

**Jackson County
Preferred-Care Dental
Base Plan
Benefit & Rate Confirmation
Effective (January 1, 2015)**



**Benefit and Rate Confirmation
Jackson County – Preferred-Care Dental Plan**

Covered Services	
Type I Services: Diagnostic and Preventive Services	Covered
Type II Services: Basic Restorative Services; Periodontics; Endodontics and Extractions	Covered
Type III Services: Major Restorative and Maintenance of Prosthodontics	Not Covered
Type IV Services: Orthodontic Services	Not Covered

Calendar Year Deductible: <input type="checkbox"/> <i>Individual/Family</i> <input checked="" type="checkbox"/> <i>Each Covered Person</i>		
	Preferred	Non-Preferred
Type I	Waived	Waived
Type II		\$50

Coinsurance:		
	Preferred	Non-Preferred
Type I	100%	100%
Types II	80%	60%

Calendar Year Maximum:		
	Preferred	Non-Preferred
Types I & II (per covered person)	\$1,500	\$1,500

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Special Benefit Provisions:		
Type III Services		
Temporomandibular Joint (TMJ) Dysfunction	Not Covered	
Dental Implants	Not Covered	
Type IV Services		
	Preferred	Non-Preferred
Orthodontia Lifetime Maximum	N/A	N/A
Orthodontia Limiting Age	N/A	
Additional Services		
Provide benefits for replacement of teeth missing prior to effective date?	N/A	

Eligibility:	
Dependent Limiting Age	Age 26
Eligibility/Termination	First day of the month/ Last day of the month
Domestic Partner Amendment – Coverage for same sex and opposite sex coverage	Covered
Coverage for Legally Married Same Sex Spouse	Yes

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<i>Underwriting:</i>	
Minimum percent of Eligible Employees covered	75%
Percentage threshold of total employee enrollment at renewal based on prior year's enrollment	90%
Classification of Eligible Employees	See Attached
Waiting Period	See Attached
Minimum Employer Contribution <input checked="" type="checkbox"/> Voluntary	Not Applicable
Section 125 Enrollment Provisions	Yes
Start Date of Annual Enrollment Period	30 days prior to group anniversary date
End Date of Annual Enrollment Period	15 days after group anniversary date
Contract Term	36 months
Subsequent Renewal Terms	12 months
Renewal Notification	180 days Preliminary; 120 Days Final
Next Renewal	1/1/16
Reinstatement Fee	\$500

<i>Network</i>
<p>PPO Product: Preferred-Care Dental Network Inside Service Area: Preferred-Care Dental Network Network Outside Service Area: DNoA Network / Preferred and Non-Preferred</p> <p>Inside our Service Area Non-Participating Provider Payments: 90% of UCR based on Captiva Data Outside our Service Area Non-Participating Provider Payment: 90% of UCR based on Captiva Data</p>

<i>Services</i>	
ID card should be sent to:	Member

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Rates	
Employee	\$13.22
Employee + One	\$24.48
Family	\$44.09

COBRA Rates	
Employee	\$13.48
Employee + One	\$24.97
Family	\$44.97

Funding	
<input type="checkbox"/> Cost Plus	
<input checked="" type="checkbox"/> Insured	
<input type="checkbox"/> Other _____	

Confirmed by Jackson County:

Accepted by Blue Cross and Blue Shield of Kansas City:



Signature



Signature

Q. Troy Thomas
Director of Finance & Purchasing

Title

UNDESKRIBTEU

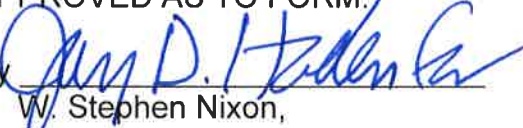
Title

November 20, 2014

Date


11/25/14

Date

APPROVED AS TO FORM:
By 

W. Stephen Nixon,
County Counselor

ATTEST BY:



Mary Jo Spino,
Clerk of the County Legislature