



Sedgwick County (90192)

Delta Dental of Kansas

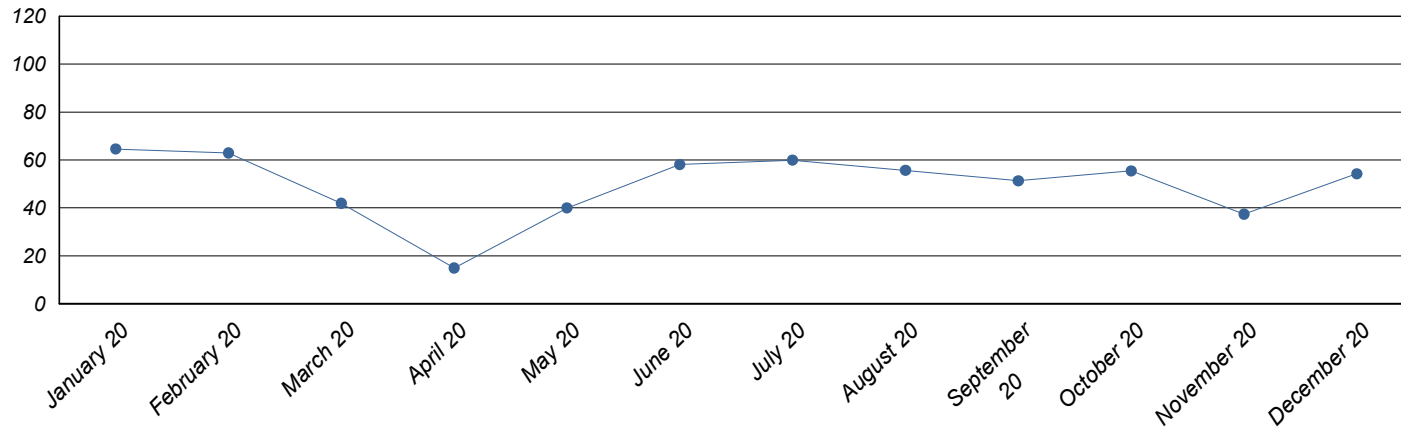
January 2020 Through December 2020

Monthly Claims Cost

January 2020 to December 2020

Month	Total Benefit Paid	Employees	Dependents	PEPM Claim Paid	PMPM Claim Paid	Number of Claims	Average Cost per Claim
January 20	\$164,669.72	2,550	3,914	\$64.58	\$25.47	1,073	\$153.47
February 20	\$160,321.83	2,548	3,884	\$62.92	\$24.93	1,099	\$145.88
March 20	\$107,161.51	2,557	3,884	\$41.91	\$16.64	810	\$132.30
April 20	\$37,960.06	2,544	3,861	\$14.92	\$5.93	197	\$192.69
May 20	\$101,700.35	2,544	3,854	\$39.98	\$15.90	706	\$144.05
June 20	\$148,215.86	2,550	3,856	\$58.12	\$23.14	1,080	\$137.24
July 20	\$151,454.63	2,527	3,819	\$59.93	\$23.87	1,093	\$138.57
August 20	\$140,163.45	2,517	3,825	\$55.69	\$22.10	1,052	\$133.24
September 20	\$128,867.28	2,511	3,800	\$51.32	\$20.42	933	\$138.12
October 20	\$139,127.76	2,510	3,787	\$55.43	\$22.09	960	\$144.92
November 20	\$93,191.73	2,492	3,769	\$37.40	\$14.88	697	\$133.70
December 20	\$135,597.11	2,500	3,774	\$54.24	\$21.61	1,006	\$134.79
Totals:	\$1,508,431.29	30,350	46,027	\$596.43	\$236.98	10,706	\$1,728.97
Averages:	\$125,702.61	2,529	3,836	\$49.70	\$19.75	892	\$144.08

Per Employee Per Month Claims Paid



PEPM - Per Employee Per Month

PMPM - Per Member Per Month (Includes Employees, Spouses, and Dependent Children)



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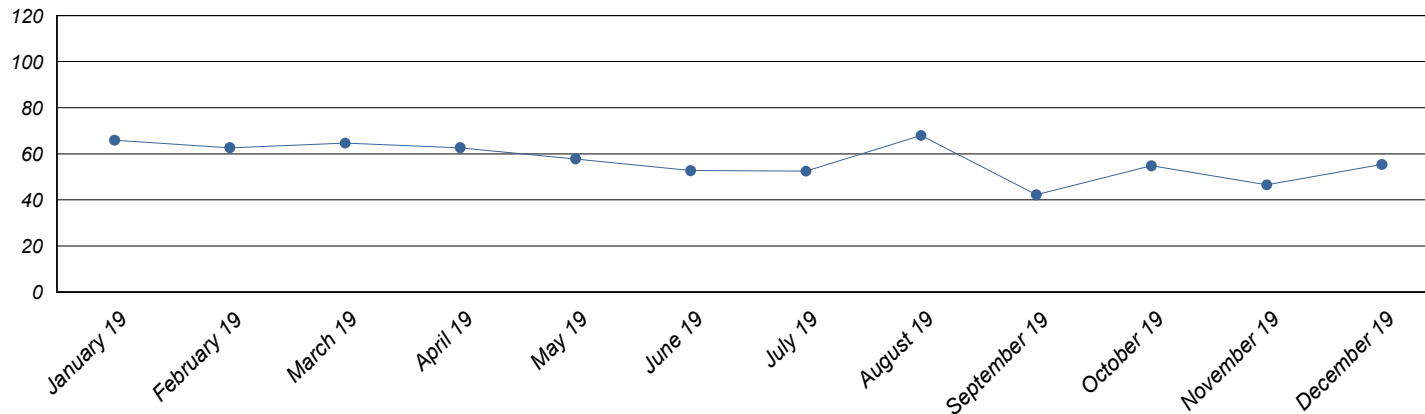
January 2019 Through December 2019

Monthly Claims Cost

January 2019 to December 2019

Month	Total Benefit Paid	Employees	Dependents	PEPM Claim Paid	PMPM Claim Paid	Number of Claims	Average Cost per Claim
January 19	\$166,841.59	2,532	3,977	\$65.89	\$25.63	1,124	\$148.44
February 19	\$159,368.99	2,544	3,948	\$62.65	\$24.55	1,046	\$152.36
March 19	\$165,233.14	2,556	3,946	\$64.65	\$25.41	1,080	\$152.99
April 19	\$159,037.81	2,539	3,919	\$62.64	\$24.63	1,086	\$146.44
May 19	\$147,610.01	2,554	3,918	\$57.80	\$22.81	1,046	\$141.12
June 19	\$134,558.22	2,553	3,895	\$52.71	\$20.87	989	\$136.05
July 19	\$134,068.02	2,553	3,896	\$52.51	\$20.79	1,007	\$133.14
August 19	\$173,803.92	2,557	3,899	\$67.97	\$26.92	1,257	\$138.27
September 19	\$107,894.31	2,556	3,869	\$42.21	\$16.79	853	\$126.49
October 19	\$140,715.15	2,569	3,852	\$54.77	\$21.91	1,098	\$128.16
November 19	\$119,408.34	2,565	3,867	\$46.55	\$18.56	849	\$140.65
December 19	\$140,985.39	2,544	3,844	\$55.42	\$22.07	1,021	\$138.09
Totals:	\$1,749,524.89	30,622	46,830	\$685.77	\$270.95	12,456	\$1,682.19
Averages:	\$145,793.74	2,552	3,903	\$57.15	\$22.58	1,038	\$140.18

Per Employee Per Month Claims Paid



PEPM - Per Employee Per Month

PMPM - Per Member Per Month (Includes Employees, Spouses, and Dependent Children)



Sedgwick County (90192)

Delta Dental of Kansas

January
2020

Through

December
2020

Cost Management

Summary	Description	January 2020 to December 2020			January 2019 to December 2019		
		Dollars	Savings	% of Eligible	Dollars	Savings	% of Eligible
	Submitted Charges	\$4,092,200.15			\$4,691,883.63		
	<i>In-Network Charges</i>	\$3,986,844.70			\$4,603,619.09		
	Duplicate Charges	\$134,832.00	3.29%		\$154,157.00	3.29%	
	Pending Ortho Charges	\$306,834.50	7.50%		\$326,197.84	6.95%	
	Delta Dental Difference ®	\$1,286,832.00	32.08%		\$1,395,875.82	30.22%	
	Eligible Claims	\$2,363,701.65			\$2,815,652.97		
Delta Dental Difference ®	Network Savings	\$981,456.17	24.62%		\$1,145,122.90	24.87%	
	Consultant Review	\$11,891.00	0.29%		\$13,599.00	0.29%	
	Non-Billable Services	\$204,190.23	4.99%		\$96,931.72	2.07%	
	Coordination of Benefits	\$89,294.60	2.18%		\$140,222.20	2.99%	
	Subtotal	\$1,286,832.00	32.08%		\$1,395,875.82	30.22%	
Patient Pay	Not Covered	\$177,759.43		7.52%	\$260,637.62		9.26%
	Optional Services	\$2,665.80		0.11%	\$2,497.91		0.09%
	Eligibility Verification	\$55.00		0.00%	\$0.00		0.00%
	Coinsurance	\$565,781.96		23.94%	\$637,123.51		22.63%
	Over Maximum	\$101,648.57		4.30%	\$154,910.04		5.50%
	Deductible	\$0.00		0.00%	\$0.00		0.00%
	Insufficient Information	\$7,359.60		0.31%	\$10,959.00		0.39%
	Subtotal	\$855,270.36		36.18%	\$1,066,128.08		37.86%
Delta Dental Pay	Coinsurance	\$1,501,499.05		63.52%	\$1,740,751.57		61.82%
	Adjustments	\$6,932.24		0.29%	\$8,773.32		0.31%
	Subtotal	\$1,508,431.29		63.82%	\$1,749,524.89		62.14%
Submitted Charges	Grand Total	\$4,092,200.15		100.00%	\$4,691,883.63		100.00%

Patient Pay Subtotal and Delta Dental Pay Subtotal equals Eligible Claims.

Pending Ortho Charges, Delta Dental Difference ®, Patient Pay Subtotal and Delta Dental Pay subtotal equals the Grand Total.

Benefit Comparison

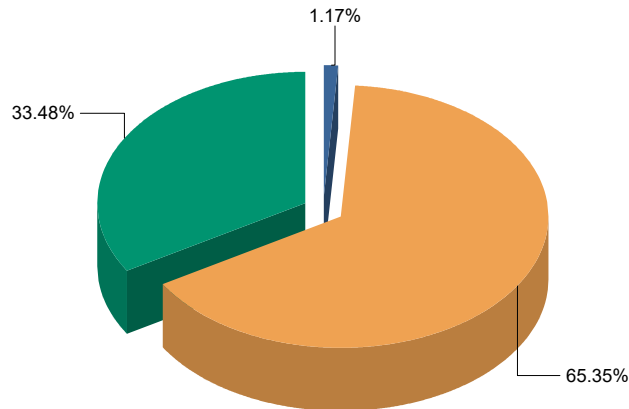
January 2020 to December 2020

Network Type	Amount Paid	Percentage of Amount
PPO:	\$985,757.24	65.35%
Premier:	\$505,036.68	33.48%
Out of Network:	\$17,637.37	1.17%
\$1,508,431.29		100.00%

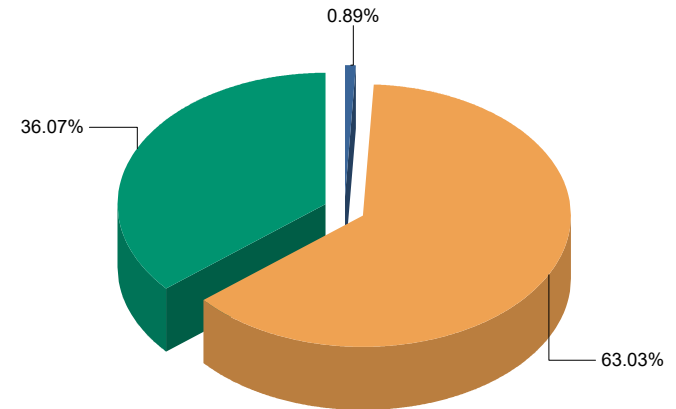
January 2019 to December 2019

Network Type	Amount Paid	Percentage of Amount
PPO:	\$1,102,783.90	63.03%
Premier:	\$631,112.59	36.07%
Out of Network:	\$15,628.40	0.89%
\$1,749,524.89		100.00%

Benefit Comparison by Network Utilization



Benefit Comparison by Network Utilization





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January 2020 Through December 2020

Benefit Comparison

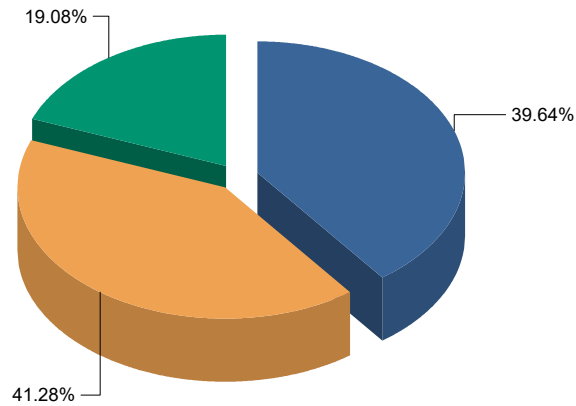
January 2020 to December 2020

Membership Type	Amount Paid	Percentage of Amount
Employee:	\$622,730.22	41.28%
Spouse:	\$287,760.29	19.08%
Dependent:	\$597,940.78	39.64%
Totals:	\$1,508,431.29	100.00%

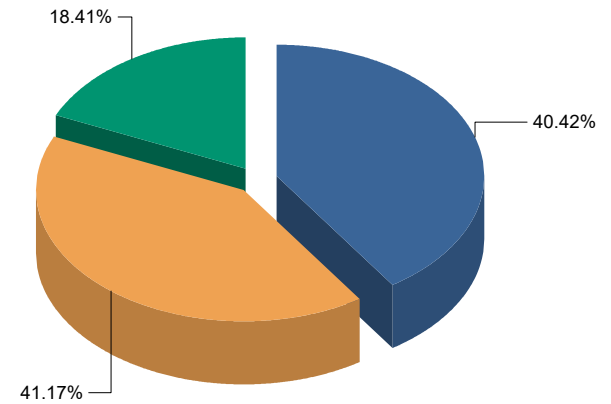
January 2019 to December 2019

Membership Type	Amount Paid	Percentage of Amount
Employee:	\$720,310.78	41.17%
Spouse:	\$322,092.01	18.41%
Dependent:	\$707,122.10	40.42%
Totals:	\$1,749,524.89	100.00%

Benefit Comparison By Membership Type



Benefit Comparison By Membership Type



Benefit Comparison

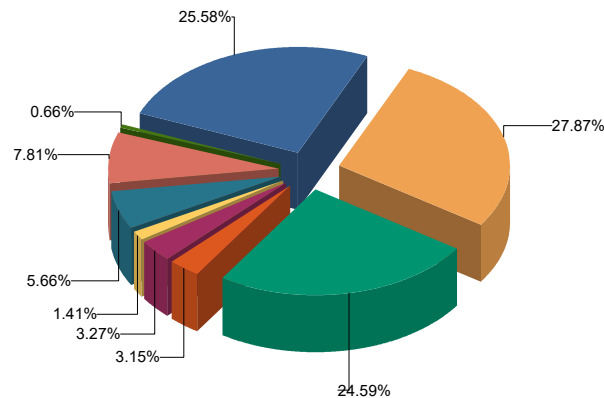
January 2020 to December 2020

Benefits Category	Number of Procedures	Amount Paid	Percent of Claims Paid
Diagnostic:	12,955	\$420,326.57	27.87%
<i>Exams</i>	5,921	\$200,420.53	13.29 %
Preventive:	9,024	\$370,853.39	24.59%
<i>Cleanings</i>	5,764	\$306,558.85	20.32 %
Restorative:	3,522	\$385,889.27	25.58%
<i>Basic</i>	2,701	\$223,047.41	14.79 %
<i>Major</i>	821	\$162,841.86	10.79 %
Endodontics:	227	\$47,548.23	3.15%
Periodontics:	766	\$49,340.44	3.27%
<i>Perio Cleanings</i>	334	\$18,542.02	1.23 %
Prosthodontics:	201	\$21,333.90	1.41%
<i>Implants</i>	38	\$0.00	0.00 %
Oral Surgery:	941	\$85,352.22	5.66%
Orthodontics:	950	\$117,812.87	7.81%
Adjunctive Services:	764	\$9,974.40	0.66%
Totals:	29,350	\$1,508,431.29	100.00%

January 2019 to December 2019

Benefits Category	Number of Procedures	Amount Paid	Percent of Claims Paid
Diagnostic:	15,141	\$491,380.51	28.09%
<i>Exams</i>	6,998	\$236,959.19	13.54 %
Preventive:	9,995	\$443,732.10	25.36%
<i>Cleanings</i>	6,879	\$368,495.14	21.06 %
Restorative:	4,099	\$433,920.03	24.80%
<i>Basic</i>	3,208	\$258,360.25	14.77 %
<i>Major</i>	891	\$175,559.78	10.03 %
Endodontics:	331	\$82,155.35	4.70%
Periodontics:	771	\$49,741.82	2.84%
<i>Perio Cleanings</i>	397	\$21,202.12	1.21 %
Prosthodontics:	224	\$22,085.80	1.26%
<i>Implants</i>	49	\$0.00	0.00 %
Oral Surgery:	1,208	\$88,626.62	5.07%
Orthodontics:	1,002	\$126,179.02	7.21%
Adjunctive Services:	865	\$11,703.64	0.67%
Totals:	33,636	\$1,749,524.89	100.00%

Benefit Comparison by Category



Benefit Comparison by Category

