>
DHMO Annual Premium	\$ 851,414	\$ 809,890	Provided 15 plan options without providing plan designs	\$ 513,726	\$ 527,566
PG \$ or as % at Risk	14.5%	0.0%		\$ 5,000	2.0%
PG - Implementation	0.0%	0.0%		\$ 7,500	0.0%
Total Dollars at Risk	\$ 12,346	\$ -	\$ -	\$ 12,500	\$ 10,551
PG	2	4.5	4.5	1	3

\*Based on Administration Cost estimated at 10% of premium

\*\* Implementation PG combined with DPPO

Carriers 674 and 193 did not provide performance guarantees for the DHMO.

# Dental HMO - RFP Cost Proposal

SJVIA's Dental DHMO is fully insured.

Each carrier provided a rate cap or guaranteed rates for a minimum of three years.

2025 annual premium is estimated at \$830,709 based on the 2,105 employee count.

DHMO Rates	Enrollment	853	674	193	962	407
EE Only	1,440	\$ 28.06	\$ 26.67	Provided 15 plan	\$ 15.44	\$ 16.47
EE + Spouse	150	\$ 48.70	\$ 46.68	options without	\$ 30.94	\$ 31.29
EE + Child(ren)	314	\$ 49.03	\$ 46.59	providing plan	\$ 32.85	\$ 32.94
EE + Family	111	\$ 70.67	\$ 67.16	designs	\$ 50.64	\$ 46.94
Total / Annual Premium	2,015	\$ 851,414	\$ 809,890		\$ 513,726	\$ 527,566
<b>Rate Cap / Rate Gaurantee</b>						
2nd Year		0.0%	7.0%	0.0%	0.0%	0.0%
3rd Year		0.0%	7.0%	0.0%	0.0%	0.0%
Rank		4	3	5	1	2

Carrier 193 provided rates for 15 plans an did not provide the plan designs nor outline any deviations from the current plan as outlined in the RFP.





# THANK YOU