

**Jackson County
Preferred-Care Dental
Buy Up Plan
Benefit & Rate Confirmation
Effective (January 1, 2017)**



FILED
OCT 19 2016
MARY JO SPINO
COUNTY CLERK

**Benefit and Rate Confirmation
Jackson County – Preferred-Care Dental Buy Up 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	Covered
Type IV Services: Orthodontic Services	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
Types II and III		\$50

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

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

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<i>Special Benefit Provisions:</i>		
Type III Services		
Temporomandibular Joint (TMJ) Dysfunction	Not Covered	
Dental Implants	Not Covered	
Type IV Services		
	Preferred	Non-Preferred
Orthodontia Lifetime Maximum	\$1,500 lifetime maximum	\$1,500 lifetime maximum
Orthodontia Limiting Age	Limiting age is to 19	
Additional Services		
Provide benefits for replacement of teeth missing prior to effective date?	Covered	
<i>Eligibility:</i>		
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	1/1/18
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	\$23.06
Employee + One	\$45.46
Family	\$75.88

COBRA Rates	
Employee	\$23.52
Employee + One	\$46.37
Family	\$77.40

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
Chief Financial Officer

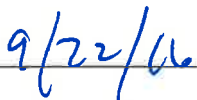
Title




Title



Date



Date

APPROVED AS TO FORM


County Counselor

ATTEST:


Clerk of the County Legislature