

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



**FILED**  
DEC 11 2014  
MARY JO SPINO  
COUNTY CLERK

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

<b>Covered Services</b>	
<b>Type I Services:</b> Diagnostic and Preventive Services	Covered
<b>Type II Services:</b> Basic Restorative Services; <b>Periodontics;</b> Endodontics and Extractions	Covered
<b>Type III Services:</b> Major Restorative and Maintenance of Prosthodontics	Covered
<b>Type IV Services:</b> Orthodontic Services	Covered

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

<b>Coinsurance:</b>		
	<b>Preferred</b>	<b>Non-Preferred</b>
Type I	100%	100%
Types II	80%	60%
Type III	50%	50%
Type IV	60%	50%

<b>Calendar Year Maximum:</b>	<b>Preferred</b>	<b>Non-Preferred</b>
Types I, II, and III (per covered person)	\$1,500	\$1,500

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<b><i>Special Benefit Provisions:</i></b>		
<b>Type III Services</b>		
Temporomandibular Joint (TMJ) Dysfunction	Not Covered	
Dental Implants	Not Covered	
<b>Type IV Services</b>		
	<b>Preferred</b>	<b>Non-Preferred</b>
Orthodontia Lifetime Maximum	\$1,500 lifetime maximum	\$1,500 lifetime maximum
Orthodontia Limiting Age	Limiting age is to 19	
<b>Additional Services</b>		
Provide benefits for replacement of teeth missing <b>prior</b> to effective date?	Covered	
<b><i>Eligibility:</i></b>		
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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<b><i>Underwriting:</i></b>	
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

<b><i>Network</i></b>
<b>PPO Product: Preferred-Care Dental</b>
Network Inside Service Area: Preferred-Care Dental Network
Network Outside Service Area: DNoA Network / Preferred and Non-Preferred
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

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

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<b>Rates</b>	
Employee	\$21.96
Employee + One	\$43.28
Family	\$72.26

<b>COBRA Rates</b>	
Employee	\$22.40
Employee + One	\$44.15
Family	\$73.71

<b>Funding</b>	
<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

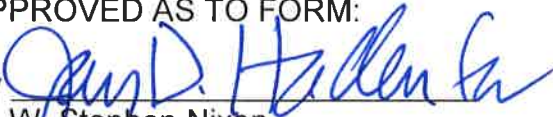
Q. Troy Thomas  
Director of Finance & Purchasing  
Title

UNDERWRITER  
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