

Instructions: Fill in each blank box to the right of each question. Some boxes will automatically calculate for you.

Current Dental Plan:

Total Number of Participants in your dental plan: <i>(Include employees, spouse and children)</i>	<input type="text"/>
Annual maximum benefit per participant:	<input type="text"/>
Current monthly premium you pay for your group Dental Coverage:	<input type="text"/>
Total annual premium paid to insurance company:	<input type="text"/>

Self-Funded Dental Plan:

Total Number of Participants in your dental plan: <i>(Include employees, spouse and children)</i>	<input type="text"/>
Annual maximum benefit per participant:	<input type="text"/>
Total annual premium as determined by employer: <i>(Typically the same annual premium as your current plan)</i>	<input type="text"/>
Estimated claims based on participants reaching Maximum annual limit:	<input type="text"/>
Estimated claims of all other participants:	<input type="text"/>
Total estimated claims paid annually:	<input type="text"/>
Estimated Employer Surplus: <i>(This is the amount you save)</i>	<input type="text"/>

If you would like to discuss this analysis with us, please call our office and we'll be happy to answer any questions you might have.

Disclaimer: Your estimated surplus can be higher or lower than what is projected on this analysis. Your savings are based on the plan design and actual claims your group incurs during the plan year.