

Jackson County
Blue Dental PPO / Blue Dental Choice
GRID / GRID+
Buy Up Plan
Benefit & Rate Confirmation
Effective January 1, 2018



FILED
DEC 27 2017
MARY JO SPINO
COUNTY CLERK

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

| Covered Services | |
|---|---|
| Type I Services: Diagnostic and Preventive Services | Covered <i>Select one:</i> <input checked="" type="checkbox"/> 2 Routine cleanings/CY <input type="checkbox"/> 2 combined Routine or Perio cleanings/CY <input type="checkbox"/> 4 combined Routine or Perio cleanings/CY |
| Type II Services: Basic Restorative Services; Periodontics ; Endodontics; and Extractions | Covered |
| Type III Services: Major Restorative; Periodontics ; 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> | | | |
|---|-----------------------------|---------------------------------|------------------------------|
| Deductible: | Blue Dental PPO/GRID | Blue Dental Choice/GRID+ | OON/Non-Participating |
| Type I | Waived | Waived | Waived |
| Types II and III | | \$50 | |

| Coinsurance: | Blue Dental PPO/GRID | Blue Dental Choice/GRID+ | OON/Non-Participating |
|---------------------|-----------------------------|---------------------------------|------------------------------|
| Type I | 100% | 100% | 100% |
| Types II | 80% | 80% | 60% |
| Type III | 50% | 50% | 50% |
| Type IV | 60% | 60% | 50% |

| Calendar Year Maximum: | Blue Dental PPO/GRID | Blue Dental Choice/GRID+ | OON/Non-Participating |
|--|--|---------------------------------|------------------------------|
| Types I, II, and III (per covered person) | | \$1,500 | |
| Preventive applies towards Calendar Year Maximum | Yes – preventive applies towards Calendar Year Maximum | | |

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

| | | | |
|--|---|---|---|
| Dental Rewards: | Covered | | |
| Dental Rewards Program: | If total calendar year claims fall into this range amount: | Then Blue KC will reward the member with this amount for use next year and beyond: | However, Dental Reward totals will be capped at this amount: |
| Standard for all members, no options available | \$1 - \$300 | \$250 | \$500 |

| | | | |
|--|--|---------------------------------|------------------------------|
| Special Benefit Provisions: | | | |
| Type III Services | | | |
| Temporomandibular Joint (TMJ) Dysfunction | Not Covered | | |
| Dental Implants | Not Covered | | |
| Type IV Services | | | |
| Orthodontia | Blue Dental PPO/GRID | Blue Dental Choice/GRID+ | OON/Non-Participating |
| 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 (insert missing tooth amendment DPPO-201-12-MK) | | |

| | |
|--|---|
| 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 |

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

| <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 | 24 months |
| Subsequent Renewal Terms | 12 months |
| Renewal Notification | 180 days Preliminary; 120 Days Final |
| Next Renewal | 1/1/19 |
| Reinstatement Fee | \$500 |

| <i>Network</i> |
|---|
| <p>PPO Product: Blue Dental</p> <ul style="list-style-type: none"> • Dental Network Inside Our Service Area: Blue Dental PPO / Blue Dental Choice Networks (both are In-Network benefit levels) • Dental Network Outside Service Area: GRID / GRID+ Networks (both are In-Network benefit levels) • Outside Our Service Area: Out-of-Area Provider (Out-of-Network benefit level) <p>Inside Our Service Area OON/Non-Participating Provider Payments: <input checked="" type="checkbox"/> 90% of UCR based on Context4 Data</p> <p>Outside Our Service Area OON/Non-Participating Provider Payment: <input checked="" type="checkbox"/> 90% of UCR based on Context4 Data</p> |

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

| Rates | |
|----------------|---------|
| Employee | \$25.36 |
| Employee + One | \$50.00 |
| Family | \$83.46 |

| COBRA Rates | |
|--------------------|---------|
| Employee | \$25.87 |
| Employee + One | \$51.00 |
| Family | \$85.13 |

| Funding | |
|---|--|
| <input type="checkbox"/> Cost Plus | |
| <input checked="" type="checkbox"/> Insured | |
| <input type="checkbox"/> ASO | |
| <input type="checkbox"/> Other | |

Confirmed by Jackson County:



Signature

Director of Finance and Purchasing

Title

11/30/17

Date

Accepted by Blue Cross and Blue Shield of Kansas City:



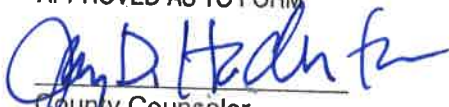
Signature

UNDERWRITER


Title

12/7/17

Date

APPROVED AS TO FORM


County Counselor

ATTEST:


Clerk of the County Legislature



Kansas City

Res. 19611

COMMISSION DISCLOSURE

Company Name: Jackson County

RECEIVED
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BY: _____

Commission Summary

Blue KC uses a **standard** commission schedule to compensate our agents and brokers. We currently pay brokers on a sliding 10% scale. Commissions are not paid on ACA-related taxes and fees.

| Medical | Dental |
|--|---|
| <input type="checkbox"/> Standard <input type="checkbox"/> Non-Standard <input type="checkbox"/> Flat \$ _____ per month <input type="checkbox"/> Flat \$ _____ per employee per month <input type="checkbox"/> Flat or <input type="checkbox"/> Sliding 10%: equivalent of _____% of premium excluding ACA taxes with equates to _____% of premium including ACA taxes <input type="checkbox"/> NET of Commission These Medical products are a part of a private exchange powered by Liazon <input type="checkbox"/> Yes <input type="checkbox"/> No Funding Type: _____ | <input type="checkbox"/> Standard <input checked="" type="checkbox"/> Non-Standard <input type="checkbox"/> Flat \$ _____ per month <input type="checkbox"/> Flat \$ _____ per employee per month <input checked="" type="checkbox"/> Flat or <input type="checkbox"/> Sliding 10%: equivalent of 10.0% of premium excluding ACA taxes with equates to 10.0% of premium including ACA taxes <input type="checkbox"/> NET of Commission These Dental products are a part of a private exchange powered by Liazon <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Funding Type: <u>Insured</u> |

Employer Information

Client Name: Mark Trosen
Acting Director of Finance and Purchasing

Client Signature: Mark Trosen

Date: 12/1/2017

Broker Information

Name: John McDaniel

Agency: McDaniel Hazley Group

Agent Code:

Signature: John McDaniel

Date: 11/27/17

FOR INTERNAL USE ONLY

Effective Date: 1/1/18

Territory #: 9

Group #: 31618000

Sales and Marketing:

Date:

Underwriting: Jeff B...

ATTEST:

APPROVED AS TO FORM

Date: 12/8/2017

Mary B...
Clerk of the County Legislature

John D. Holden
County Counselor

de
1/3/18



| Dental Service Type | Blue Dental PPO Providers ¹ | Blue Dental Choice Providers ² | Non-Participating Providers ³ |
|--|---|---|--|
| | Deductible, Coinsurance and Limitations | | |
| Calendar Year Deductible | Combined Basic Services and Major Services: \$50 per person | | |
| Type I-Diagnostic and Preventive Services Deductible Does Not Apply <ul style="list-style-type: none"> • Oral evaluations – 2 per calendar year • X-rays – complete mouth 1 every 3 calendar years; single tooth 12 per calendar year; bitewing 2 occurrences per calendar year • Teeth cleaning – 2 per calendar year • Fluoride treatment – 2 per calendar year age 19 and under • Sealant application on posterior tooth – 1 treatment per tooth every 3 years (age 14 and under) • Fixed and removable space maintainer (initial appliance only) • Emergency treatment – temporary pain relief | 100% | 100% | 80% |
| Type II-Basic Services Deductible Applies <ul style="list-style-type: none"> • Fillings – composite fillings on all teeth • Recementation of existing inlays, crowns and bridges • Endodontics – root canals and pulpal therapy • Periodontics – gum/tissue care and surgery • Tooth extraction (simple and surgical including wisdom teeth) • General Anesthesia – payable only if provided in connection with a covered service | 80% | 80% | 50% |
| Dependent Limiting Age | 26 | | |
| Calendar Year Maximum | \$1,500 Combined per Covered Person <i>Preventive applies towards Calendar Year Maximum</i> | | |
| Dental Rewards | If you have Calendar Year claims between \$1 - \$300, you will receive \$250 in Rewards to use next year and beyond. Your accumulated Rewards total is capped at \$500. | | |

This document is intended to give a summary of the plan and is not a contract. Please refer to your contract for complete terms and conditions.

- ¹Blue Dental PPO Providers:** The preferred network of coverage in the Blue KC service area. **Lowest** out-of-pocket costs for covered services. Outside our service area, providers are available through the GRID Blue Cross and Blue Shield national network.
- ²Blue Dental Choice Providers:** An additional network of coverage in the Blue KC service area. **Higher** out-of-pocket costs for covered services. Outside our service area, providers are available through the GRID+ Blue Cross and Blue Shield national network.
- ³Non-Participating Providers:** Seeing a non-participating dentist results in the **highest** out-of-pocket costs for covered services. Members may be responsible for filing claims and may be balanced billed by the non-participating provider.



Kansas City

Jackson County
Base Dental Benefit Summary

Effective January 1, 2018

Discrimination is Against the Law

Blue KC complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Blue KC does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Blue KC:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Customer Service, 844-395-7126 (Toll free), languagehelp@bluekc.com.

If you believe that Blue KC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with the Appeals Department, PO Box 419169, Kansas City, MO 64141-6169, 816-395-3537, TTY: 816-842-5607, APPEALS@bluekc.com. You can file a grievance in person or by mail, or email. If you need help filing a grievance, the Appeals Department is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

If you, or someone you're helping, has questions about Blue KC, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 1-844-395-7126.

Spanish: Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Blue KC, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-844-395-7126.

Chinese: 如果您, 或是您正在協助的對象, 有關於 Blue KC 方面的問題, 您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員, 請撥電話 1-844-395-7126。

Vietnamese: Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Blue KC, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-844-395-7126.

German: Falls Sie oder jemand, dem Sie helfen, Fragen zum Blue KC haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 1-844-395-7126 an.