

Premium and Claims Report - AC

[10/2016] - [03/2019]

			Employee Only			Employee/Spouse, Employee/ Child(ren) & Employee/Family				Dependent Only		---- T O T A L ----	
Plan	Coverage	Date	Employee Only	Earned Premium	Claims	Units	EE/SP	EE/CH	EE/SPCH	Earned Premium	Claims	Total Earned Premium	Total Claims
514206	DEN ASO	10/2016	450	\$1,921.50	\$9,946.20	362	148	75	139	\$1,545.74	\$14,091.46	\$3,467.24	\$24,037.66
		11/2016	451	\$1,925.77	\$10,739.80	364	149	74	141	\$1,554.28	\$9,446.90	\$3,480.05	\$20,186.70
		12/2016	456	\$1,947.12	\$15,320.20	371	152	77	142	\$1,584.17	\$15,994.18	\$3,531.29	\$31,314.38
		01/2017	455	\$1,942.85	\$17,715.70	371	154	78	139	\$1,584.17	\$17,624.19	\$3,527.02	\$35,339.89
		02/2017	455	\$1,940.26	\$14,174.40	370	154	77	139	\$1,579.90	\$17,284.04	\$3,520.16	\$31,458.44
		03/2017	466	\$1,989.82	\$14,688.40	369	152	77	140	\$1,575.63	\$11,771.60	\$3,565.45	\$26,460.00
		04/2017	464	\$1,980.65	\$17,418.70	369	151	76	142	\$1,575.63	\$11,195.76	\$3,556.28	\$28,614.46
		05/2017	464	\$1,981.28	\$21,486.80	370	152	78	140	\$1,579.90	\$15,229.94	\$3,561.18	\$36,716.74
		06/2017	461	\$1,968.47	\$16,603.30	370	153	77	140	\$1,579.90	\$17,112.86	\$3,548.37	\$33,716.16
		07/2017	451	\$1,925.77	\$9,720.20	362	149	76	137	\$1,541.47	\$20,574.90	\$3,467.24	\$30,295.10
		08/2017	452	\$1,930.04	\$13,981.70	363	149	76	138	\$1,545.74	\$17,410.80	\$3,475.78	\$31,392.50
		09/2017	451	\$1,925.77	\$8,800.10	363	150	74	139	\$1,545.74	\$6,353.62	\$3,471.51	\$15,153.72
		10/2017	455	\$2,079.35	\$12,539.20	399	164	76	159	\$1,823.43	\$14,481.30	\$3,902.78	\$27,020.50
		11/2017	457	\$2,088.49	\$10,107.70	398	164	76	158	\$1,818.86	\$13,824.72	\$3,907.35	\$23,932.42
		12/2017	454	\$2,074.78	\$13,110.90	397	164	75	158	\$1,814.29	\$15,803.44	\$3,889.07	\$28,914.34
		01/2018	456	\$2,083.92	\$17,075.00	397	162	78	157	\$1,810.47	\$16,340.36	\$3,894.39	\$33,415.36
		02/2018	459	\$2,097.63	\$17,183.20	397	160	79	158	\$1,814.29	\$14,185.37	\$3,911.92	\$31,368.57
		03/2018	457	\$2,088.49	\$23,832.00	396	157	79	160	\$1,809.72	\$17,780.50	\$3,898.21	\$41,612.50
		04/2018	455	\$2,079.35	\$15,581.80	399	160	79	160	\$1,823.43	\$9,848.05	\$3,902.78	\$25,429.85
		05/2018	452	\$2,065.64	\$20,037.60	399	159	81	159	\$1,823.43	\$11,191.29	\$3,889.07	\$31,228.89
		06/2018	449	\$2,051.93	\$17,775.00	396	157	80	159	\$1,809.72	\$16,812.50	\$3,861.65	\$34,587.50
		07/2018	457	\$2,088.49	\$19,377.60	403	159	82	162	\$1,841.71	\$13,402.23	\$3,930.20	\$32,779.83
		08/2018	458	\$2,093.06	\$20,945.80	401	157	82	162	\$1,832.57	\$20,844.64	\$3,925.63	\$41,790.44
		09/2018	463	\$2,115.91	\$16,276.70	401	157	81	163	\$1,832.57	\$9,664.38	\$3,948.48	\$25,941.08
10/2018	476	\$2,175.32	\$20,209.70	411	147	90	174	\$1,878.27	\$18,461.15	\$4,053.59	\$38,670.85		
11/2018	451	\$2,061.07	\$11,686.60	407	145	90	172	\$1,859.99	\$14,811.30	\$3,921.06	\$26,497.90		
12/2018	453	\$2,070.21	\$22,321.85	410	147	91	172	\$1,873.70	\$13,930.69	\$3,943.91	\$36,252.54		

01/2019	451	\$2,061.07	\$15,648.25	409	150	91	168	\$1,869.13	\$11,836.52	\$3,930.20	\$27,484.77
02/2019	443	\$2,024.51	\$17,606.40	406	148	91	167	\$1,855.42	\$11,597.84	\$3,879.93	\$29,204.24
03/2019	450	\$2,056.50	\$18,946.50	407	145	93	169	\$1,859.62	\$18,169.81	\$3,916.12	\$37,116.31
	13672	\$60,835.02	\$480,857.30	11637	4615	2409	4613	\$51,842.89	\$437,076.34	\$112,677.91	\$917,933.64

Guardian Group Benefits

in
sync

Put Guardian to
work for you

Experience Reporting

HIGHLANDS COUNTY BOARD OF COUNTY COMMISSIONERS

04/23/2019

The Guardian Life Insurance Company of America, 7 Hanover Square, New York, NY 10004



Claims Experience Reports Dental

HIGHLANDS COUNTY BOARD OF COUNTY COMMISSIONERS

For Claims with Service Date 10/1/2018 to 3/31/2019

As of 04/03/2019



Dear Planholder,

To help you better understand how your Guardian Group Dental Plan is being utilized by those enrolled in the plan, we are pleased to provide you with the enclosed package of claims experience reports. These reports offer a snapshot of your claims activity, providing helpful insight on how your claims dollars are being spent.

After reviewing these reports and better understanding how members are utilizing their coverage, you may wish to make some changes to your current plan design. Claims may have a direct impact to your plan's renewal premiums, so if you would like to make benefit design changes to potentially help reduce your premiums in the future, Guardian will gladly work with you and your benefits broker to make such changes upon your next plan renewal.

If you have any questions about the information presented in these reports, we encourage you to speak with your broker or Sales Representative.

We greatly value your business and look forward to continue meeting your benefits needs for years to come.

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Plan Summary



HIGHLANDS COUNTY BOARD OF COUNTY COMMISSIONERS

Group Plan #: 514206

Benefit Type: BUY UP PLAN, EE/FAM 100/80/50 \$1,000 MAX

Demographics Summary	October 2018 To March 2019		October 2017 To March 2018		% Change from 2017		Guardian Block of Business Dental	
	Monthly Average Number of Employees	167		287		-41.8%		49
Monthly Average Number of Members	341		453		-24.7%		85	
Percent of Male / Female	54.9%	45.1%	58.2%	41.8%	-3.3%	3.3%	58.1%	41.9%
Average Employee Age	52		51		1.4%		46	
Average Membership Age	40		41		-0.4%		41	
Ratio of Members to Employees	2.04		1.58		29.1%		1.73	
Key Statistics								
Total Dental Paid Amount	\$30,761		\$53,683		-42.7%		\$82,692,630	
Per Employee	\$185		\$187		-1.1%		\$270	
Per Member	\$90		\$119		-23.7%		\$155	
Preventive Paid Amount Per Member	\$53		\$56		-5.6%		\$75	
Preventive Number of Services/1,000 Members	1,394		1,550		-10.0%		1,985	
Basic Paid Amount Per Member	\$19		\$21		-12.2%		\$48	
Basic Number of Services/1,000 Members	282		364		-22.6%		620	
Major Paid Amount Per Member	\$16		\$32		-49.0%		\$26	
Major Number of Services/1,000 Members	182		397		-54.2%		215	
Orthodontic Paid Amount Per Member	\$3		\$10		-71.4%		\$6	
Orthodontic Number of Services/1,000 Members	26		179		-85.5%		75	
Other Paid Amount Per Member	\$0		\$0		0.0%		\$0	
Other Number of Services/1,000 Members	9		7		36.0%		12	
PPO Fee Schedule Savings (Excluding Ortho)	\$15,075		\$29,994		-49.7%			
% of Dental Paid Amount To Preferred Providers	46.0%		47.8%		-3.8%		57.9%	
Reasonable and Customary Savings	\$108		\$435		-75.2%			

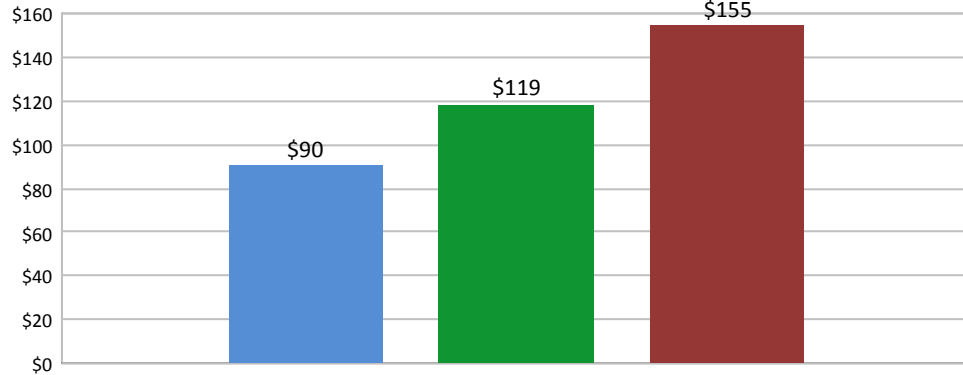
Plan Summary

HIGHLANDS COUNTY BOARD OF COUNTY COMMISSIONERS

Group Plan #: 514206

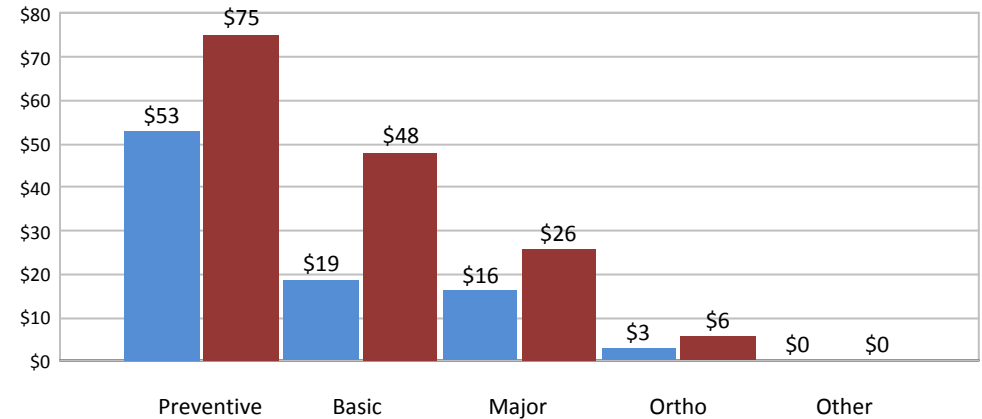
Benefit Type: BUY UP PLAN, EE/FAM 100/80/50 \$1,000 MAX

Dental Paid Amount Per Member



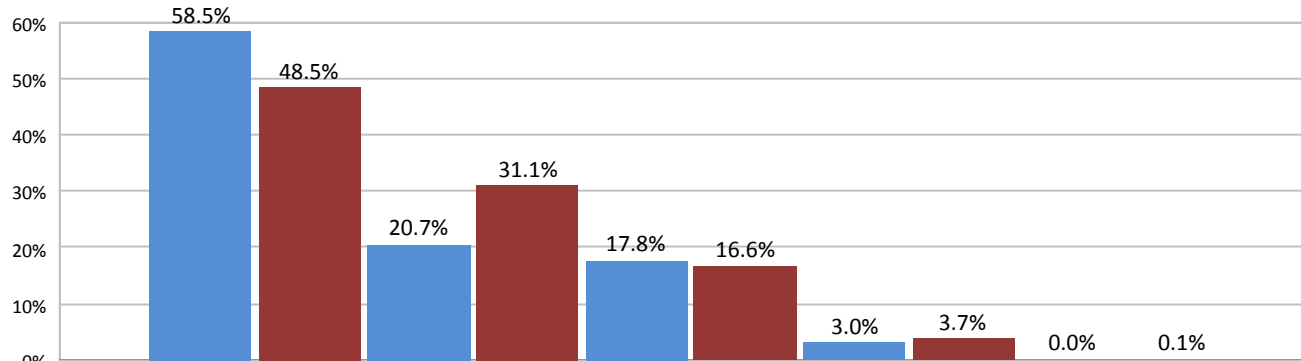
Current Year Prior Year Block of Business

Dental Paid Amount by Member by Service Category



Current Year Block of Business

Dental Paid Percentage by Member by Service Category



Current Year Block of Business

Maximum Rollover Claims Review



HIGHLANDS COUNTY BOARD OF COUNTY COMMISSIONERS

Group Plan #: 514206

Benefit Type: BUY UP PLAN, EE/FAM 100/80/50 \$1,000 MAX

Month	Benefits Paid	Employees	Dependents	PEPM Paid	PMPM Paid	Total Claims	Avg. Claim Cost
October 2018	\$0.00	177	180	\$0.00	\$0.00	0	\$0.00
November 2018	\$0.00	168	178	\$0.00	\$0.00	0	\$0.00
December 2018	\$0.00	167	174	\$0.00	\$0.00	0	\$0.00
January 2019	\$0.00	164	175	\$0.00	\$0.00	0	\$0.00
February 2019	\$0.00	160	170	\$0.00	\$0.00	0	\$0.00
March 2019	\$0.00	163	168	\$0.00	\$0.00	0	\$0.00
Total	\$0.00	999	1,045	\$0.00	\$0.00	0	\$0.00
Monthly Average	\$0.00	167	174	\$0.00	\$0.00	0	\$0.00

Per Employee Per Month Claims Paid



Cost Management Summary



HIGHLANDS COUNTY BOARD OF COUNTY COMMISSIONERS

Group Plan #: 514206

Benefit Type: BUY UP PLAN, EE/FAM 100/80/50 \$1,000 MAX

Description	Preferred Providers		Non-Preferred Providers		Plan Total	
	Amount	% of Eligible Claims	Amount	% of Eligible Claims	Amount	% of Eligible Claims
STANDARD CHARGES	\$47,096		\$21,708		\$68,804	
Claims Not Considered	- \$1,938		\$-203		\$1,735	
A ELIGIBLE CLAIMS	\$45,158		\$21,911		\$67,069	
(1) Savings from PPO Fee Schedule/DG Plus Discount/R&C Fees	\$15,075	33.4%	\$108	0.5%	\$15,183	22.6%
(2) Savings From Contract Provisions	+ \$191	0.4%	\$101	0.5%	\$292	0.4%
Savings from Dental Review Logic (DRL)	+ \$2,856	6.3%	\$1,531	7.0%	\$4,387	6.5%
Savings from Plan Design Provisions	+ \$13,242	29.3%	\$3,514	16.0%	\$16,756	25.0%
B TOTAL PLAN SAVINGS	\$31,364	69.5%	\$5,254	24.0%	\$36,618	54.6%
C Manual Adjustments (Refer to Glossary)	\$358	0.8%	-\$48	-0.2%	\$310	0.5%
D Maximum Rollover Rewards	\$0	0.0%	\$0	0.0%	\$0	0.0%
E GUARDIAN PAYS (A-B+C+D)	\$14,152	31.3%	\$16,609	75.8%	\$30,761	45.9%

Dental Review Logic Savings Statistics		Amount	%
Claims Eligible for DRL Savings (A-1-2)		\$51,594	
Total DRL Savings		\$4,387	8.5%
PPO Fee Schedule Savings Statistics		Amount	%
Eligible Claims - Preferred Providers		\$45,158	
Ortho Claims		\$1,867	
Eligible Claims - Excluding Ortho		\$43,292	
PPO Fee Schedule Savings - Excluding Ortho		\$15,075	34.8%

Cost Management Detail



HIGHLANDS COUNTY BOARD OF COUNTY COMMISSIONERS

Group Plan #: 514206

Benefit Type: BUY UP PLAN, EE/FAM 100/80/50 \$1,000 MAX

Description		Preferred Providers	Non-Preferred Providers	Plan Total
A STANDARD CHARGES		\$47,096	\$21,708	\$68,804
Claims Not Considered				
Eligibility	+	\$215	\$118	
Non-Covered Services (PPO Discounts Not Allowed)	+	\$833	\$34	
Duplicate Claims	+	\$890	-\$355	
B Claims Not Considered Total		\$1,938	\$-203	\$1,735
C ELIGIBLE CLAIMS (A - B)		\$45,158	\$21,911	\$67,069
D Savings from Contracted Discounts/R&C Fees		\$15,075	\$108	\$15,183
Savings from Contract Provisions				
Service Waiting Period/Deferred Services	+	\$0	\$0	
Late Entrant Waiting Period	+	\$0	\$0	
Non-Covered Services (PPO Discounts Allowed)	+	\$191	\$0	
Coordination of Benefits	+	\$0	\$101	
E Savings from Contract Provisions Total		\$191	\$101	\$292
Savings from Dental Review Logic (DRL)				
Frequency/Time/Age Limits	+	\$1,656	\$1,149	
History Check	+	\$470	\$60	
Alternate Treatment Provisions	+	\$92	\$12	
Services Part of a More Comprehensive Procedure	+	\$451	\$150	
Professional Review	+	\$187	\$160	
F Savings from Dental Review Logic (DRL) Total		\$2,856	\$1,531	\$4,387
Savings from Plan Design Provisions				
Maximum	+	\$7,233	-\$120	
Deductible	+	\$898	\$750	
Coinsurance	+	\$5,112	\$2,884	
Fee Schedule Reimbursements Out of Network	+	\$0	\$0	
G Savings from Plan Design Provisions Total		\$13,242	\$3,514	\$16,756
H TOTAL PLAN SAVINGS (D + E + F + G)		\$31,364	\$5,254	\$36,618
I Manual Adjustments (Refer to Glossary)		\$358	-\$48	\$310
J Maximum Rollover Rewards		\$0	\$0	\$0
K GUARDIAN PAYS (C - H + I + J)		\$14,152	\$16,609	\$30,761

Top 25 CDT by Paid Amount



HIGHLANDS COUNTY BOARD OF COUNTY COMMISSIONERS

Group Plan #: 514206

Benefit Type: BUY UP PLAN, EE/FAM 100/80/50 \$1,000 MAX

CDT Code	Dental Procedure	Total Dental Paid Amount	Amount Paid Preferred Providers	% Paid Preferred Providers	Total Number of Services	Total Services per 1,000 Members	BOB Services per 1,000 Members	Plan Variance from BOB
D1110	Prophylaxis - Adult	\$8,110	\$2,159	26.6%	131	476	449	6.0%
D0120	Periodic Oral Evaluation	\$3,617	\$1,048	29.0%	119	433	456	-5.0%
D0274	Bitewing Xrays - Four Films	\$2,412	\$864	35.8%	65	236	202	16.8%
D2392	Composite - 2 Surfaces, Posterior	\$2,034	\$1,030	50.6%	20	73	37	97.3%
D2752	Crown - Porcelain On Noble Metal	\$1,710	\$615	36.0%	5	18	4	350.0%
D2740	Crown - Porcelain/Ceramic Substrate	\$1,249	\$1,249	100.0%	5	18	30	-40.0%
D2792	Crown - Full Cast Noble Metal	\$1,206	\$771	63.9%	3	11	20	-45.0%
D2393	Composite - 3 Surfaces, Posterior	\$969	\$285	29.4%	9	33	14	135.7%
D8070	Comprehensive Orthodontic Treatment Of The Transitional Dent	\$933	\$933	100.0%	9	33	3	1,000.0%
D3330	Endodontic Therapy	\$809	\$809	100.0%	2	7	10	-30.0%
D0150	Comprehensive Oral Evaluation	\$694	\$262	37.8%	15	55	91	-39.6%
D7140	Extraction, Erupted Tooth Or Exposed Root	\$662	\$602	90.9%	12	44	57	-22.8%
D7210	Extraction Of Tooth - Erupted	\$651	\$459	70.5%	6	22	39	-43.6%
D0210	Intraoral Xrays-Complete Series W/ Bitewings	\$628	\$219	34.9%	11	40	43	-7.0%
D2335	Composite - 4+ Surfaces Or Inc Angel, Anterior	\$567	\$207	36.5%	4	15	10	50.0%
D5213	Upper - W/Metal Base	\$463	\$0	0.0%	1	4	1	300.0%
D0220	Intraoral Xrays - Periapical, First Film	\$417	\$280	67.1%	26	95	147	-35.4%
D1120	Prophylaxis - Child	\$410	\$360	87.8%	11	40	86	-53.5%
D1208	Topical Application Of Fluoride	\$364	\$310	85.2%	19	69	82	-15.9%
D2391	Composite - 1 Surface, Posterior	\$335	\$335	100.0%	4	15	27	-44.4%
D2330	Composite - 1 Surface, Anterior	\$322	\$105	32.5%	4	15	18	-16.7%
D0330	Panoramic Film	\$321	\$321	100.0%	5	18	63	-71.4%
D6752	Porcelain Fused To Semi-Precious Metal	\$320	\$320	100.0%	1	4	1	300.0%
D0140	Limited Oral Evaluation-Problem Focused	\$302	\$115	38.1%	18	65	79	-17.7%
D4910	Periodontal Maintenance	\$288	\$151	52.5%	15	55	36	52.8%
	Sub-Total	\$29,793	\$13,810	46.4%	520	1,894	2,005	-5.5%
	Grand Total	\$30,761	\$14,152	46.0%	645			
	% of Grand Total	96.9%	97.6%		80.6%			

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Top 25 CDT by Frequency



HIGHLANDS COUNTY BOARD OF COUNTY COMMISSIONERS

Group Plan #: 514206

Benefit Type: BUY UP PLAN, EE/FAM 100/80/50 \$1,000 MAX

CDT Code	Dental Procedure	Total Dental Amount Paid	Services Preferred Providers	% Services Preferred Providers	Total Number of Services	Total Services per 1,000 Members	BOB Services per 1,000 Members	Plan Variance from BOB
D1110	Prophylaxis - Adult	\$8,110	44	33.6%	131	476	449	6.0%
D0120	Periodic Oral Evaluation	\$3,617	40	33.6%	119	433	456	-5.0%
D0274	Bitewing Xrays - Four Films	\$2,412	32	49.2%	65	236	202	16.8%
D0220	Intraoral Xrays - Periapical, First Film	\$417	20	76.9%	26	95	147	-35.4%
D1206	Topical Fluoride Varnish; Therapeutic	\$185	13	56.5%	23	84	90	-6.7%
D2392	Composite - 2 Surfaces, Posterior	\$2,034	13	65.0%	20	73	37	97.3%
D1208	Topical Application Of Fluoride	\$364	15	78.9%	19	69	82	-15.9%
D0140	Limited Oral Evaluation-Problem Focused	\$302	11	61.1%	18	65	79	-17.7%
D0230	Intraoral Xrays - Periapical, Each Extra Film	\$186	13	81.3%	16	58	80	-27.5%
D0150	Comprehensive Oral Evaluation	\$694	9	60.0%	15	55	91	-39.6%
D4910	Periodontal Maintenance	\$288	7	46.7%	15	55	36	52.8%
D7140	Extraction, Erupted Tooth Or Exposed Root	\$662	11	91.7%	12	44	57	-22.8%
D0210	Intraoral Xrays-Complete Series W/ Bitewings	\$628	5	45.5%	11	40	43	-7.0%
D1120	Prophylaxis - Child	\$410	9	81.8%	11	40	86	-53.5%
D1351	Sealant - Per Tooth	\$102	11	100.0%	11	40	46	-13.0%
D0272	Bitewing Xrays - Two Films	\$239	9	90.0%	10	36	57	-36.8%
D2393	Composite - 3 Surfaces, Posterior	\$969	3	33.3%	9	33	14	135.7%
D8070	Comprehensive Orthodontic Treatment Of The Transitional Dent	\$933	9	100.0%	9	33	3	1,000.0%
D2950	Core Buildup, Including Pins	\$281	6	85.7%	7	25	35	-28.6%
D7210	Extraction Of Tooth - Erupted	\$651	5	83.3%	6	22	39	-43.6%
D2752	Crown - Porcelain On Noble Metal	\$1,710	2	40.0%	5	18	4	350.0%
D2740	Crown - Porcelain/Ceramic Substrate	\$1,249	5	100.0%	5	18	30	-40.0%
D0330	Panoramic Film	\$321	5	100.0%	5	18	63	-71.4%
D9630	Other Drugs And/Or Medicaments, By Report	\$0	3	60.0%	5	18	6	200.0%
D2335	Composite - 4+ Surfaces Or Inc Angel, Anterior	\$567	2	50.0%	4	15	10	50.0%
	Sub-Total	\$27,332	302	52.3%	577	2,099	2,242	-6.4%
	Grand Total	\$30,761	351	54.4%	645			
	% of Grand Total	88.8%	86.0%		89.5%			

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Benefit Category Claims Comparison



HIGHLANDS COUNTY BOARD OF COUNTY COMMISSIONERS

Group Plan #: 514206

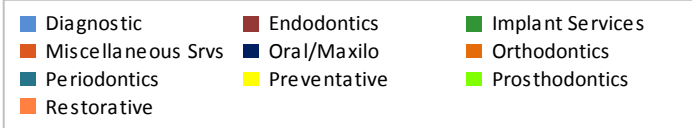
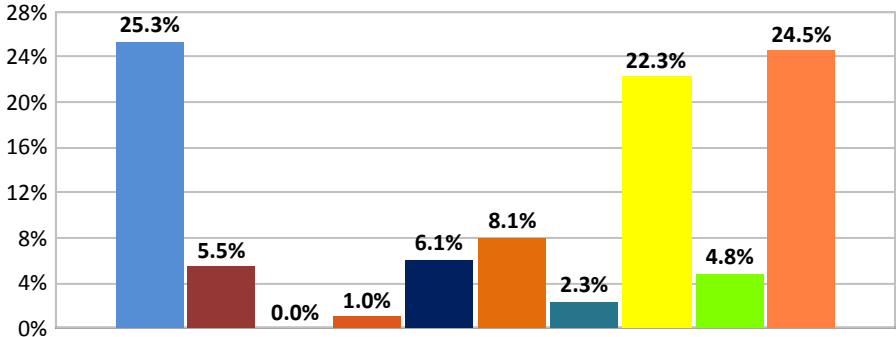
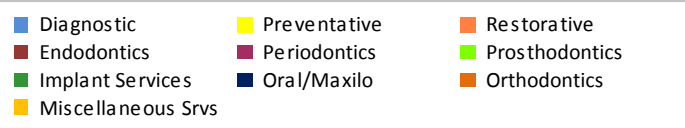
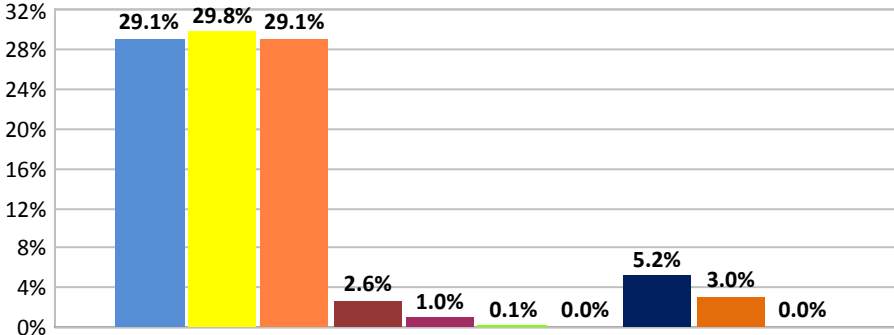
Benefit Type: BUY UP PLAN, EE/FAM 100/80/50 \$1,000 MAX

October 2018 - March 2019

Benefit Category	Amount Paid	Percent of Claims Paid	BOB Percent of Claims
Diagnostic	\$8,954	29.1%	26.1%
Preventive	\$9,172	29.8%	22.2%
Restorative	\$8,956	29.1%	24.8%
Endodontics	\$809	2.6%	6.3%
Periodontics	\$293	1.0%	4.0%
Prosthodontics	\$46	0.1%	2.5%
Implant Services*	\$0	0.0%	1.4%
Oral/Maxillofacial Surgery	\$1,600	5.2%	7.3%
Orthodontics	\$933	3.0%	3.6%
Miscellaneous Services	\$0	0.0%	1.8%

October 2017 - March 2018

Benefit Category	Amount Paid	Percent of Claims Paid	BOB Percent of Claims
Diagnostic	\$13,602	25.3%	25.7%
Preventive	\$11,965	22.3%	22.2%
Restorative	\$13,173	24.5%	25.4%
Endodontics	\$2,933	5.5%	6.5%
Periodontics	\$1,256	2.3%	4.1%
Prosthodontics	\$2,603	4.8%	2.5%
Implant Services*	\$0	0.0%	1.2%
Oral/Maxillofacial Surgery	\$3,256	6.1%	7.1%
Orthodontics	\$4,335	8.1%	3.7%
Miscellaneous Services	\$560	1.0%	1.7%



*May include miscellaneous services on implanted teeth even if implants are not a covered service.

Network Overview



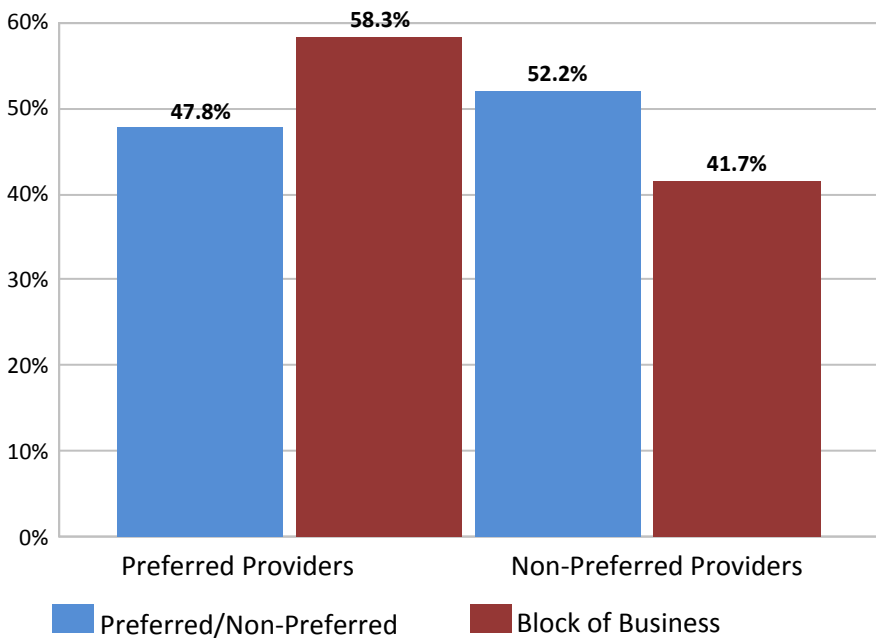
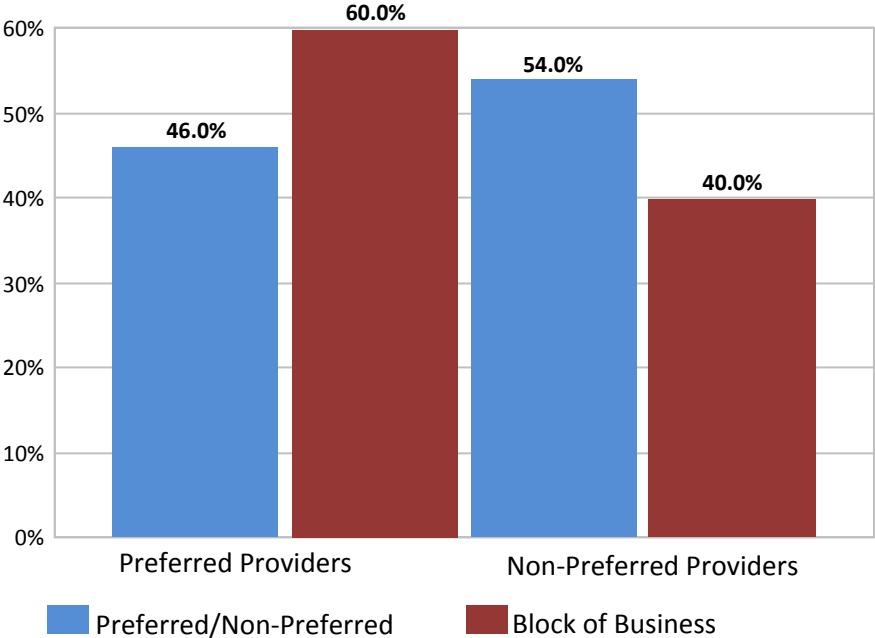
HIGHLANDS COUNTY BOARD OF COUNTY COMMISSIONERS

Group Plan #: 514206

Benefit Type: BUY UP PLAN, EE/FAM 100/80/50 \$1,000 MAX

October 2018 - March 2019			Guardian Block of Business % of Amount
Provider Type	Amount Paid	% of Amount	Amount
Preferred Providers	\$14,152	46.0%	60.0%
Non-Preferred Providers	\$16,609	54.0%	40.0%
Total	\$30,761	100.0%	100.0%

October 2017 - March 2018			Guardian Block of Business % of Amount
Provider Type	Amount Paid	% of Amount	Amount
Preferred Providers	\$25,679	47.8%	58.3%
Non-Preferred Providers	\$28,004	52.2%	41.7%
Total	\$53,683	100.0%	100.0%



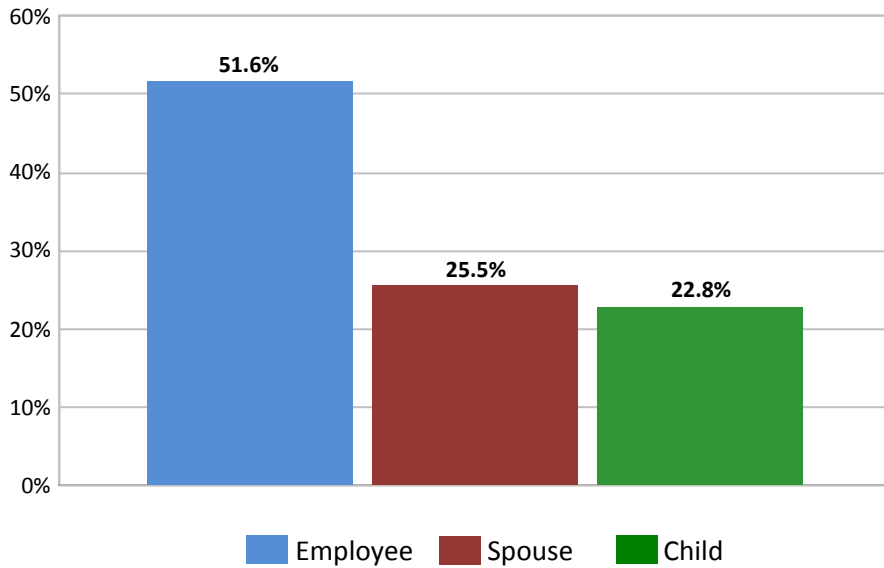
Claims by Membership Type

HIGHLANDS COUNTY BOARD OF COUNTY COMMISSIONERS

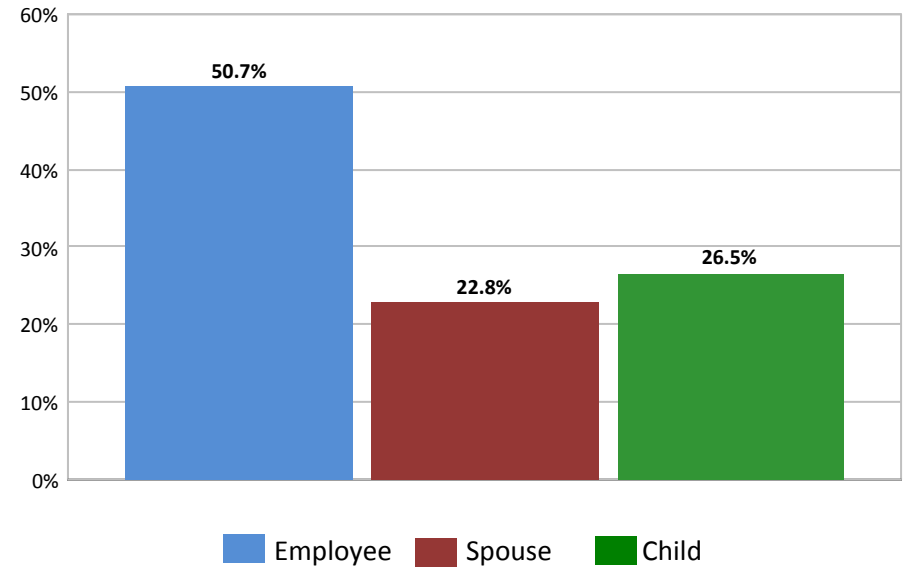
Group Plan #: 514206

Benefit Type: BUY UP PLAN, EE/FAM 100/80/50 \$1,000 MAX

October 2018 - March 2019		
Membership Type	Amount Paid	% of Amount Paid
Employee	\$15,880	51.6%
Spouse	\$7,854	25.5%
Child	\$7,028	22.8%
Total	\$30,761	100.0%



October 2017 - March 2018		
Membership Type	Amount Paid	% of Amount Paid
Employee	\$27,200	50.7%
Spouse	\$12,261	22.8%
Child	\$14,222	26.5%
Total	\$53,683	100.0%



HIGHLANDS COUNTY BOARD OF COUNTY COMMISSIONERS

Group Plan #: 514206

Benefit Type: BUY UP PLAN, EE/FAM 100/80/50 \$1,000 MAX

Term	Definition
Basic Services	A grouping of services which includes the following services (but not limited to): Fillings; Crowns, Bridge & Denture repair; Endodontic, Periodontal, Periodontal Surgery, Extractions, and Other Services.
Block of Business - BOB Category 9	Guardian's Dental block of business which has been segmented to compare specific customer's plans with similar benefit designs and in similar cost areas.
CDT Codes	These are the codes assigned by the American Dental Association for dental procedures
Coinsurance	After the member has satisfied the deductible, the dental plan pays a portion of the covered charges, called 'coinsurance'.
Deductible	Each year, members must pay a certain amount of the dentist's bill upfront, before they receive any benefits.
Dental Review Logic	A coded set of "user maintainable" rules that is used to process dental claims on Guardian's dental claims payment system. The rules are used to determine if dental services being submitted conform to "generally accepted standards of dental practice" and that they are processed in accordance with our contract language and administrative guidelines.
DG	DG is the acronym for DentalGuard
Major Services	A grouping of services which includes the following services (but not limited to): Crowns, Inlays, Implants, Bridges and Dentures.
Manual Adjustments	Payments or recoupment made to previously processed claims. Typically a result of receiving additional claim information.
Maximum	This is the limit that Guardian will cover which is typically on a per calendar year basis
Member(s)	Number of Employee(s) plus Number of Dependent unit(s). If the Plan is self administered and we do not have the dependent data available, the Employee and Member data will be equal.
Non-Preferred Provider	Licensed dentist or a dental care facility that is not under contract with Guardian to provide dental services.
Orthodontic Services	Dental claims categorized as Orthodontic services
PEPM	Abbreviation for Per Employee Per Month
PMPM	Abbreviation for Per Member Per Month. This includes employees and their dependents.
PPO Fee Schedule Savings	The total savings to the plan sponsor due to the application of negotiated discount arrangements with contracted providers.
Preferred Provider	Licensed dentist or a dental care facility that is under contract with Guardian to participate in Guardian's dental network.
Preventive Services	A grouping of services which includes the following services (but not limited to): Prophylaxis & Fluorides, Office Visits, Evaluations & Examinations, Space Maintainers, X-rays, Sealants.
Reasonable & Customary	This is the plan's allowable payment limit for any given service. The R&C level is a dollar amount deemed to be an appropriate amount to pay the dentist for the services he or she provided. The amount varies based on the type of service and geographical area based on the dentist's location.
Standard Fees	The fees customarily charged by the provider.
UCR	Known as Usual, Customary and Reasonable. Please refer to Reasonable & Customary definition.

Guardian Group Benefits

in
sync

Put Guardian to
work for you

Experience Reporting

HIGHLANDS COUNTY BOARD OF COUNTY COMMISSIONERS

04/23/2019

The Guardian Life Insurance Company of America, 7 Hanover Square, New York, NY 10004





Claims Experience Reports Dental

HIGHLANDS COUNTY BOARD OF COUNTY COMMISSIONERS

For Claims with Service Date 10/1/2018 to 3/31/2019

As of 04/03/2019



Dear Planholder,

To help you better understand how your Guardian Group Dental Plan is being utilized by those enrolled in the plan, we are pleased to provide you with the enclosed package of claims experience reports. These reports offer a snapshot of your claims activity, providing helpful insight on how your claims dollars are being spent.

After reviewing these reports and better understanding how members are utilizing their coverage, you may wish to make some changes to your current plan design. Claims may have a direct impact to your plan's renewal premiums, so if you would like to make benefit design changes to potentially help reduce your premiums in the future, Guardian will gladly work with you and your benefits broker to make such changes upon your next plan renewal.

If you have any questions about the information presented in these reports, we encourage you to speak with your broker or Sales Representative.

We greatly value your business and look forward to continue meeting your benefits needs for years to come.

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- Maximum Rollover Claims Review
- Cost Management Summary
- Cost Management Detail
- Top 25 CDT by Paid Amount
- Top 25 CDT by Frequency
- Benefit Category Claims Comparison
- Network Overview
- Claims by Membership Type
- Glossary

Plan Summary



HIGHLANDS COUNTY BOARD OF COUNTY COMMISSIONERS

Group Plan #: 514206

Benefit Type: BUY UP PLAN, EE/FAM 100/80/50 \$5,000 MAX

Demographics Summary	October 2018 To March 2019		October 2017 To March 2018		% Change from 2017		Guardian Block of Business Dental	
	Monthly Average Number of Employees	544		505		7.7%		49
Monthly Average Number of Members	1,188		1,118		6.3%		85	
Percent of Male / Female	59.2%	40.8%	60.0%	40.0%	-0.8%	0.8%	58.1%	41.9%
Average Employee Age	47		46		2.0%		46	
Average Membership Age	37		36		1.2%		41	
Ratio of Members to Employees	2.18		2.21		-1.4%		1.73	
Key Statistics								
Total Dental Paid Amount	\$157,975		\$128,198		23.2%		\$82,692,630	
Per Employee	\$290		\$254		14.2%		\$270	
Per Member	\$133		\$115		16.0%		\$155	
Preventive Paid Amount Per Member	\$56		\$54		3.3%		\$75	
Preventive Number of Services/1,000 Members	1,554		1,404		10.7%		1,985	
Basic Paid Amount Per Member	\$33		\$37		-12.3%		\$48	
Basic Number of Services/1,000 Members	392		430		-8.8%		620	
Major Paid Amount Per Member	\$43		\$24		81.9%		\$26	
Major Number of Services/1,000 Members	414		279		48.2%		215	
Orthodontic Paid Amount Per Member	\$2		\$0		100.0%		\$6	
Orthodontic Number of Services/1,000 Members	19		18		6.1%		75	
Other Paid Amount Per Member	\$0		\$0		0.0%		\$0	
Other Number of Services/1,000 Members	4		13		-68.1%		12	
PPO Fee Schedule Savings (Excluding Ortho)	\$87,251		\$64,411		35.5%			
% of Dental Paid Amount To Preferred Providers	55.6%		48.8%		13.9%		57.9%	
Reasonable and Customary Savings	\$1,664		\$551		202.0%			

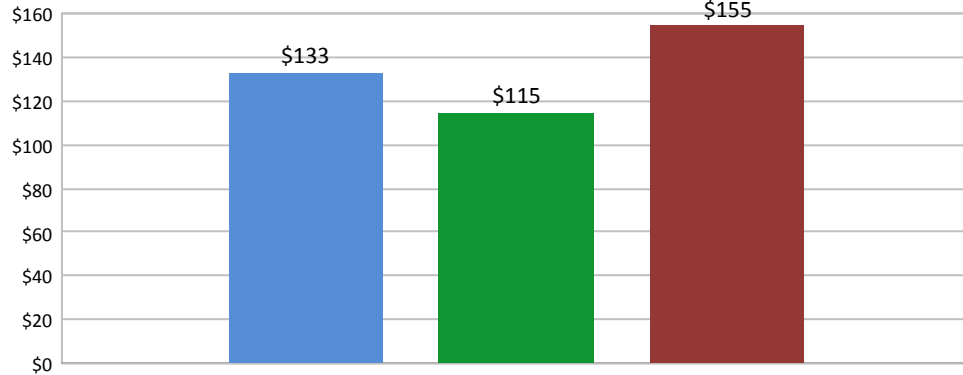
Plan Summary

HIGHLANDS COUNTY BOARD OF COUNTY COMMISSIONERS

Group Plan #: 514206

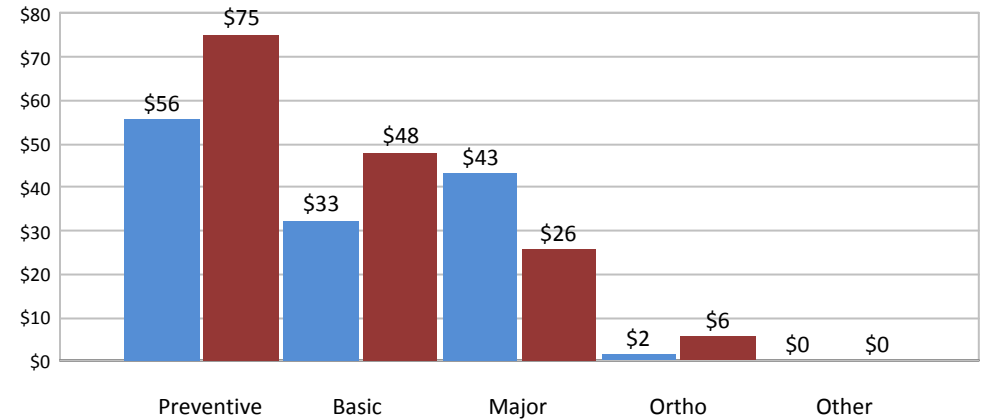
Benefit Type: BUY UP PLAN, EE/FAM 100/80/50 \$5,000 MAX

Dental Paid Amount Per Member



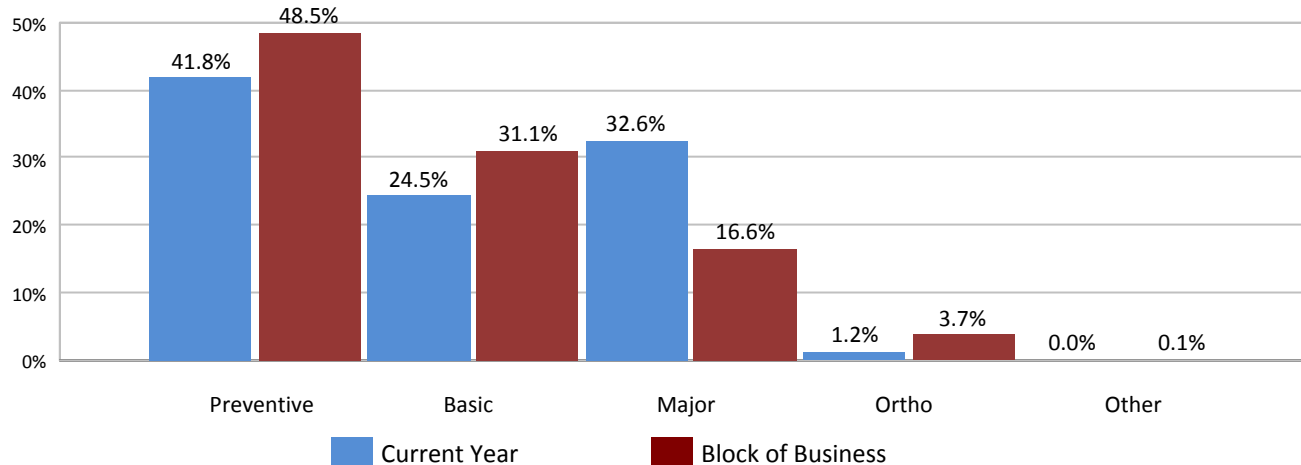
Current Year Prior Year Block of Business

Dental Paid Amount by Member by Service Category



Current Year Block of Business

Dental Paid Percentage by Member by Service Category



Current Year Block of Business

Maximum Rollover Claims Review



HIGHLANDS COUNTY BOARD OF COUNTY COMMISSIONERS

Group Plan #: 514206

Benefit Type: BUY UP PLAN, EE/FAM 100/80/50 \$5,000 MAX

Month	Benefits Paid	Employees	Dependents	PEPM Paid	PMPM Paid	Total Claims	Avg. Claim Cost
October 2018	\$0.00	551	650	\$0.00	\$0.00	0	\$0.00
November 2018	\$0.00	540	644	\$0.00	\$0.00	0	\$0.00
December 2018	\$0.00	544	650	\$0.00	\$0.00	0	\$0.00
January 2019	\$0.00	545	633	\$0.00	\$0.00	0	\$0.00
February 2019	\$0.00	541	633	\$0.00	\$0.00	0	\$0.00
March 2019	\$0.00	545	649	\$0.00	\$0.00	0	\$0.00
Total	\$0.00	3,266	3,859	\$0.00	\$0.00	0	\$0.00
Monthly Average	\$0.00	544	643	\$0.00	\$0.00	0	\$0.00

Per Employee Per Month Claims Paid



Cost Management Summary



HIGHLANDS COUNTY BOARD OF COUNTY COMMISSIONERS

Group Plan #: 514206

Benefit Type: BUY UP PLAN, EE/FAM 100/80/50 \$5,000 MAX

Description	Preferred Providers		Non-Preferred Providers		Plan Total	
	Amount	% of Eligible Claims	Amount	% of Eligible Claims	Amount	% of Eligible Claims
STANDARD CHARGES	\$246,770		\$117,997		\$364,767	
Claims Not Considered	- \$11,117		\$8,130		\$19,247	
A ELIGIBLE CLAIMS	\$235,653		\$109,867		\$345,520	
(1) Savings from PPO Fee Schedule/DG Plus Discount/R&C Fees	\$87,339	37.1%	\$1,664	1.5%	\$89,003	25.8%
(2) Savings From Contract Provisions	+ \$220	0.1%	\$449	0.4%	\$669	0.2%
Savings from Dental Review Logic (DRL)	+ \$15,477	6.6%	\$13,312	12.1%	\$28,789	8.3%
Savings from Plan Design Provisions	+ \$44,122	18.7%	\$26,964	24.5%	\$71,086	20.6%
B TOTAL PLAN SAVINGS	\$147,157	62.4%	\$42,389	38.6%	\$189,546	54.9%
C Manual Adjustments (Refer to Glossary)	-\$676	-0.3%	\$2,677	2.3%	\$2,001	0.6%
D Maximum Rollover Rewards	\$0	0.0%	\$0	0.0%	\$0	0.0%
E GUARDIAN PAYS (A-B+C+D)	\$87,820	37.3%	\$70,155	63.9%	\$157,975	45.7%

Dental Review Logic Savings Statistics		Amount	%
Claims Eligible for DRL Savings (A-1-2)		\$255,848	
Total DRL Savings		\$28,789	11.3%
PPO Fee Schedule Savings Statistics		Amount	%
Eligible Claims - Preferred Providers		\$235,653	
Ortho Claims		\$3,863	
Eligible Claims - Excluding Ortho		\$231,791	
PPO Fee Schedule Savings - Excluding Ortho		\$87,251	37.6%

Cost Management Detail



HIGHLANDS COUNTY BOARD OF COUNTY COMMISSIONERS

Group Plan #: 514206

Benefit Type: BUY UP PLAN, EE/FAM 100/80/50 \$5,000 MAX

Description		Preferred Providers	Non-Preferred Providers	Plan Total
A STANDARD CHARGES		\$246,770	\$117,997	\$364,767
Claims Not Considered				
Eligibility	+	\$1,567	\$440	
Non-Covered Services (PPO Discounts Not Allowed)	+	\$7,543	\$6,914	
Duplicate Claims	+	\$2,007	\$776	
B Claims Not Considered Total		\$11,117	\$8,130	\$19,247
C ELIGIBLE CLAIMS (A - B)		\$235,653	\$109,867	\$345,520
D Savings from Contracted Discounts/R&C Fees		\$87,339	\$1,664	\$89,003
Savings from Contract Provisions				
Service Waiting Period/Deferred Services	+	\$0	\$0	
Late Entrant Waiting Period	+	\$0	\$0	
Non-Covered Services (PPO Discounts Allowed)	+	\$0	\$0	
Coordination of Benefits	+	\$220	\$449	
E Savings from Contract Provisions Total		\$220	\$449	\$669
Savings from Dental Review Logic (DRL)				
Frequency/Time/Age Limits	+	\$6,465	\$5,249	
History Check	+	\$4,019	\$773	
Alternate Treatment Provisions	+	\$1,198	\$15	
Services Part of a More Comprehensive Procedure	+	\$207	\$3,758	
Professional Review	+	\$3,588	\$3,517	
F Savings from Dental Review Logic (DRL) Total		\$15,477	\$13,312	\$28,789
Savings from Plan Design Provisions				
Maximum	+	\$155	\$0	
Deductible	+	\$5,264	\$2,700	
Coinsurance	+	\$38,703	\$24,264	
Fee Schedule Reimbursements Out of Network	+	\$0	\$0	
G Savings from Plan Design Provisions Total		\$44,122	\$26,964	\$71,086
H TOTAL PLAN SAVINGS (D + E + F + G)		\$147,157	\$42,389	\$189,546
I Manual Adjustments (Refer to Glossary)		-\$676	\$2,677	\$2,001
J Maximum Rollover Rewards		\$0	\$0	\$0
K GUARDIAN PAYS (C - H + I + J)		\$87,820	\$70,155	\$157,975

Top 25 CDT by Paid Amount



HIGHLANDS COUNTY BOARD OF COUNTY COMMISSIONERS

Group Plan #: 514206

Benefit Type: BUY UP PLAN, EE/FAM 100/80/50 \$5,000 MAX

CDT Code	Dental Procedure	Total Dental Paid Amount	Amount Paid Preferred Providers	% Paid Preferred Providers	Total Number of Services	Total Services per 1,000 Members	BOB Services per 1,000 Members	Plan Variance from BOB
D1110	Prophylaxis - Adult	\$24,358	\$9,041	37.1%	413	361	449	-19.6%
D2740	Crown - Porcelain/Ceramic Substrate	\$16,406	\$8,403	51.2%	91	79	30	163.3%
D0120	Periodic Oral Evaluation	\$12,116	\$5,161	42.6%	406	355	456	-22.1%
D2792	Crown - Full Cast Noble Metal	\$7,816	\$5,466	69.9%	20	17	20	-15.0%
D2392	Composite - 2 Surfaces, Posterior	\$7,322	\$4,026	55.0%	82	72	37	94.6%
D0274	Bitewing Xrays - Four Films	\$6,669	\$2,822	42.3%	197	172	202	-14.9%
D2391	Composite - 1 Surface, Posterior	\$5,710	\$3,732	65.4%	88	77	27	185.2%
D7240	Removal Of Full Bony Impacted Tooth	\$4,725	\$4,725	100.0%	18	16	14	14.3%
D2950	Core Buildup, Including Pins	\$3,921	\$3,308	84.4%	115	100	35	185.7%
D7140	Extraction, Erupted Tooth Or Exposed Root	\$3,625	\$1,071	29.6%	47	41	57	-28.1%
D1120	Prophylaxis - Child	\$3,574	\$2,741	76.7%	75	66	86	-23.3%
D0210	Intraoral Xrays-Complete Series W/ Bitewings	\$3,015	\$905	30.0%	35	31	43	-27.9%
D0150	Comprehensive Oral Evaluation	\$2,865	\$1,564	54.6%	58	51	91	-44.0%
D7210	Extraction Of Tooth - Erupted	\$2,848	\$2,336	82.0%	27	24	39	-38.5%
D0330	Panoramic Film	\$2,730	\$1,835	67.2%	49	43	63	-31.7%
D3320	Endodontic Therapy	\$2,605	\$853	32.7%	8	7	5	40.0%
D2393	Composite - 3 Surfaces, Posterior	\$2,563	\$1,350	52.7%	17	15	14	7.1%
D4341	Periodontal Scaling And Root Planing	\$2,553	\$1,513	59.3%	45	39	35	11.4%
D0220	Intraoral Xrays - Periapical, First Film	\$2,509	\$1,388	55.3%	144	126	147	-14.3%
D3330	Endodontic Therapy	\$2,450	\$1,972	80.5%	6	5	10	-50.0%
D2335	Composite - 4+ Surfaces Or Inc Angel, Anterior	\$2,172	\$324	14.9%	12	10	10	0.0%
D1208	Topical Application Of Fluoride	\$2,138	\$2,030	94.9%	97	85	82	3.7%
D0140	Limited Oral Evaluation-Problem Focused	\$2,138	\$914	42.8%	85	74	79	-6.3%
D6752	Porcelain Fused To Semi-Precious Metal	\$2,088	\$1,600	76.6%	8	7	1	600.0%
D3310	Endodontic Therapy	\$1,811	\$996	55.0%	7	6	4	50.0%
	Sub-Total	\$130,724	\$70,077	53.6%	2,150	1,879	2,036	-7.7%
	Grand Total	\$157,975	\$87,820	55.6%	2,831			
	% of Grand Total	82.7%	79.8%		75.9%			

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Top 25 CDT by Frequency



HIGHLANDS COUNTY BOARD OF COUNTY COMMISSIONERS

Group Plan #: 514206

Benefit Type: BUY UP PLAN, EE/FAM 100/80/50 \$5,000 MAX

CDT Code	Dental Procedure	Total Dental Amount Paid	Services Preferred Providers	% Services Preferred Providers	Total Number of Services	Total Services per 1,000 Members	BOB Services per 1,000 Members	Plan Variance from BOB
D1110	Prophylaxis - Adult	\$24,358	180	43.6%	413	361	449	-19.6%
D0120	Periodic Oral Evaluation	\$12,116	183	45.1%	406	355	456	-22.1%
D0274	Bitewing Xrays - Four Films	\$6,669	120	60.9%	197	172	202	-14.9%
D0220	Intraoral Xrays - Periapical, First Film	\$2,509	96	66.7%	144	126	147	-14.3%
D1206	Topical Fluoride Varnish; Therapeutic	\$1,229	51	38.6%	132	115	90	27.8%
D2950	Core Buildup, Including Pins	\$3,921	88	76.5%	115	100	35	185.7%
D1208	Topical Application Of Fluoride	\$2,138	90	92.8%	97	85	82	3.7%
D2740	Crown - Porcelain/Ceramic Substrate	\$16,406	63	69.2%	91	79	30	163.3%
D2391	Composite - 1 Surface, Posterior	\$5,710	67	76.1%	88	77	27	185.2%
D0140	Limited Oral Evaluation-Problem Focused	\$2,138	48	56.5%	85	74	79	-6.3%
D2392	Composite - 2 Surfaces, Posterior	\$7,322	55	67.1%	82	72	37	94.6%
D1120	Prophylaxis - Child	\$3,574	59	78.7%	75	66	86	-23.3%
D0230	Intraoral Xrays - Periapical, Each Extra Film	\$732	60	90.9%	66	58	80	-27.5%
D0150	Comprehensive Oral Evaluation	\$2,865	40	69.0%	58	51	91	-44.0%
D4910	Periodontal Maintenance	\$942	39	72.2%	54	47	36	30.6%
D0330	Panoramic Film	\$2,730	36	73.5%	49	43	63	-31.7%
D7140	Extraction, Erupted Tooth Or Exposed Root	\$3,625	26	55.3%	47	41	57	-28.1%
D0272	Bitewing Xrays - Two Films	\$1,089	42	91.3%	46	40	57	-29.8%
D4341	Periodontal Scaling And Root Planing	\$2,553	32	71.1%	45	39	35	11.4%
D0210	Intraoral Xrays-Complete Series W/ Bitewings	\$3,015	13	37.1%	35	31	43	-27.9%
D7210	Extraction Of Tooth - Erupted	\$2,848	24	88.9%	27	24	39	-38.5%
D4921	Gingival Irrigation - Per Quadrant	\$0	22	100.0%	22	19	14	35.7%
D4342	Periodontal Scaling And Root Planing	\$866	17	81.0%	21	18	13	38.5%
D2792	Crown - Full Cast Noble Metal	\$7,816	16	80.0%	20	17	20	-15.0%
D7240	Removal Of Full Bony Impacted Tooth	\$4,725	18	100.0%	18	16	14	14.3%
	Sub-Total	\$121,893	1,485	61.0%	2,433	2,126	2,282	-6.8%
	Grand Total	\$157,975	1,762	62.2%	2,831			
	% of Grand Total	77.2%	84.3%		85.9%			

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Benefit Category Claims Comparison



HIGHLANDS COUNTY BOARD OF COUNTY COMMISSIONERS

Group Plan #: 514206

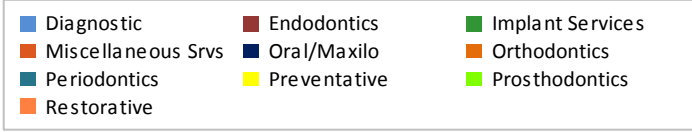
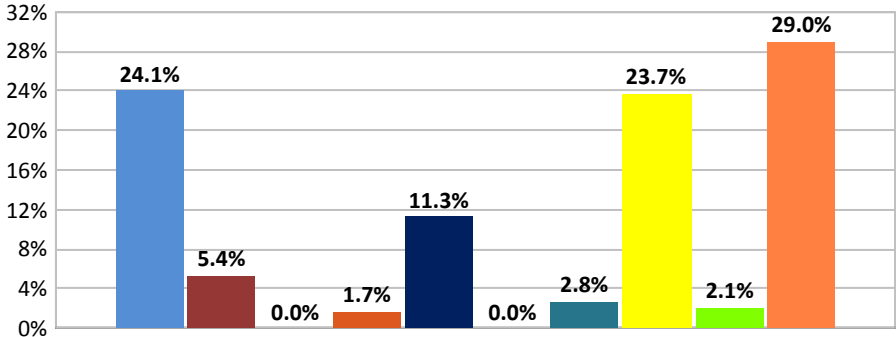
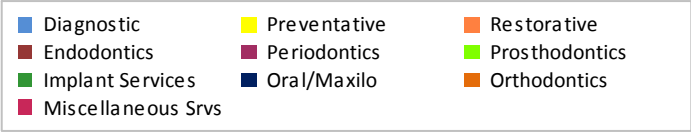
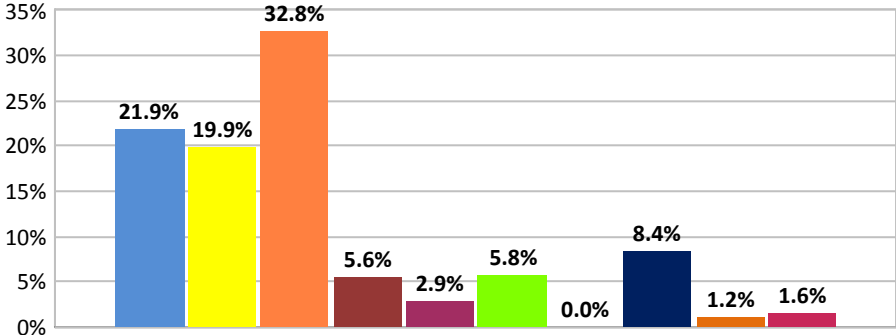
Benefit Type: BUY UP PLAN, EE/FAM 100/80/50 \$5,000 MAX

October 2018 - March 2019

Benefit Category	Amount Paid	Percent of Claims Paid	BOB Percent of Claims
Diagnostic	\$34,542	21.9%	26.1%
Preventive	\$31,370	19.9%	22.2%
Restorative	\$51,763	32.8%	24.8%
Endodontics	\$8,877	5.6%	6.3%
Periodontics	\$4,527	2.9%	4.0%
Prosthodontics	\$9,168	5.8%	2.5%
Implant Services*	\$0	0.0%	1.4%
Oral/Maxillofacial Surgery	\$13,285	8.4%	7.3%
Orthodontics	\$1,854	1.2%	3.6%
Miscellaneous Services	\$2,588	1.6%	1.8%

October 2017 - March 2018

Benefit Category	Amount Paid	Percent of Claims Paid	BOB Percent of Claims
Diagnostic	\$30,851	24.1%	25.7%
Preventive	\$30,419	23.7%	22.2%
Restorative	\$37,175	29.0%	25.4%
Endodontics	\$6,934	5.4%	6.5%
Periodontics	\$3,567	2.8%	4.1%
Prosthodontics	\$2,668	2.1%	2.5%
Implant Services*	\$0	0.0%	1.2%
Oral/Maxillofacial Surgery	\$14,462	11.3%	7.1%
Orthodontics	\$0	0.0%	3.7%
Miscellaneous Services	\$2,122	1.7%	1.7%



*May include miscellaneous services on implanted teeth even if implants are not a covered service.

Network Overview



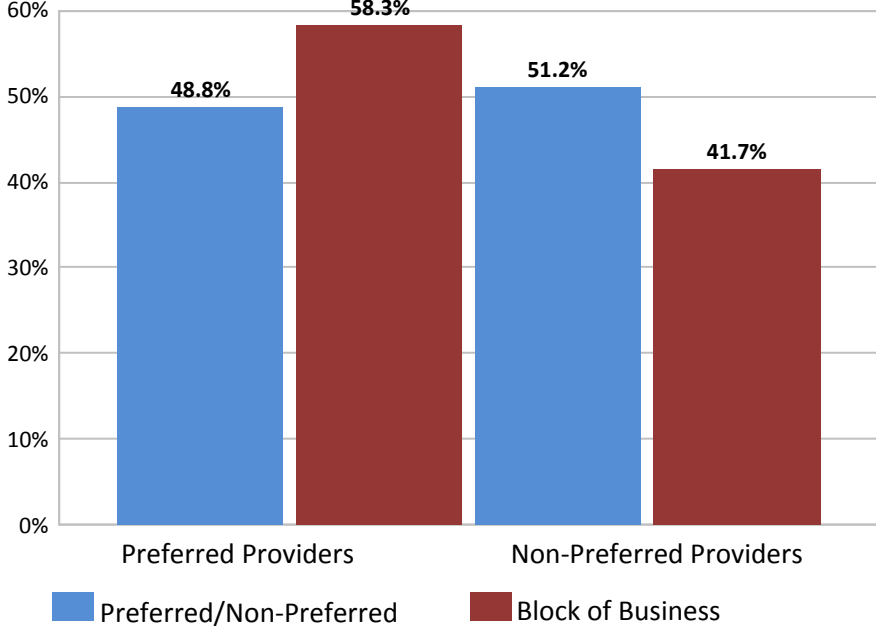
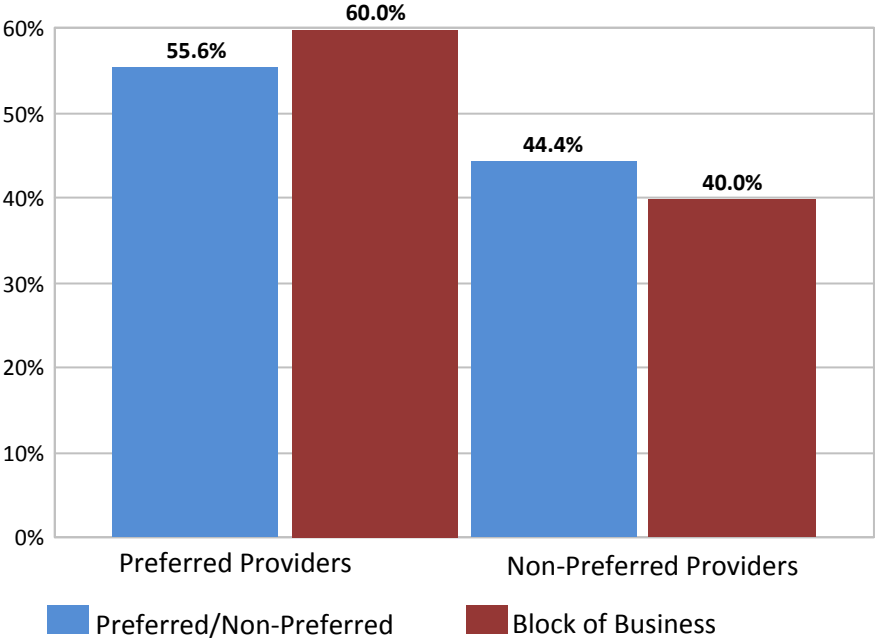
HIGHLANDS COUNTY BOARD OF COUNTY COMMISSIONERS

Group Plan #: 514206

Benefit Type: BUY UP PLAN, EE/FAM 100/80/50 \$5,000 MAX

October 2018 - March 2019			Guardian Block of Business % of Amount
Provider Type	Amount Paid	% of Amount	
Preferred Providers	\$87,820	55.6%	60.0%
Non-Preferred Providers	\$70,155	44.4%	40.0%
Total	\$157,975	100.0%	100.0%

October 2017 - March 2018			Guardian Block of Business % of Amount
Provider Type	Amount Paid	% of Amount	
Preferred Providers	\$62,583	48.8%	58.3%
Non-Preferred Providers	\$65,615	51.2%	41.7%
Total	\$128,198	100.0%	100.0%



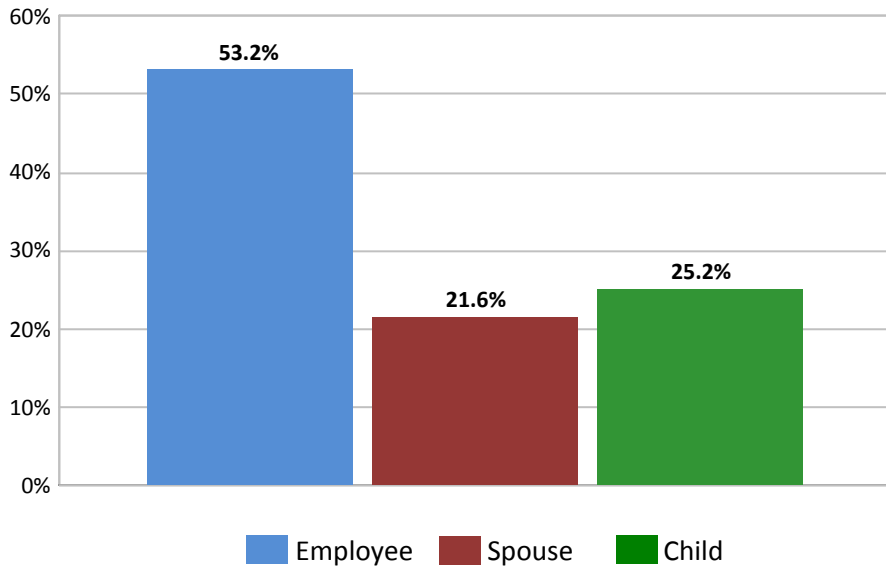
Claims by Membership Type

HIGHLANDS COUNTY BOARD OF COUNTY COMMISSIONERS

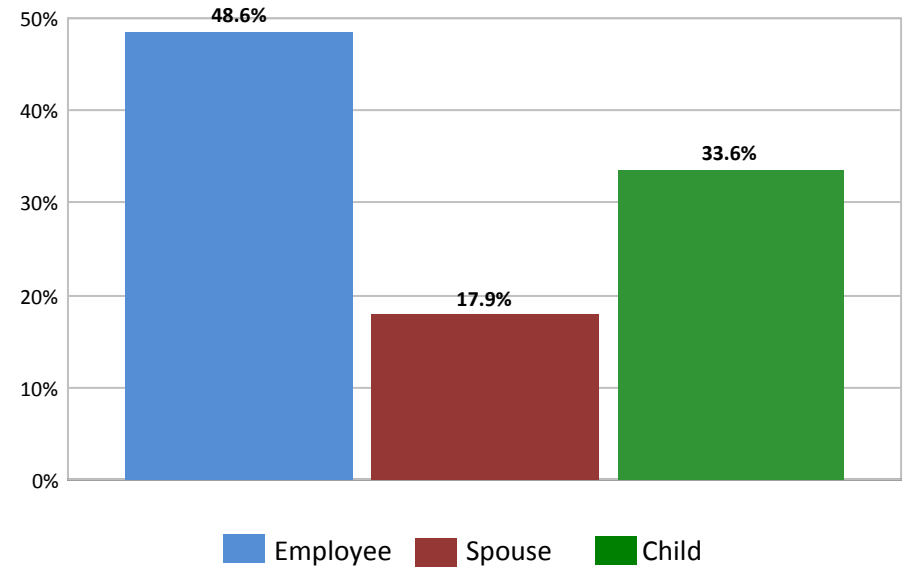
Group Plan #: 514206

Benefit Type: BUY UP PLAN, EE/FAM 100/80/50 \$5,000 MAX

October 2018 - March 2019		
Membership Type	Amount Paid	% of Amount Paid
Employee	\$84,050	53.2%
Spouse	\$34,068	21.6%
Child	\$39,858	25.2%
Total	\$157,975	100.0%



October 2017 - March 2018		
Membership Type	Amount Paid	% of Amount Paid
Employee	\$62,265	48.6%
Spouse	\$22,915	17.9%
Child	\$43,018	33.6%
Total	\$128,198	100.0%



HIGHLANDS COUNTY BOARD OF COUNTY COMMISSIONERS

Group Plan #: 514206

Benefit Type: BUY UP PLAN, EE/FAM 100/80/50 \$5,000 MAX

Term	Definition
Basic Services	A grouping of services which includes the following services (but not limited to): Fillings; Crowns, Bridge & Denture repair; Endodontic, Periodontal, Periodontal Surgery, Extractions, and Other Services.
Block of Business - BOB Category 9	Guardian's Dental block of business which has been segmented to compare specific customer's plans with similar benefit designs and in similar cost areas.
CDT Codes	These are the codes assigned by the American Dental Association for dental procedures
Coinsurance	After the member has satisfied the deductible, the dental plan pays a portion of the covered charges, called 'coinsurance'.
Deductible	Each year, members must pay a certain amount of the dentist's bill upfront, before they receive any benefits.
Dental Review Logic	A coded set of "user maintainable" rules that is used to process dental claims on Guardian's dental claims payment system. The rules are used to determine if dental services being submitted conform to "generally accepted standards of dental practice" and that they are processed in accordance with our contract language and administrative guidelines.
DG	DG is the acronym for DentalGuard
Major Services	A grouping of services which includes the following services (but not limited to): Crowns, Inlays, Implants, Bridges and Dentures.
Manual Adjustments	Payments or recoupment made to previously processed claims. Typically a result of receiving additional claim information.
Maximum	This is the limit that Guardian will cover which is typically on a per calendar year basis
Member(s)	Number of Employee(s) plus Number of Dependent unit(s). If the Plan is self administered and we do not have the dependent data available, the Employee and Member data will be equal.
Non-Preferred Provider	Licensed dentist or a dental care facility that is not under contract with Guardian to provide dental services.
Orthodontic Services	Dental claims categorized as Orthodontic services
PEPM	Abbreviation for Per Employee Per Month
PMPM	Abbreviation for Per Member Per Month. This includes employees and their dependents.
PPO Fee Schedule Savings	The total savings to the plan sponsor due to the application of negotiated discount arrangements with contracted providers.
Preferred Provider	Licensed dentist or a dental care facility that is under contract with Guardian to participate in Guardian's dental network.
Preventive Services	A grouping of services which includes the following services (but not limited to): Prophylaxis & Fluorides, Office Visits, Evaluations & Examinations, Space Maintainers, X-rays, Sealants.
Reasonable & Customary	This is the plan's allowable payment limit for any given service. The R&C level is a dollar amount deemed to be an appropriate amount to pay the dentist for the services he or she provided. The amount varies based on the type of service and geographical area based on the dentist's location.
Standard Fees	The fees customarily charged by the provider.
UCR	Known as Usual, Customary and Reasonable. Please refer to Reasonable & Customary definition.

Guardian Group Benefits

in
sync

Put Guardian to
work for you

Experience Reporting

HIGHLANDS COUNTY BOARD OF COUNTY COMMISSIONERS

04/23/2019

The Guardian Life Insurance Company of America, 7 Hanover Square, New York, NY 10004



Claims Experience Reports Dental

HIGHLANDS COUNTY BOARD OF COUNTY COMMISSIONERS

For Claims with Service Date 10/1/2018 to 3/31/2019

As of 04/03/2019



Dear Planholder,

To help you better understand how your Guardian Group Dental Plan is being utilized by those enrolled in the plan, we are pleased to provide you with the enclosed package of claims experience reports. These reports offer a snapshot of your claims activity, providing helpful insight on how your claims dollars are being spent.

After reviewing these reports and better understanding how members are utilizing their coverage, you may wish to make some changes to your current plan design. Claims may have a direct impact to your plan's renewal premiums, so if you would like to make benefit design changes to potentially help reduce your premiums in the future, Guardian will gladly work with you and your benefits broker to make such changes upon your next plan renewal.

If you have any questions about the information presented in these reports, we encourage you to speak with your broker or Sales Representative.

We greatly value your business and look forward to continue meeting your benefits needs for years to come.

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- Plan Summary
- Maximum Rollover Claims Review
- Cost Management Summary
- Cost Management Detail
- Top 25 CDT by Paid Amount
- Top 25 CDT by Frequency
- Benefit Category Claims Comparison
- Network Overview
- Claims by Membership Type
- Glossary

Plan Summary



HIGHLANDS COUNTY BOARD OF COUNTY COMMISSIONERS

Group Plan #: 514206

Benefit Type: BASE PLAN EE ONLY 100/0/0 COINSURANCE

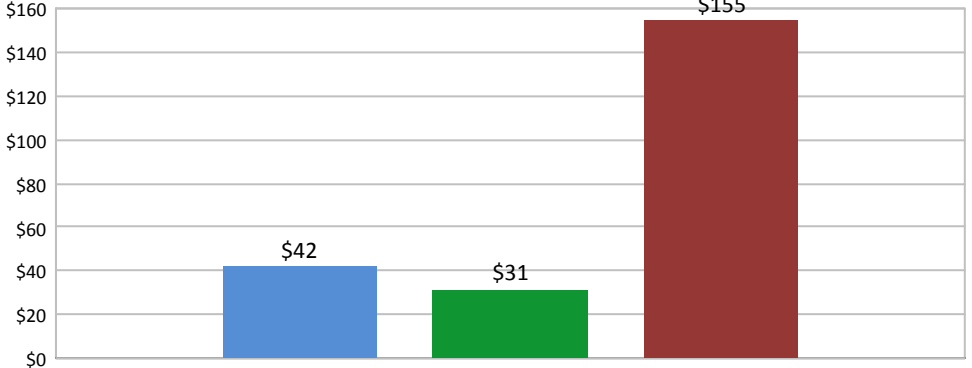
Demographics Summary	October 2018 To March 2019		October 2017 To March 2018		% Change from 2017		Guardian Block of Business Dental	
	Monthly Average Number of Employees	154		140		10.0%		49
Monthly Average Number of Members	154		140		10.0%		85	
Percent of Male / Female	62.2%	37.8%	63.5%	36.6%	-1.3%	1.3%	58.1%	41.9%
Average Employee Age	44		43		2.0%		46	
Average Membership Age	0		0		0.0%		41	
Ratio of Members to Employees	1.00		1.00		0.0%		1.73	
Key Statistics								
Total Dental Paid Amount	\$6,490		\$4,383		48.1%		\$82,692,630	
Per Employee	\$42		\$31		35.5%		\$270	
Per Member	\$42		\$31		34.6%		\$155	
Preventive Paid Amount Per Member	\$42		\$31		34.6%		\$75	
Preventive Number of Services/1,000 Members	974		700		39.1%		1,985	
Basic Paid Amount Per Member	\$0		\$0		0.0%		\$48	
Basic Number of Services/1,000 Members	169		179		-5.4%		620	
Major Paid Amount Per Member	\$0		\$0		0.0%		\$26	
Major Number of Services/1,000 Members	26		57		-54.5%		215	
Orthodontic Paid Amount Per Member	\$0		\$0		0.0%		\$6	
Orthodontic Number of Services/1,000 Members	6		0		100.0%		75	
Other Paid Amount Per Member	\$0		\$0		0.0%		\$0	
Other Number of Services/1,000 Members	0		7		-100.0%		12	
PPO Fee Schedule Savings (Excluding Ortho)	\$1,745		\$1,226		42.3%			
% of Dental Paid Amount To Preferred Providers	28.0%		18.2%		53.8%		57.9%	
Reasonable and Customary Savings	\$39		\$0		100.0%			

Plan Summary

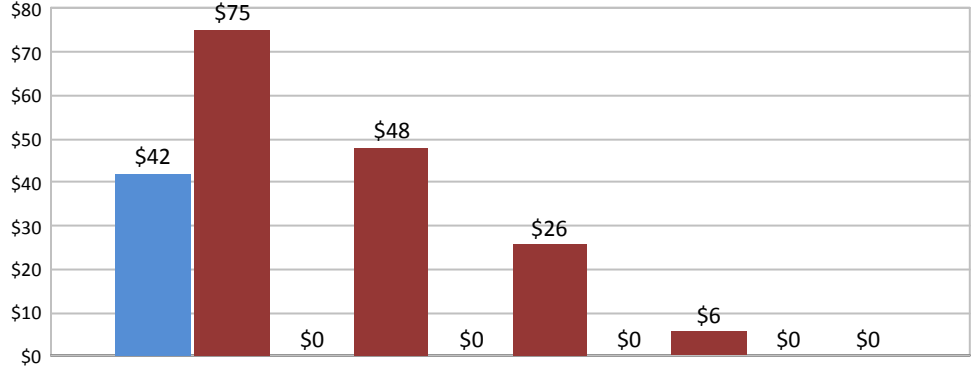


HIGHLANDS COUNTY BOARD OF COUNTY COMMISSIONERS
 Group Plan #: 514206
 Benefit Type: BASE PLAN EE ONLY 100/0/0 COINSURANCE

Dental Paid Amount Per Member



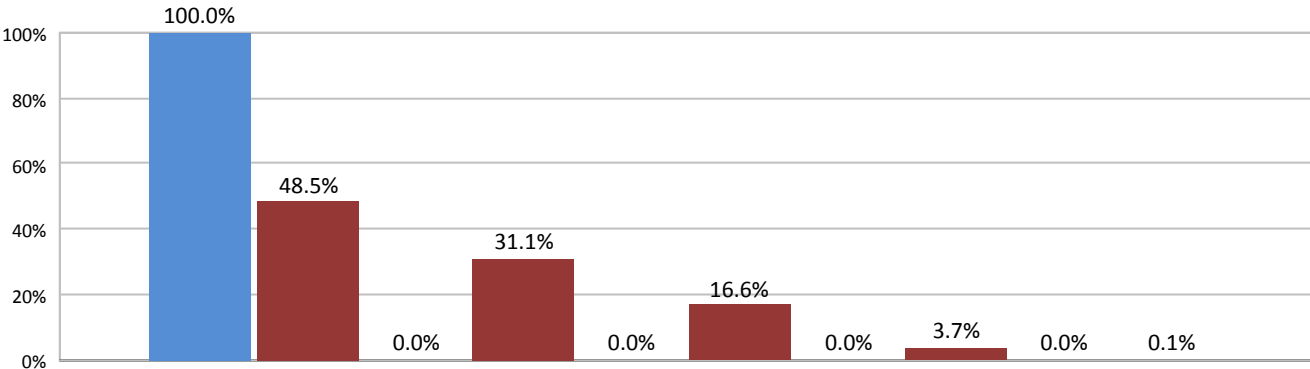
Dental Paid Amount by Member by Service Category



Current Year (Blue), Prior Year (Green), Block of Business (Red)

Current Year (Blue), Block of Business (Red)

Dental Paid Percentage by Member by Service Category



Current Year (Blue), Block of Business (Red)

Maximum Rollover Claims Review



HIGHLANDS COUNTY BOARD OF COUNTY COMMISSIONERS
 Group Plan #: 514206
 Benefit Type: BASE PLAN EE ONLY 100/0/0 COINSURANCE

Month	Benefits Paid	Employees	Dependents	PEPM Paid	PMPM Paid	Total Claims	Avg. Claim Cost
October 2018	\$0.00	165	0	\$0.00	\$0.00	0	\$0.00
November 2018	\$0.00	154	0	\$0.00	\$0.00	0	\$0.00
December 2018	\$0.00	154	0	\$0.00	\$0.00	0	\$0.00
January 2019	\$0.00	152	0	\$0.00	\$0.00	0	\$0.00
February 2019	\$0.00	149	0	\$0.00	\$0.00	0	\$0.00
March 2019	\$0.00	152	0	\$0.00	\$0.00	0	\$0.00
Total	\$0.00	926	0	\$0.00	\$0.00	0	\$0.00
Monthly Average	\$0.00	154	0	\$0.00	\$0.00	0	\$0.00

Per Employee Per Month Claims Paid



Cost Management Summary



HIGHLANDS COUNTY BOARD OF COUNTY COMMISSIONERS

Group Plan #: 514206

Benefit Type: BASE PLAN EE ONLY 100/0/0 COINSURANCE

Description	Preferred Providers		Non-Preferred Providers		Plan Total		
	Amount	% of Eligible Claims	Amount	% of Eligible Claims	Amount	% of Eligible Claims	
STANDARD CHARGES	\$8,377		\$8,821		\$17,198		
Claims Not Considered	-		\$3,322		\$7,708		
A ELIGIBLE CLAIMS	\$3,991		\$5,499		\$9,490		
(1) Savings from PPO Fee Schedule/DG Plus Discount/R&C Fees	\$1,789	44.8%	\$39	0.7%	\$1,828	19.3%	
(2) Savings From Contract Provisions	+	\$0	0.0%	\$0	0.0%	\$0	0.0%
Savings from Dental Review Logic (DRL)	+	\$383	9.6%	\$789	14.3%	\$1,172	12.3%
Savings from Plan Design Provisions	+	\$0	0.0%	\$0	0.0%	\$0	0.0%
B TOTAL PLAN SAVINGS	\$2,172	54.4%	\$828	15.1%	\$3,000	31.6%	
C Manual Adjustments (Refer to Glossary)	\$0	0.0%	\$0	0.0%	\$0	0.0%	
D Maximum Rollover Rewards	\$0	0.0%	\$0	0.0%	\$0	0.0%	
E GUARDIAN PAYS (A-B+C+D)	\$1,819	45.6%	\$4,671	84.9%	\$6,490	68.4%	

Dental Review Logic Savings Statistics		Amount	%
Claims Eligible for DRL Savings (A-1-2)		\$7,662	
Total DRL Savings		\$1,172	15.3%
PPO Fee Schedule Savings Statistics		Amount	%
Eligible Claims - Preferred Providers		\$3,991	
Ortho Claims		\$44	
Eligible Claims - Excluding Ortho		\$3,947	
PPO Fee Schedule Savings - Excluding Ortho		\$1,745	44.2%

Cost Management Detail



HIGHLANDS COUNTY BOARD OF COUNTY COMMISSIONERS
 Group Plan #: 514206
 Benefit Type: BASE PLAN EE ONLY 100/0/0 COINSURANCE

Description		Preferred Providers	Non-Preferred Providers	Plan Total
A STANDARD CHARGES		\$8,377	\$8,821	\$17,198
Claims Not Considered				
Eligibility	+	\$0	\$0	
Non-Covered Services (PPO Discounts Not Allowed)	+	\$4,386	\$3,120	
Duplicate Claims	+	\$0	\$202	
B Claims Not Considered Total		\$4,386	\$3,322	\$7,708
C ELIGIBLE CLAIMS (A - B)		\$3,991	\$5,499	\$9,490
D Savings from Contracted Discounts/R&C Fees		\$1,789	\$39	\$1,828
Savings from Contract Provisions				
Service Waiting Period/Deferred Services	+	\$0	\$0	
Late Entrant Waiting Period	+	\$0	\$0	
Non-Covered Services (PPO Discounts Allowed)	+	\$0	\$0	
Coordination of Benefits	+	\$0	\$0	
E Savings from Contract Provisions Total		\$0	\$0	\$0
Savings from Dental Review Logic (DRL)				
Frequency/Time/Age Limits	+	\$322	\$566	
History Check	+	\$0	\$202	
Alternate Treatment Provisions	+	\$61	\$0	
Services Part of a More Comprehensive Procedure	+	\$0	\$21	
Professional Review	+	\$0	\$0	
F Savings from Dental Review Logic (DRL) Total		\$383	\$789	\$1,172
Savings from Plan Design Provisions				
Maximum	+	\$0	\$0	
Deductible	+	\$0	\$0	
Coinsurance	+	\$0	\$0	
Fee Schedule Reimbursements Out of Network	+	\$0	\$0	
G Savings from Plan Design Provisions Total		\$0	\$0	\$0
H TOTAL PLAN SAVINGS (D + E + F + G)		\$2,172	\$828	\$3,000
I Manual Adjustments (Refer to Glossary)		\$0	\$0	\$0
J Maximum Rollover Rewards		\$0	\$0	\$0
K GUARDIAN PAYS (C - H + I + J)		\$1,819	\$4,671	\$6,490

Top 25 CDT by Paid Amount



HIGHLANDS COUNTY BOARD OF COUNTY COMMISSIONERS

Group Plan #: 514206

Benefit Type: BASE PLAN EE ONLY 100/0/0 COINSURANCE

CDT Code	Dental Procedure	Total Dental Paid Amount	Amount Paid Preferred Providers	% Paid Preferred Providers	Total Number of Services	Total Services per 1,000 Members	BOB Services per 1,000 Members	Plan Variance from BOB
D1110	Prophylaxis - Adult	\$2,666	\$634	23.8%	46	301	449	-33.0%
D0120	Periodic Oral Evaluation	\$933	\$81	8.7%	28	183	456	-59.9%
D0274	Bitewing Xrays - Four Films	\$712	\$238	33.4%	19	124	202	-38.6%
D0150	Comprehensive Oral Evaluation	\$642	\$244	38.0%	11	72	91	-20.9%
D0330	Panoramic Film	\$622	\$368	59.2%	8	52	63	-17.5%
D0210	Intraoral Xrays-Complete Series W/ Bitewings	\$344	\$74	21.5%	4	26	43	-39.5%
D0220	Intraoral Xrays - Periapical, First Film	\$188	\$63	33.5%	10	65	147	-55.8%
D0140	Limited Oral Evaluation-Problem Focused	\$129	\$0	0.0%	4	26	79	-67.1%
D0230	Intraoral Xrays - Periapical, Each Extra Film	\$106	\$34	32.1%	6	39	80	-51.3%
D0277	Vertical Bitewing Xrays - 7 To 8 Films	\$65	\$0	0.0%	1	7	3	133.3%
D0180	Comprehensive Periodontal Evaluation	\$45	\$45	100.0%	1	7	7	0.0%
D9110	Palliative Tx Of Dental Pain-Minor Procedure	\$38	\$38	100.0%	2	13	5	160.0%
D1206	Topical Fluoride Varnish; Therapeutic	\$0	\$0	0.0%	8	52	90	-42.2%
D3120	Pulp Cap - Indirect	\$0	\$0	0.0%	6	39	4	875.0%
D2392	Composite - 2 Surfaces, Posterior	\$0	\$0	0.0%	4	26	37	-29.7%
D2393	Composite - 3 Surfaces, Posterior	\$0	\$0	0.0%	2	13	14	-7.1%
D2740	Crown - Porcelain/Ceramic Substrate	\$0	\$0	0.0%	2	13	30	-56.7%
D2950	Core Buildup, Including Pins	\$0	\$0	0.0%	2	13	35	-62.9%
D3330	Endodontic Therapy	\$0	\$0	0.0%	2	13	10	30.0%
D0272	Bitewing Xrays - Two Films	\$0	\$0	0.0%	1	7	57	-87.7%
D0350	Oral/Facial Photo Images (Intra & Extraoral)	\$0	\$0	0.0%	1	7	6	16.7%
D0460	Pulp Vitality Tests	\$0	\$0	0.0%	1	7	3	133.3%
D2330	Composite - 1 Surface, Anterior	\$0	\$0	0.0%	1	7	18	-61.1%
D2331	Composite - 2 Surface, Anterior	\$0	\$0	0.0%	1	7	18	-61.1%
D2332	Composite - 3 Surface, Anterior	\$0	\$0	0.0%	1	7	15	-53.3%
	Sub-Total	\$6,490	\$1,819	28.0%	172	1,126	1,962	-42.6%
	Grand Total	\$6,490	\$1,819	28.0%	181			
	% of Grand Total	100.0%	100.0%		95.0%			

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Top 25 CDT by Frequency



HIGHLANDS COUNTY BOARD OF COUNTY COMMISSIONERS

Group Plan #: 514206

Benefit Type: BASE PLAN EE ONLY 100/0/0 COINSURANCE

CDT Code	Dental Procedure	Total Dental Amount Paid	Services Preferred Providers	% Services Preferred Providers	Total Number of Services	Total Services per 1,000 Members	BOB Services per 1,000 Members	Plan Variance from BOB
D1110	Prophylaxis - Adult	\$2,666	13	28.3%	46	301	449	-33.0%
D0120	Periodic Oral Evaluation	\$933	3	10.7%	28	183	456	-59.9%
D0274	Bitewing Xrays - Four Films	\$712	11	57.9%	19	124	202	-38.6%
D0150	Comprehensive Oral Evaluation	\$642	6	54.5%	11	72	91	-20.9%
D0220	Intraoral Xrays - Periapical, First Film	\$188	4	40.0%	10	65	147	-55.8%
D0330	Panoramic Film	\$622	6	75.0%	8	52	63	-17.5%
D1206	Topical Fluoride Varnish; Therapeutic	\$0	2	25.0%	8	52	90	-42.2%
D0230	Intraoral Xrays - Periapical, Each Extra Film	\$106	3	50.0%	6	39	80	-51.3%
D3120	Pulp Cap - Indirect	\$0	0	0.0%	6	39	4	875.0%
D0210	Intraoral Xrays-Complete Series W/ Bitewings	\$344	1	25.0%	4	26	43	-39.5%
D0140	Limited Oral Evaluation-Problem Focused	\$129	0	0.0%	4	26	79	-67.1%
D2392	Composite - 2 Surfaces, Posterior	\$0	0	0.0%	4	26	37	-29.7%
D9110	Palliative Tx Of Dental Pain-Minor Procedure	\$38	1	50.0%	2	13	5	160.0%
D2393	Composite - 3 Surfaces, Posterior	\$0	0	0.0%	2	13	14	-7.1%
D2740	Crown - Porcelain/Ceramic Substrate	\$0	2	100.0%	2	13	30	-56.7%
D2950	Core Buildup, Including Pins	\$0	2	100.0%	2	13	35	-62.9%
D3330	Endodontic Therapy	\$0	1	50.0%	2	13	10	30.0%
D0277	Vertical Bitewing Xrays - 7 To 8 Films	\$65	0	0.0%	1	7	3	133.3%
D0180	Comprehensive Periodontal Evaluation	\$45	1	100.0%	1	7	7	0.0%
D0272	Bitewing Xrays - Two Films	\$0	0	0.0%	1	7	57	-87.7%
D0350	Oral/Facial Photo Images (Intra & Extraoral)	\$0	1	100.0%	1	7	6	16.7%
D0460	Pulp Vitality Tests	\$0	0	0.0%	1	7	3	133.3%
D2330	Composite - 1 Surface, Anterior	\$0	0	0.0%	1	7	18	-61.1%
D2331	Composite - 2 Surface, Anterior	\$0	0	0.0%	1	7	18	-61.1%
D2332	Composite - 3 Surface, Anterior	\$0	0	0.0%	1	7	15	-53.3%
	Sub-Total	\$6,490	57	33.1%	172	1,126	1,962	-42.6%
	Grand Total	\$6,490	60	33.1%	181			
	% of Grand Total	100.0%	95.0%		95.0%			

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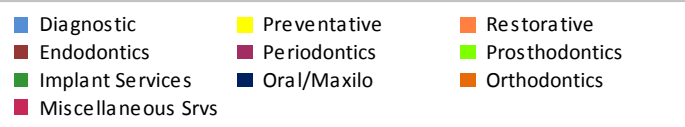
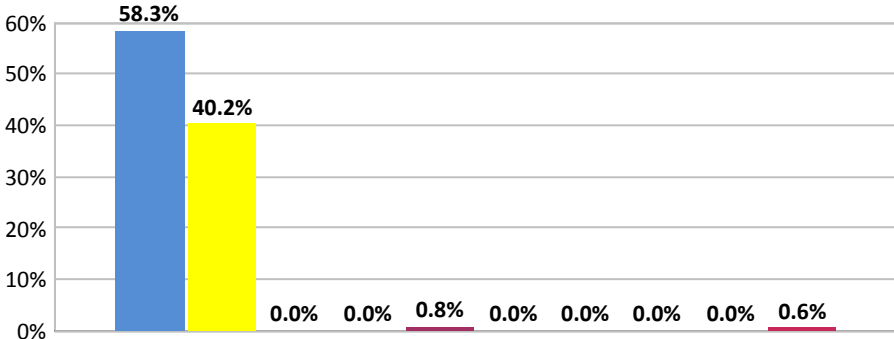
Benefit Category Claims Comparison



HIGHLANDS COUNTY BOARD OF COUNTY COMMISSIONERS
 Group Plan #: 514206
 Benefit Type: BASE PLAN EE ONLY 100/0/0 COINSURANCE

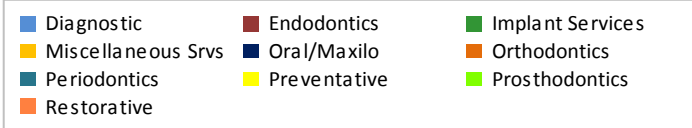
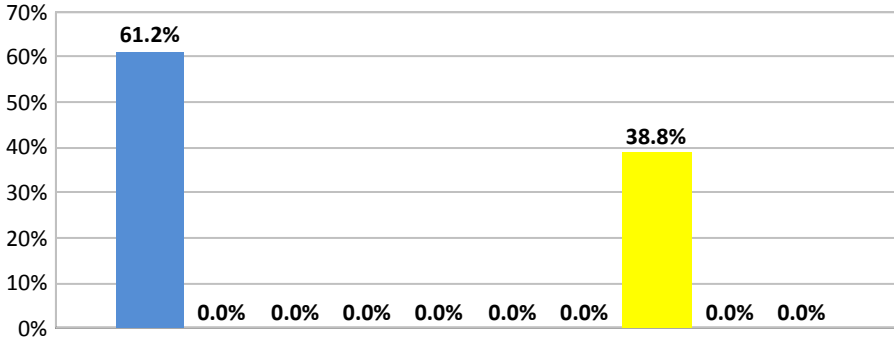
October 2018 - March 2019

Benefit Category	Amount Paid	Percent of Claims Paid	BOB Percent of Claims
Diagnostic	\$3,786	58.3%	26.1%
Preventive	\$2,612	40.2%	22.2%
Restorative	\$0	0.0%	24.8%
Endodontics	\$0	0.0%	6.3%
Periodontics	\$54	0.8%	4.0%
Prosthodontics	\$0	0.0%	2.5%
Implant Services*	\$0	0.0%	1.4%
Oral/Maxillofacial Surgery	\$0	0.0%	7.3%
Orthodontics	\$0	0.0%	3.6%
Miscellaneous Services	\$38	0.6%	1.8%



October 2017 - March 2018

Benefit Category	Amount Paid	Percent of Claims Paid	BOB Percent of Claims
Diagnostic	\$2,682	61.2%	25.7%
Preventive	\$1,701	38.8%	22.2%
Restorative	\$0	0.0%	25.4%
Endodontics	\$0	0.0%	6.5%
Periodontics	\$0	0.0%	4.1%
Prosthodontics	\$0	0.0%	2.5%
Implant Services*	\$0	0.0%	1.2%
Oral/Maxillofacial Surgery	\$0	0.0%	7.1%
Orthodontics	\$0	0.0%	3.7%
Miscellaneous Services	\$0	0.0%	1.7%



*May include miscellaneous services on implanted teeth even if implants are not a covered service.

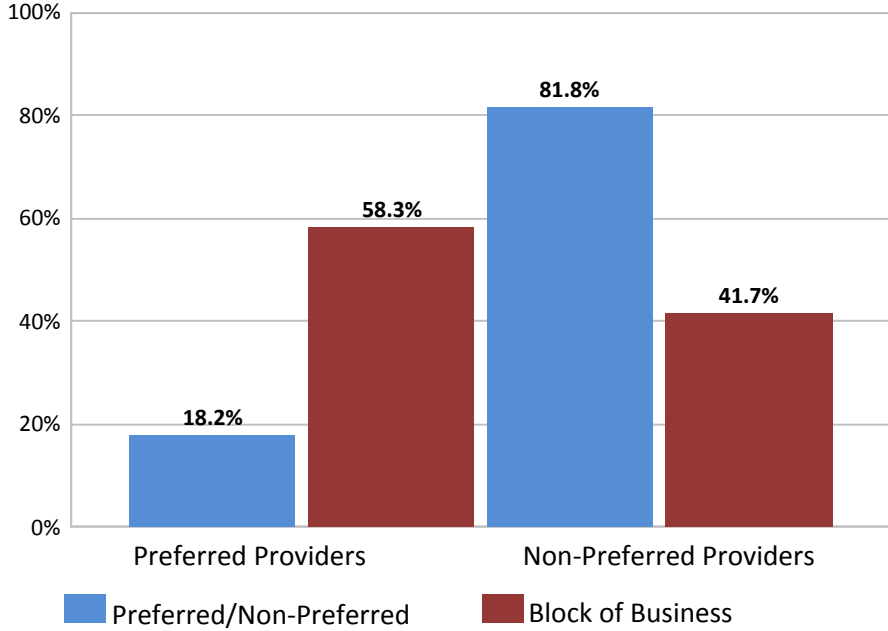
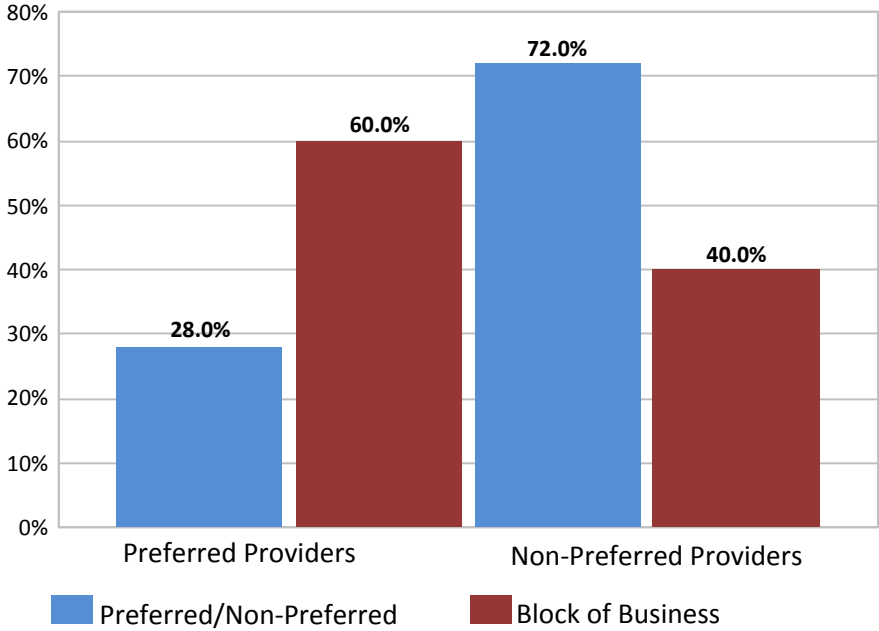
Network Overview



HIGHLANDS COUNTY BOARD OF COUNTY COMMISSIONERS
 Group Plan #: 514206
 Benefit Type: BASE PLAN EE ONLY 100/0/0 COINSURANCE

October 2018 - March 2019			Guardian Block of Business % of Amount
Provider Type	Amount Paid	% of Amount	Amount
Preferred Providers	\$1,819	28.0%	60.0%
Non-Preferred Providers	\$4,671	72.0%	40.0%
Total	\$6,490	100.0%	100.0%

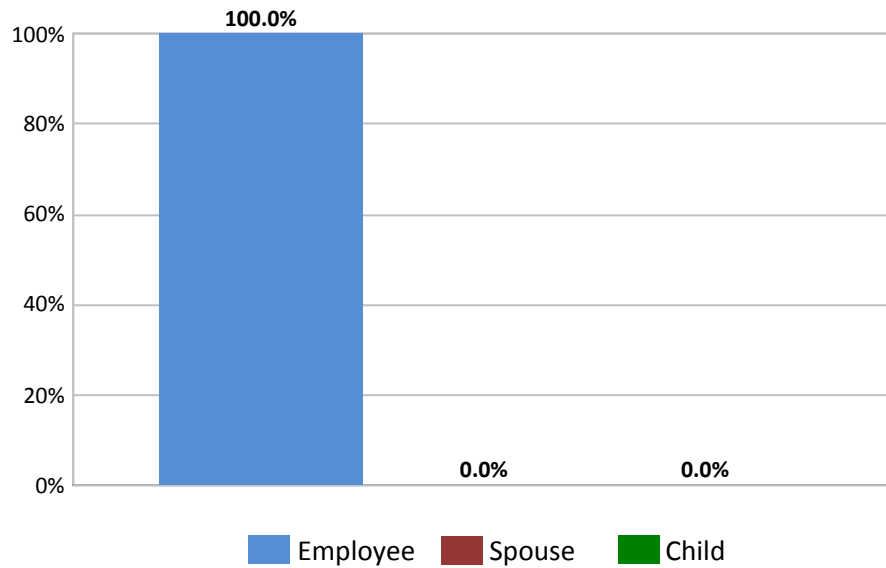
October 2017 - March 2018			Guardian Block of Business % of Amount
Provider Type	Amount Paid	% of Amount	Amount
Preferred Providers	\$799	18.2%	58.3%
Non-Preferred Providers	\$3,584	81.8%	41.7%
Total	\$4,383	100.0%	100.0%



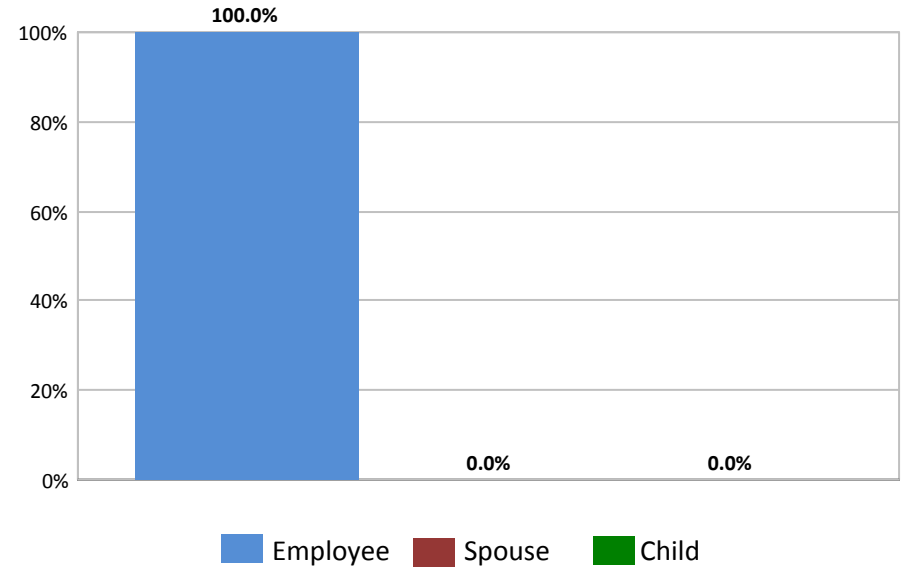
Claims by Membership Type

HIGHLANDS COUNTY BOARD OF COUNTY COMMISSIONERS
 Group Plan #: 514206
 Benefit Type: BASE PLAN EE ONLY 100/0/0 COINSURANCE

October 2018 - March 2019		
Membership Type	Amount Paid	% of Amount Paid
Employee	\$6,490	100.0%
Spouse	\$0	0.0%
Child	\$0	0.0%
Total	\$6,490	100.0%



October 2017 - March 2018		
Membership Type	Amount Paid	% of Amount Paid
Employee	\$4,383	100.0%
Spouse	\$0	0.0%
Child	\$0	0.0%
Total	\$4,383	100.0%



HIGHLANDS COUNTY BOARD OF COUNTY COMMISSIONERS

Group Plan #: 514206

Benefit Type: BASE PLAN EE ONLY 100/0/0 COINSURANCE

Term	Definition
Basic Services	A grouping of services which includes the following services (but not limited to): Fillings; Crowns, Bridge & Denture repair; Endodontic, Periodontal, Periodontal Surgery, Extractions, and Other Services.
Block of Business - BOB Category 9	Guardian's Dental block of business which has been segmented to compare specific customer's plans with similar benefit designs and in similar cost areas.
CDT Codes	These are the codes assigned by the American Dental Association for dental procedures
Coinsurance	After the member has satisfied the deductible, the dental plan pays a portion of the covered charges, called 'coinsurance'.
Deductible	Each year, members must pay a certain amount of the dentist's bill upfront, before they receive any benefits.
Dental Review Logic	A coded set of "user maintainable" rules that is used to process dental claims on Guardian's dental claims payment system. The rules are used to determine if dental services being submitted conform to "generally accepted standards of dental practice" and that they are processed in accordance with our contract language and administrative guidelines.
DG	DG is the acronym for DentalGuard
Major Services	A grouping of services which includes the following services (but not limited to): Crowns, Inlays, Implants, Bridges and Dentures.
Manual Adjustments	Payments or recoupment made to previously processed claims. Typically a result of receiving additional claim information.
Maximum	This is the limit that Guardian will cover which is typically on a per calendar year basis
Member(s)	Number of Employee(s) plus Number of Dependent unit(s). If the Plan is self administered and we do not have the dependent data available, the Employee and Member data will be equal.
Non-Preferred Provider	Licensed dentist or a dental care facility that is not under contract with Guardian to provide dental services.
Orthodontic Services	Dental claims categorized as Orthodontic services
PEPM	Abbreviation for Per Employee Per Month
PMPM	Abbreviation for Per Member Per Month. This includes employees and their dependents.
PPO Fee Schedule Savings	The total savings to the plan sponsor due to the application of negotiated discount arrangements with contracted providers.
Preferred Provider	Licensed dentist or a dental care facility that is under contract with Guardian to participate in Guardian's dental network.
Preventive Services	A grouping of services which includes the following services (but not limited to): Prophylaxis & Fluorides, Office Visits, Evaluations & Examinations, Space Maintainers, X-rays, Sealants.
Reasonable & Customary	This is the plan's allowable payment limit for any given service. The R&C level is a dollar amount deemed to be an appropriate amount to pay the dentist for the services he or she provided. The amount varies based on the type of service and geographical area based on the dentist's location.
Standard Fees	The fees customarily charged by the provider.
UCR	Known as Usual, Customary and Reasonable. Please refer to Reasonable & Customary definition.