Excellus

August 2025

CITY OF ONEIDA

Dental Care Benefits Renewal

We would like to take this opportunity to thank you and your employees for selecting us as your health care provider of choice. We take this responsibility seriously and want to provide you and your employees with the dental care they need and deserve.

We are committed to:

- Providing flexible, innovative and affordable plan designs
- Maximizing benefit dollars for your employees and their family members
- Timely and accurate administration of dental benefits
- Choices and easy access to dentists

What's Included?

Included in this Dental Care Benefits Renewal Package is all of the information you need to make an informed decision about the dental care choices you want to offer:

Claims Experience and Financial Analysis

This series of exhibits shows how your rate change was calculated, along with historical detail on premium and claims.

Summary of Proposals

This exhibit shows one or more proposals for your consideration. Included is the expected premium impact relative to your current benefits.

Detailed Rate and Benefit Exhibits

A detailed rate sheet is provided for each proposal. This rate sheet includes a list of Financial Terms and Assumptions. Detailed benefit information for each proposal is included on the following sheet(s). Any changes to these benefits or terms may result in a change to the rates.

Next Steps:

Please sign and return the rate sheet for the proposal that best meets your needs. New rates will be effective on your plan effective date of January 1, 2026. We look forward to continuing to work with you to meet the health care needs of you and your employees.

Sincerely,

Excellus Underwriting and Account Management Teams

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Rate Adequacy Report
CITY OF ONEIDA
Contract Period: January 1, 2026 through December 31, 2026

Funding Arrangement: **Prospective**

	Dental
Experience Period: 6/1/24 - 5/31/25	
Paid Claims (Paid Through 7/31/25)	$ 88,204
Estimated Remaining Liability	$ 1,028
Incurred Claim Subtotal	$ 89,232
Annual Trend	4.9 %
Effective Trend Factor (19 Months)	1.079
Trended Claim Cost	$ 96,254
Covered Subscriber Months	1,432
Monthly Claim Cost Per BEP Subscriber	$ 67.22
Final Projected Claim Cost Estimate:	
Projected Covered Subscriber Months	1,392
BEP to Projected PCPM Contract Mix	0.973
Experience Projected Claim PCPM	$ 65.41
Manual Rate Projected Claim PCPM	$ 64.20
Weighted Claim PCPM (44.6% Credibility)	$ 64.74
Claims Risk Assessment	0.900
Final Projected Claim PCPM	$ 58.26
Contract Period: 1/1/26 - 12/31/26	
Claims Cost for Projected Covered Subscribers	$ 81,104
Retention Amount	$ 22,306
Required Revenue	$ 103,410
Current Revenue	$ 89,136
Percent Rate Change	**16.01 %**
Modified Percent Rate Change	**4.00 %**
Modified Required Revenue	$ 92,703

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Monthly Claims Detail
CITY OF ONEIDA
Contract Period: January 1, 2026 through December 31, 2026

Funding Arrangement: **Prospective**

All Plans

Incurred Month	Subscriber Months	Claims Paid Through July 31, 2025 Dental	Claims Paid Through July 31, 2025 Total	Billed Premium
June 24	126	$ 5,513	$ 5,513	$ 8,896
July 24	124	6,324	6,324	8,678
August 24	122	7,758	7,758	8,460
September 24	121	8,080	8,080	8,277
October 24	121	8,008	8,008	8,202
November 24	121	9,000	9,000	8,202
December 24	119	4,566	4,566	7,984
January 25	116	8,204	8,204	7,644
February 25	115	4,364	4,364	7,467
March 25	115	10,054	10,054	7,394
April 25	116	10,490	10,490	7,356
May 25	116	5,844	5,844	7,428
Total	1,432	$ 88,204	$ 88,204	$ 95,987
Incurred Claims for Experience Period			$ 89,232	
Loss Ratio			93.0 %	

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Summary of Proposals
CITY OF ONEIDA
Contract Period: January 1, 2026 through December 31, 2026

Funding Arrangement: **Prospective**

Proposal Summary

Proposal and Description	Comparison to Current Benefit Premium	Vs. Current Premium[1]	Estimated Contract Period Premium[1]
Renew at Current Benefits	NA	4.00%	$ 92,703

[1]Assumes contract distribution as shown on detailed rates exhibit

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Proposal: Renew at Current Benefits
CITY OF ONEIDA
Contract Period: January 1, 2026 through December 31, 2026

Funding Arrangement: **Prospective**

All Subscribers

Plan	Tier	Projected Contracts	Rate
Dental Blue Options	Single	67	$ 34.92
	Family	49	109.91

Financial Terms / Assumptions

- Rates shown are good through 10/14/2025. If Group does not accept this rate action prior to the expiration date, Excellus BlueCross BlueShield reserves the right to re-rate the proposal.
- Signature below indicates acceptance of all rates and terms for this proposal and its accompanying benefit sheet.
- Terms and assumptions used in this rate sheet are superceded by the group contract.
- Rates are for prospective financial arrangement (Excellus BlueCross BlueShield, Utica Region at risk).
- Quoted premium rates contain a factor for broker commissions included in the overall retention load; administered under the Utica Region Broker Program.
- Enrollment variations greater than +/-10% require a rate review which may cause a rate adjustment.
- Above Rates Assume Employer Is Contributing To The Plan.
- Changes in federal or state benefit mandates or tax policies will require a rate review which may cause a rate adjustment.

_____ _____

Proposal Accepted By (Group Representative) Date

_____ QFU

Title

Renew at Current Benefits (Continued)
CITY OF ONEIDA
Contract Period: January 1, 2026 through December 31, 2026

Funding Arrangement: **Prospective**

Population:	**All Subscribers**
Plan:	**Dental Blue Options**
Coinsurance:	**In / Out of Network**
Class I:	100% / 100%
Class II:	100% / 100%
Class IIA:	100% / 100%
Class III:	100% / 100%
Class IV:	50% / 50%
Fee Schedules:	**In / Out of Network**
In Area:	Blue Shield / Blue Shield
Out of Area:	GRID+ DenteMax / Blue Shield
Deductible:	$50/$150
Annual Max:	$1,500
Benefit Cycle:	Calendar Year Benefits
Deductible Classes:	Classes II, IIa, III
Max Classes:	Classes II, IIa, III
Ortho Lifetime Max:	$2,000
Riders:	• Dependent To Age 19 • Student To Age 25

QFU

Initial to signify approval of benefits for proposal : _____