



**An Aetna Renewal
Presented To**

City Of Doral

By National Marketing Group Services, Inc.

Annual Renewal Rating: October 1, 2024 through September 30, 2025

Plan Sponsor Number: 835486



City Of Doral

Aetna's Dental Value Story

Effective Date: October 1, 2024

At Aetna, we dedicate ourselves to help members reach their best health. As a trusted carrier for 9.4 million dental members, Aetna is the largest integrated carrier in the business. We're also one of the first to study the benefits of dental-medical integration, which leads to better health outcomes for our members.

Improving overall health through better dental health

Dental health has a significant impact on emotional health. One's overall happiness and confidence is often impacted by the health of their teeth. Our dental program meets members where they are on their dental health journey. Aetna's member outreach and education has helped change member behaviors, allowing them to reach dental health goals.

Aetna Dental focuses on driving value through three key areas:

- **Tailored benefits**

Targeted, local networks make it easier for members to access care and keep costs low. A variety of plan options allow you to better manage cost, coverage and access.

- **Integrated care**

Our care programs use dental health and primary care information to drive improved overall health outcomes.

- **Member empowerment**

Affordable plan options provide the coverage and protection members want. Tools and information drive engagement and help members make the most of their benefits.

Large provider networks offer greater access to care:

- National Dental Preferred Provider Organization (DPPO) network currently has more than 313,000 dental providers.
- Dental Maintenance Organization (DMO) is one of the largest in the country with over 114,000 dentists.

Our dental program focuses on improving overall health outcomes. As we meet members on their journey, we'll focus on what's important—their needs and the needs of their families. We'll personalize their experience and guide them to their best dental health.

Awards and recognitions

As we transform the health care experience, we're honored to be recognized for our work.

[Click here to learn more about Aetna's awards and recognitions.](#)

"Aetna" is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies.

The Aetna companies include:

Aetna Health Inc., Aetna Health of California Inc., Aetna Health of the Carolinas Inc., Aetna Health of Washington Inc., Aetna Health Insurance Company of Connecticut, Aetna Health Insurance Company of New York, Corporate Health Insurance Company; Aetna Life Insurance Company; Aetna Dental Inc.; and/or Aetna Dental of California Inc.; Aetna Health of Utah Inc. Certain dental plans are available only for groups of a certain size in accordance with underwriting guidelines. Some Dental Plans may not cover all dental expenses. Some dental expenses may be covered under your medical health care coverage and not your Dental Plan. Dental Plan contracts should be read carefully to determine what dental services are covered. While this material is believed to be accurate as of the print date, it is subject to change. For more specific information about the coverage details, including limitations, exclusions, and other plan requirements, please contact an Aetna representative.



City Of Doral

Aetna's Dental Value Story

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Aetna has various programs for compensating producers (agents, brokers and consultants). If you would like information regarding compensation programs for which your producer is eligible, payments (if any) which Aetna has made to your producer, or other material relationships your producer may have with Aetna, you may contact your producer or your Aetna account representative. Information regarding Aetna's program compensating producers is also available at:

www.aetna.com

The information contained in this proposal is confidential and should not be shared with anyone other than your broker or benefit plan consultant.



Randall Torres
Mgr, Account Executive
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July 3, 2024

City Of Doral
RITA MARKOWYCZ
8401 NW 53 TERRACE
Miami, FL 33166

Dear RITA MARKOWYCZ:

Thank you for allowing us to serve your dental insurance and benefit needs over the past year.

This package provides information to help you develop the future benefits program for City Of Doral. As we approach the anniversary of our relationship, we are pleased to present you with our renewal for the 2024 policy period.

To help you understand the full financial picture of your benefit plan, we've included important information about the cost of your current program and the value we bring to you and your company.

- **Future Program Costs**

This section illustrates the cost projections to operate your current benefit program.

- **Fully Insured Dental Plans**

The cost to operate your current dental plan(s) will not change.

- **Programs and Services**

This section provides a summary of programs and services included in your plan of benefits.

- **Caveats**

Our renewal offer is contingent upon the parameters outlined here. It is important to note that deviations from these assumptions may result in additional charges and/or adjustments on our dental quotations. Please review this section thoroughly.

Please review the additional important information found at the following URL. This information is incorporated by reference into this package and considered part of your policy. This quote is subject to all the terms and conditions set forth in this URL. In the event that any information contained herein conflicts or is inconsistent with the information in the Underwriting Disclosure Document, the information in your Renewal Package prevails.

<https://www.aetna.com/content/dam/aetna/pdfs/aetna.com/legal-notices/documents/large-group-dental-underwriting-fully-insured-disclosures-as-of-05-01-2024.pdf>

Your renewal package remains in effect until September 30, 2025

If there are no changes that impact the conditions of this renewal as outlined in our Caveats section, the rates will remain in effect through September 30, 2025. This renewal package is considered an amendment to your existing policy. Continuance of your benefit plan and payment of rates constitutes your acceptance of this renewal.

If you'd like to make any plan changes or if you have any questions, please contact me by September 1, 2024 at (954) 375-1597. It's been a pleasure working with you and I look forward to our continued relationship.

Sincerely,

Randall Torres
Mgr, Account Executive

City Of Doral

Programs & Services - Conventional Prospective

Effective Date: October 1, 2024

Program Summary	PPO MAX
General Admin	
Communication Materials	Yes
Customer Team Services	Yes
Eligibility (Standard)	Yes
Experienced Account Management Team	Yes
Claim and Member Services	
Claim Administration	Yes
Dental Medical Integration (DMI)	Yes
Digital ID Cards	Yes
Member Services	Yes
Network Information	
Network Access	Yes
Provider Relations	Yes
Web Tools	
Claim Research/forms/Contact us (English & Spanish Version)	Yes
Member Website and Mobile Experience	Yes
Aetna Discount Program	
Aetna Discount Program - at home products, fitness, hearing, LifeMart® shopping website, natural products and services, oral health care, vision, weight management	Yes
Reporting	
Utilization Management Reporting	Yes

City Of Doral

Caveats - Conventional Prospective

Effective Date: October 1, 2024

For the purposes of this document, Aetna may be referred to using "we", "our" or "us" and City Of Doral may be referred to using "you" or "your".

Underwriting Caveats

Contract Provisions

The final benefit provisions, account structure, claim payment requirements or services change from those proposed.

Enrollment

The actual enrollment in total or by plan changes by more than 10 percent compared with what was proposed. Our renewal assumes coverage will not be extended to additional employee groups without review of supplemental census information and other underwriting information for appropriate financial review.

Member-to-Employee Ratio

The member-to-employee ratio changes by more than 10 percent from the 1.98 ratio assumed in this quote.

Retiree Enrollment

If the number of Retirees enrolled exceeds 20 percent of the total enrolled group or the total number of Retirees enrolled increases by more than 10 percent from the 0 enrollees assumed in this quote.

Quoted Benefits and Administration

A material change is initiated by you or by legislative or regulatory action which materially affects the cost of the plan. This includes, but is not limited to, changes impacting standard contract provisions, claim settlement practices, plan administration, plan benefits or changes to the programs and services we offer you.

Industry

The nature of business and/or Standard Industrial Code (SIC) 9121 changes compared with what was assumed in setting the rates.

Information Accuracy/Demographics

The information provided is inaccurate and/or the demographics of the quoted group change resulting in +/- 5 percent premium difference.

City Of Doral

Caveats - Conventional Prospective

Effective Date: October 1, 2024

Assumptions

Underwriting

Prospective Quoting

The quoted insured dental rates are offered on a prospectively rated basis. No policy year accounting balance will be calculated for these coverages.

Aetna Medical/Dental Coverage

The proposed medical and dental rates are contingent upon you purchasing both medical and dental lines of coverage.

Contribution and Participation

Our rates assume compliance with our standard guidelines on employer contribution strategy. We standardly require that the employer contribute 75 percent of the employee cost, or 50 percent of the total employee and dependent cost. Minimum participation requirements for this contribution structure is 30 percent of total eligible lives.

Plan Design

This renewal is based on the current benefit plan designs, plus any noted deviations.

Waiting Period

New employees must complete the waiting period designated by their employer prior to enrolling in one of our plans. The waiting period must be consistently applied within a class of employees.

Additional Products and Services

Costs for special services, that are not included or assumed in the rate guarantee will be direct billed after such services have been rendered. For example, additional charges will apply for customized communication materials. The costs for these types of services will depend upon the actual services performed and will be determined at the time the service is requested.

Billing Information

Billing and Payment of Premium

Amount due is payable on the first day of the month covered by the invoice. If the amount due is not paid in full within 30 days, we reserve the right to terminate the contract and/or assess late premium payment charges.

Producer Compensation

We are not serving as billing and collection agent for producer compensation. Our quoted rates do not include Producer Service Fees or commissions.

Claim and Member Services

Dental Service Center

Claim administration and member services for the quoted plans will be centrally managed. Members will be able to reach the Member Service representatives Monday through Friday, from 8 a.m. to 6 p.m., local time (based on where the member resides).

City Of Doral

Caveats - Conventional Prospective

Effective Date: October 1, 2024

Reporting and Data Transfer

Aetna Intellectual Property

Under the Group Policy, you may have access to certain of Aetna's Customer reporting systems. Aetna represents that it has either the ownership rights or the right to use all of the intellectual property used by Aetna in providing the Services under the Group Policy ("Aetna IP"). Aetna will grant you, as the Customer, a nonexclusive, non-assignable, royalty free, limited right to use certain of the Aetna IP for the purposes described in the Group Policy. You agree not to modify, create derivative product from, copy, duplicate, decompile, disassemble, reverse engineer or otherwise attempt to perceive the source code from which any software component of the Aetna IP is compiled or interpreted. Nothing in the Group Policy shall be deemed to grant any additional ownership rights in, or any right to assign, sublicense, sell, resell, lease, rent, or otherwise transfer or convey, the Aetna IP to you.

Additional

Please review the additional important information found at the following URL. This information is incorporated by reference into this package and considered part of your policy. This quote is subject to all the terms and conditions set forth in this URL. In the event that any information contained herein conflicts or is inconsistent with the information in the Underwriting Disclosure Document, the information in your Renewal Package prevails.

<https://www.aetna.com/content/dam/aetna/pdfs/aetna.com/legal-notice/documents/large-group-dental-underwriting-fully-insured-disclosures-as-of-05-01-2024.pdf>

Legislative and Regulatory Requirements

Regulatory Reporting

We are entitled to rely on information supplied by you in connection with any regulatory filings we provide on your behalf or any other services we provide. We are not responsible for any penalties or fees associated with reporting delays/errors caused by your failure to provide us with accurate or timely information.

Aetna
DMO® - Dental Maintenance Organization
New Jersey Special Instructions

Important requirement when implementing DMO with NJ employees.

- 1) **Must deliver copy of NJ laws and return completed Compliance Form**
- 2) **A signed Master Application is required.**

NJ State Laws and Compliance Form:

DMO coverage in NJ is only available when the employees also have choice of an alternate plan. As a result, the DMO can only be sold to NJ members as part of a Freedom of Choice, Dual Option or Dual Choice sale. To ensure Plan Sponsors are in compliance, NJ requires the attached state laws to be delivered to all plan sponsors electing DMO coverage. Aetna is also required to obtain and keep on file notice of receipt and compliance of the laws by the plan sponsor. Attached you will find the laws to be delivered to the

Master Application:

Only one Master Application is required to implement a DMO plan offered to NJ employees.

**AETNA DENTAL INC.
NEW JERSEY - DENTAL PLAN ORGANIZATION LAWS
NOTICE OF RECEIPT AND COMPLIANCE**

New Jersey law requires that certain plan sponsors contributing to dental plan organization (DMO) coverage also offer to covered persons the option of selecting alternative coverage which permits covered persons to obtain dental services from any licensed dentist.

State law also requires that Aetna Dental Inc. provide affected plan sponsors with copies of the applicable statutes/regulations and that those plan sponsors furnish to us written verification of their compliance with the law.

Per your signature below, you certify your organization's receipt of and compliance with New Jersey Statutes 17:48D-9.1 and 9.2 and New Jersey Administrative Code 11:10-2.1 through 2.6. requiring selection of alternate coverage.

Plan Sponsor: _____
Signature: _____
Title: _____
Date: _____

Attachments: NJAC 11:10-2.1
NJAC 11:10-2.2
NJAC 11:10-2.3
NJAC 11:10-2.4
NJAC 11:10-2.5
NJAC 11:10-2.6
NJSA 17:48D-9.1
NJSA 17:48D-9.2



AETNA DENTAL INC.

NEW JERSEY - CODE AND STATUTES

New Jersey Administrative Code

11:10-2.1 Purpose

P.L. 1983, Chapters 142 through 145, require that each employer or other organization subject thereto offer its employees or members the option of selecting alternate coverage which permits covered persons to obtain dental services from any dentist of their choice whenever the employer is contributing to a dental plan contract (as described in N.J.A.C. 11:10-2.2(a)). These statutes also direct the Commissioner to promulgate rules and regulations to effectuate their purposes. This subchapter is being promulgated to meet this statutory mandate and to implement the notification requirements of the statutes.

11:10-2.2 Scope and application

(a) This subchapter applies to each employer or other organization which:

1. Employs or has 25 or more employees or members during the full preceding calendar year; and
2. Contributes to a dental plan contract.

(b) Insurers, dental plan organizations, and dental service corporations which are authorized to enter into contracts providing dental coverage are also subject to this subchapter.

11:10-2.3 Definitions

The following words and terms, when used in this subchapter, have the following meanings unless the context clearly indicates otherwise:

"Alternative coverage" means a plan that permits covered persons to obtain dental services from any licensed dentist.

"Dental plan contract" means any contract issued by a health insurer, dental plan organization, or dental service corporation which restricts covered persons in selecting the providers of dental services to a single provider or a limited number of providers.

"Enrollment period" means a period of time, of not less than one month's duration, prior to the renewal of a dental plan contract during which employees or members are afforded the option to be covered under the dental plan contract or alternative coverage.

"Other organization" means a group of 25 or more members to which a dental plan contract has been or is to be issued including, but not limited to, labor unions and associations.

"Renewal" means to begin a new term of the contract or to add an amendment to the contract.

NEW JERSEY - CODE AND STATUTES (Continued)

NJAC 11:10-2.4 Notification of affected parties

(a) An insurer, dental plan organization and dental service corporation shall provide to each employer or other organization to which this subchapter applies a copy of N.J.S.A. 17:48D-9.1 and 9.2 (as appropriate) and this subchapter at the time of offering a dental plan contract as defined in this subchapter.

(b) Every employer and other organization subject to this subchapter, shall offer in writing to its employees or members and their eligible dependents the option of selecting coverage which permits dental services to be obtained from any licensed dentist as an alternative to the coverage provided under a dental plan contract. For new dental plan contracts being provided for the first time, this option shall be offered during the period for enrolling the employees or members in the new plan. For existing dental plan contracts, this option shall be offered during an enrollment period preceding the renewal date of the contract. Employers and other organizations which have offered this option to existing employees or members shall also offer this option to new employees or members at the time they are enrolled in a dental plan contract.

(c) Employers and other organizations to which this subchapter applies, shall post in a conspicuous manner, written notice of the coverage option and the text of P.L. 1983, Chapters 142-145, whichever chapter is applicable.

NJAC 11:10-2.5 General rules

(a) Each health insurer, dental service corporation, or dental plan organization shall, at the time a dental plan contract is offered or at the time of renewal, obtain written verification from each employer or other organization of compliance with P.L. 1983, c.142 through 145, and this subchapter.

(b) Each employer or other organization, at the time of offering or renewal of a dental plan contract shall furnish to the health insurer, dental service corporation, or dental plan organization written verification of compliance with P.L. 1983, c.142 through 145 and this subchapter.

(c) Each employer or other organization at the time of offering or renewal of a dental plan contract shall provide in the written notice required by N.J.A.C. 11:10-2.4(b) and

(c) an outline of the differences in coverages and cost to the employee or members and their eligible dependents between a dental plan contract and the alternative coverage.

(d) The alternative coverage may be provided through an insurance contract, on a self-funded basis, or by any means which meets the approval of the Commissioner.

(e) Each employer or other organization shall contribute to the alternative coverage an amount equal to the premium or cost which it pays or contributes to the dental plan contract. Such contribution shall be adjusted when the premium or cost which it pays or contributes to the dental plan changes.

NEW JERSEY - CODE AND STATUTES (Continued)

11:10-2.6 Separability

If any provision of this subchapter, or its application to any person or circumstances, is held invalid, the remainder of this subchapter and its application to other persons or circumstances shall not be affected.

New Jersey - Statutes

17:48D-9.1 Employer must offer alternative dental coverage

Each employer or other organization which employs or has 25 or more employees or members during the full preceding calendar year and which contributes to a dental plan organization contract which restricts the covered persons in selecting the providers of dental services to a single provider or limited number of providers, shall also offer its employees and their eligible dependents and members and members' eligible dependents at the time a dental benefits plan is offered or renewed the option of selecting alternative coverage which permits covered persons to obtain dental services from any licensed dentist.

17:48D-9.2 Employer contributions

An employer or other organization shall be required to pay for or contribute towards the provision of alternative coverage an amount equal to the premium or cost which it pays or contributes to the dental plan organization contract which limits the number of providers of dental services.

Put the bite on medical costs with an integrated dental/medical program.

Help reduce the risks of heart disease, diabetes and the complications of pregnancy. Better dental care can mean healthier employees.

Early dental care may help lower risk for certain illnesses¹

Recent medical studies suggest a connection between periodontal disease and complications of cardiovascular disease. Also, periodontal disease may increase the likelihood for expectant mothers to deliver their babies early. And it may even make it more difficult for diabetics to control their blood sugar levels. But that's not all: Periodontal disease has been linked to respiratory infections in people with lung problems.

Visit the Dentist Regularly²

Regular checkups, cleanings, and maintenance are important, certainly. But a study from Aetna and Columbia University College of Dental Medicine indicates that proactive periodontal care appears to have a positive effect on the cost of medical care, with earlier treatment resulting in lower medical expenses for members with diabetes, coronary artery disease and stroke.

Smart Aetna programs bring together dental and medical care

Educate at-risk members who may not be aware of how oral health can affect their specific medical conditions. Members of dental and medical insurance plans from Aetna may get these added benefits, when you select the DMI program.

Aetna's Outreach Program

Our Dental/Medical Integration competitive advantage lies in successfully affecting member behavior. Since we have medical and dental claims data, we can put our knowledge to work for your members because we have a complete picture of their claims history. We differentiate ourselves from the market because of how we identify those members who should be concerned with their dental health and its impact to their overall medical condition. At this time, Aetna defines at-risk members as those who are pregnant or have cardiovascular disease or diabetes.

- Focusing on members who have not had a recent dental visit, the DMI member outreach program uses multiple outreach methods proven to be successful in motivating at-risk members to seek care.
- Claim data is monitored to determine if the member sought care after initial contact. Follow-up outreach is provided if the member does not seek care.

Enhanced Benefit* Programs Fully Cover Additional Services with NO deductible

For pregnant women, members with diabetes and coronary artery disease/cerebrovascular disease

- One additional prophylaxis (cleaning visit)
- Scaling and root planning
- Full mouth debridement to enable comprehensive evaluations and diagnosis
- Periodontal maintenance

Members will receive educational material and will be encouraged to call our Dental Service Center to:

- Enroll in the enhanced benefit
- Select a dentist
- Get help with making a dentist appointment

*Exclusions and limitations may apply. Refer to your plan documents, available after enrollment, for details.

¹Periodontal Disease and Systemic Health <https://www.perio.org/consumer/other-diseases>. Accessed October 2018

²"An examination of periodontal treatment and per member per month (PMPM) medical costs in an insured population" BMC Health Services Research 2006:103