

# Village of Poplar Grove

## Dental Plan Analysis

July 1st, 2025 Renewal



		<b>Current Humana</b>		<b>Renewal Humana</b>	
		IL TRP O2K UC 19		IL TRP O2K UC 19G6:H29G6:H30G6:H31G6:H30G6	
<b>Benefits</b>		<b>In-Network</b>	<b>Out-of-Network</b>	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Annual Deductible</b>					
Single/Family		\$50/ \$150	\$50/ \$150	\$50/ \$150	\$50/ \$150
Annual Plan Max.		\$2,000		\$2,000	
Includes Rollover/Carryover?		Yes,30% Extended Annual Max		Yes,30% Extended Annual Max	
<b>Benefits</b>					
Type I - Prev. & Diagnostic		100%	100%	100%	100%
Deductible Waived (Yes/No)		Yes		Yes	
Type II - Basic Service		80%	80%	80%	80%
Type III - Major Services		50%	50%	50%	50%
Type IV - Orthodontic Services		50%	50%	50%	50%
Orthodontia Lifetime Max		\$2,000		\$2,000	
Orthodontia Age Limit		Child & Adult		Child & Adult	
<b>Perio &amp; Endo Benefits</b>					
Perio - Non-Surg/Surg		80%	80%	80%	80%
Endo - Non-Surg/Surg		80%	80%	80%	80%
<b>Waiting Periods</b>		12 Months Major		12 Months Major	
<b>Other Features</b>					
Claims Reimbursements		Negotiated Fee	90%	Negotiated Fee	90%
Annual Open Enrollment Allowed?		Yes		Yes	
Min. Participation Req.		50%		50%	
Network Name		Humana Traditional Preferred		Humana Traditional Preferred	
Network Website		<a href="http://www.humana.com">www.humana.com</a>		<a href="http://www.humana.com">www.humana.com</a>	
<b>Rate Guarantee</b>		Renews 07/01/2025		1 year	
<b>Rates</b>	<b>Counts</b>	<b>4- Tier Rates</b>		<b>4- Tier Rates</b>	
EE	3	\$44.24		\$48.44	
EESP	1	\$88.48		\$96.89	
EECH	0	\$125.01		\$135.73	
FAM	4	\$172.50		\$187.42	
<b>Estimated Monthly Premium</b>		\$911.20		\$991.89	
<b>Estimated Annual Premium</b>		\$10,934.40		\$11,902.68	
<b>% Change From Current</b>		N/A		<b>8.9%</b>	
Rates are not final until approved by insurance carrier. Illustration is for comparative purposes only, see carrier certificate for more details.		Carrier Notes:		Carrier Notes:	

# Village of Poplar Grove

## Vision Plan Analysis

July 1st, 2025 Renewal



	<b>Current</b> <b>Humana</b> Vision 130		<b>Renewal</b> <b>Humana</b> Vision 130	
<b>Benefits</b>	<b>In-Network</b>	<b>Out-of-Network</b>	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Overview of Benefits</b>				
Exam Copay	\$10	See Below	\$10	See Below
Material Copay	\$15	See Below	\$15	See Below
<b>Frequency (months)</b>	12/12/12		12/12/12	
Exam/Lenses/Contacts	24		24	
<b>Benefit Allowances</b>				
Exams	100% After Copay	Up to \$30	100% After Copay	Up to \$30
Frames	Up to \$130+ 20% off balance over \$130	Up to \$65	Up to \$130+ 20% off balance over \$130	Up to \$65
Single Vision Lenses	100% After Copay	Up to \$25	100% After Copay	Up to \$25
Bifocal Lenses	100% After Copay	Up to \$40	100% After Copay	Up to \$40
Trifocal Lenses	100% After Copay	Up to \$60	100% After Copay	Up to \$60
Contacts - Necessary	100% After Copay	Up to \$200	100% After Copay	Up to \$200
Contacts - Elective	Up to \$130	Up to \$104	Up to \$130	Up to \$104
<b>Other Features</b>	Yes		Yes	
Annual Open Enrollment Allowed?	Humana Insight		Humana Insight	
Network Name	<a href="http://www.humana.com">www.humana.com</a>		<a href="http://www.humana.com">www.humana.com</a>	
Network Website	50% of Eligible EEs		50% of Eligible EEs	
Minimum Participation	Renews 07/01/2025		1 year	
<b>Rate Guarantee</b>				
<b>Rates</b>	<b>Counts</b>	<b>4-Tier Rates</b>	<b>4-Tier Rates</b>	
EE	3	\$6.60	\$6.86	
EESP	1	\$13.19	\$13.72	
EECH	0	\$14.03	\$14.53	
FAM	4	\$21.20	\$21.98	
<b>Estimated Monthly Premium</b>	\$117.79		\$122.22	
<b>Estimated Annual Premium</b>	\$1,413.48		\$1,466.64	
<b>% Change From Current</b>			<b>3.8%</b>	
Rates are not final until approved by insurance carrier. Illustration is for comparative purposes only, see certificate for more details.	Carrier Notes:		Carrier Notes:	