

REQUEST FOR LEGISLATIVE ACTION

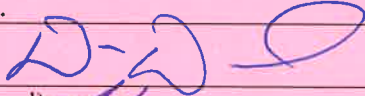


Completed by County Counselor's Office:

Res/Ord No.: 19250

Sponsor(s): Scott Burnett

Date: September 6, 2016

<p>SUBJECT</p>	<p>Action Requested <input checked="" type="checkbox"/> Resolution <input type="checkbox"/> Ordinance</p> <p>Project/Title: <u>Awarding a Twelve Month Term and Supply Contract with Two Twelve Month Options to Extend for the furnishing of Employee Group Dental Insurance as an employee benefit Countywide to Blue Cross Blue Shield of Kansas City, MO under the terms and conditions of Request for Proposal No. 49-16.</u></p>										
<p>BUDGET INFORMATION <i>To be completed By Requesting Department and Finance</i></p>	<table border="1" data-bbox="321 592 1453 783"> <tr> <td>Amount authorized by this legislation this fiscal year:</td> <td></td> </tr> <tr> <td>Amount previously authorized this fiscal year:</td> <td></td> </tr> <tr> <td>Total amount authorized after this legislative action:</td> <td></td> </tr> <tr> <td>Amount budgeted for this item * (including transfers):</td> <td></td> </tr> <tr> <td>Source of funding (name of fund) and account code number:</td> <td></td> </tr> </table> <p>* If account includes additional funds for other expenses, total budgeted in the account is: \$</p> <p>OTHER FINANCIAL INFORMATION:</p> <p><input type="checkbox"/> No budget impact (no fiscal note required) <input type="checkbox"/> Term and Supply Contract (funds approved in the annual budget); estimated value and use of contract: Department: Estimated Use: \$</p> <p>Prior Year Budget (if applicable): Prior Year Actual Amount Spent (if applicable):</p>	Amount authorized by this legislation this fiscal year:		Amount previously authorized this fiscal year:		Total amount authorized after this legislative action:		Amount budgeted for this item * (including transfers):		Source of funding (name of fund) and account code number:	
Amount authorized by this legislation this fiscal year:											
Amount previously authorized this fiscal year:											
Total amount authorized after this legislative action:											
Amount budgeted for this item * (including transfers):											
Source of funding (name of fund) and account code number:											
<p>PRIOR LEGISLATION</p>	<p>Prior ordinances and (date): Prior resolutions and (date): 18643, October 27, 2014</p>										
<p>CONTACT INFORMATION</p>	<p>RLA drafted by (name, title, & phone): Jessica Johnson, Senior Buyer, 881-3465</p>										
<p>REQUEST SUMMARY</p>	<p>Jackson County, Missouri requires Employee Group Dental Insurance as a countywide employee benefit. The Purchasing Department issued Request for Proposal 49-16 in response to those requirements.</p> <p>A total of fourteen (14) notifications were distributed and six (6) responses were received and evaluated from the following:</p> <p>Aetna; Overland Park, KS Blue Cross and Blue Shield of Kansas City; Kansas City, MO Delta Dental; St. Louis, MO FCL Dental (Dental Source); Sugar Land, TX Metlife; Overland Park, KS The Standard; Portland, OR</p> <p>Evaluations were based on the Respondents' proposals submitted and pricing.</p> <p>Pursuant to Section 1054.6 of the Jackson County Code, the Director of Finance and Purchasing recommends the award of a twelve month term and supply contract with two twelve month options to extend for Employee Group Dental Insurance as an employee benefit Countywide to Blue Cross and Blue Shield of Kansas City of Kansas City, MO as the best proposal received.</p> <p>This award is made on an "as needed" basis and does not obligate Jackson County to pay any specific amount. The availability of funds for specific purchases is subject to annual appropriations.</p>										

	<p>Total Premium Costs for 2017 is as follows:</p> <p>Blue KC/FCL Dental DHMO Plan</p> <p>Employee \$8.76 Employee + 1 \$14.26 Family \$22.00</p> <p>Blue KC Base Dental Plan</p> <p>Employee \$14.58 Employee + 1 \$27.00 Family \$48.62</p> <p>Blue KC Buy-Up Dental Plan</p> <p>Employee \$23.06 Employee + 1 \$45.46 Family \$75.88</p>	
CLEARANCE	<input checked="" type="checkbox"/> Tax Clearance Completed (Purchasing & Department) <input type="checkbox"/> Business License Verified (Purchasing & Department) N/A <input checked="" type="checkbox"/> Chapter 6 Compliance - Affirmative Action/Prevailing Wage (County Auditor's Office)	
ATTACHMENTS	Abstract of Bids Received, Proposal Recaps, Award Recommendations Memorandum from Mr. Dennis Dumovich, Director of Human Resources Department and the pertinent pages of Blue Cross and Blue Shield of Kansas City's proposal.	
REVIEW	Department Director: 	Date: 8/31/16
	Finance (Budget Approval): <i>If applicable</i> 	Date: 8/31/16
	Division Manager: 	Date: 9/1/16
	County Counselor's Office:	Date:

Fiscal Information (to be verified by Budget Office in Finance Department)

- This expenditure was included in the annual budget.
- Funds for this were encumbered from the _____ Fund in _____.
- There is a balance otherwise unencumbered to the credit of the appropriation to which the expenditure is chargeable and there is a cash balance otherwise unencumbered in the treasury to the credit of the fund from which payment is to be made each sufficient to provide for the obligation herein authorized.
- Funds sufficient for this expenditure will be/were appropriated by Ordinance # _____
- Funds sufficient for this appropriation are available from the source indicated below.

Account Number:	Account Title:	Amount Not to Exceed:

- This award is made on a need basis and does not obligate Jackson County to pay any specific amount. The availability of funds for specific purchases will, of necessity, be determined as each using agency places its order.
- This legislative action does not impact the County financially and does not require Finance/Budget approval.

ABSTRACT OF BIDS

NO	DESCRIPTION	Aetna Life Insurance Co.		BlueCross BlueShield of Kansas City		Dental Delta of Missouri		Dental Economics Source		MetLife	
		UNIT	QTY	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT
	See Bid			Seebid	Seebid	Seebid	Seebid	Seebid	Seebid	Seebid	Seebid

RFQ: 49-16
 DATE: 07/26/16
 COMMODITY: Group Dental Insurance

CERTIFICATION OF BID OPENING
 BIDS WERE PUBLICLY
 OPENED AND RECORDED
 ON: July 26, 2016 BY

 CLERK OF THE LEGISLATURE
Janice M. G...
 PURCHASING

JUL 26 10:21:09

ABSTRACT OF BIDS

RFQ: 49-16		Standard Insurance Co.		AMOUNT		AMOUNT		AMOUNT		AMOUNT	
DATE: 07/26/16		Insurance Co.		AMOUNT		AMOUNT		AMOUNT		AMOUNT	
COMMODITY: Group Dental Insurance		Standard Insurance Co.		AMOUNT		AMOUNT		AMOUNT		AMOUNT	
NO	DESCRIPTION	UNIT	QTY	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT

See bid

See Bid

CERTIFICATION OF BID OPENING
 BIDS WERE PUBLICLY
 OPENED AND RECORDED

ON: July 26, 2016 BY

[Signature]
 CLERK OF THE LEGISLATURE
[Signature]
 PURCHASING

Commodity: GROUP DENTAL COVERAGE

Vendor: Aetna Life Insurance Co.

Bid Recap			
REQUIRED SUBMITTALS	Yes/No	REQUIRED SUBMITTALS	Yes/No
Proposal Copies (4)	YES	Q16 - resolve customer questions	YES
Cover Letter	YES	Q17 - enrollment requirements	YES
Affidavit	YES	Q18 - COBRA admin	YES
Comp Review Form or Cert	YES	Q19 - dependent on only provider	YES
Addendum Receipt	YES	Q20 - treatment in progress	YES
Exceptions	YES	Q21 - average premium percentages	NO*
CUP (0%, 0%, 0%)	NO	Q22 - customer service location	YES
Q 1 - Qual of admin personnel	YES	Q23 - claims location	YES
Q 2 - Org Chart	YES	Q24 - dentist/patient ratio	YES
Q 3 - Licenses & Certs	YES	Q25 - dentist transfer process	YES
Q 4 - 2 References	NO*	Q26 - benefits for non-participating dentists	YES
Q 5 - claim report samples	YES	Q27 - participation terminated	YES
Q 6 - copy of specimen contract/enrollment agree	YES	Q28 - network not accepting new patients	YES
Q 7 - list of limitation/exclusions	YES	Q29 - family mbrs choose different dentists	YES
Q 8 - customer resolution process	YES	Q30 - reduction in benefits non-part dentists	NO*
Q 9 - extension of benefits process	NO*	Q31 - determining UC levels, fee schedules	YES
Q10 - electronic capabilities	YES	Q32 - waiting periods	YES
Q11 - schedule of benefits proposed	NO*	Q35 - claims process	YES
Q12 - Dental DHMO/Indemnity Plan worksheet	Omitted	Q36 - coordination of benefits process	YES
Q13 - provider listing	YES	Q37 - predetermination of benefits required	YES
Q14 - online resources	YES	Pricing (original only)	YES
Q15 - Performance Guarantees	NO*		

COMMENTS:

Q4 - References not provided - will provide after initial feedback on strength of proposal

Q9 - Can be found in dental financial assumptions. (Included with pricing)

Q11 - Can be found in Dental Plan design. (Included with Pricing)

Q15 - Refer to Performance Guarantees (Included with Pricing)

Q21 - Question not answered.

Q30 - Refer to Benefit Summaries (Included with Pricing)

-Language change requested in insurance requirements. Purchasing requested Aetna retract by 12:00 on 7/28/16 JMJ. Aetna provided explanation of language request, notified Aetna needed Counselor advisement. 7/28/16 @1540 JMJ. Requested Advisement from Counselor 7/28/16 @ 1543 JMJ. Counselor deemed acceptable. 7/28/16 @ 1550 JMJ.

Commodity: GROUP DENTAL COVERAGE

Vendor: BlueCross BlueShield of Kansas City

Bid Recap

REQUIRED SUBMITTALS		Yes/No	REQUIRED SUBMITTALS		Yes/No
Proposal Copies (4)		YES	Q16 - resolve customer questions		YES
Cover Letter		YES	Q17 - enrollment requirements		YES
Affidavit		YES	Q18 - COBRA admin		YES
Comp Review Form or Cert		YES	Q19 - dependent on only provider		YES
Addendum Receipt		YES	Q20 - treatment in progress		YES
Exceptions		YES	Q21 - average premium percentages		YES
CUP (0%, 0%, 0%)		YES	Q22 - customer service location		YES
Q 1 - Qual of admin personnel		YES	Q23 - claims location		YES
Q 2 - Org Chart		YES	Q24 - dentist/patient ratio		NO*
Q 3 - Licenses & Certs		YES	Q25 - dentist transfer process		NO*
Q 4 - 2 References		YES	Q26 - benefits for non-participating dentists		NO*
Q 5 - claim report samples		YES	Q27 - participation terminated		NO*
Q 6 - copy of specimen contract/enrollment agree		YES	Q28 - network not accepting new patients		NO*
Q 7 - list of limitation/exclusions		YES	Q29 - family mbrs choose different dentists		NO*
Q 8 - customer resolution process		YES	Q30 - reduction in benefits non-part dentists		YES
Q 9 - extension of benefits process		YES	Q31 - determining UC levels, fee schedules		YES
Q10 - electronic capabilities		YES	Q32 - waiting periods		YES
Q11 - schedule of benefits proposed		NO*	Q35 - claims process		YES
Q12 - Dental DHMO/Indemnity Plan worksheet		Omitted	Q36 - coordination of benefits process		YES
Q13 - provider listing		YES	Q37 - predetermination of benefits required		YES
Q14 - online resources		YES	Pricing (original only)		YES
Q15 - Performance Guarantees		YES			

COMMENTS:

-Blue KC's proposal includes a joint venture with Dental Source.

Q11 - See Tab 7 - Benefit Summary

Q24-29 - Not applicable - PPO only

Commodity: GROUP DENTAL COVERAGE

Vendor: Dental Delta of Missouri

Bid Recap			
REQUIRED SUBMITTALS	Yes/No	REQUIRED SUBMITTALS	Yes/No
Proposal Copies (4)	YES	Q16 - resolve customer questions	YES
Cover Letter	YES	Q17 - enrollment requirements	YES
Affidavit	YES	Q18 - COBRA admin	YES
Comp Review Form or Cert	YES	Q19 - dependent on only provider	YES
Addendum Receipt	YES	Q20 - treatment in progress	YES
Exceptions	YES	Q21 - average premium percentages	YES
CUP (0%, 0%, 0%)	YES	Q22 - customer service location	YES
Q 1 - Qual of admin personnel	YES	Q23 - claims location	YES
Q 2 - Org Chart	YES	Q24 - dentist/patient ratio	NO*
Q 3 - Licenses & Certs	YES	Q25 - dentist transfer process	NO*
Q 4 - 2 References	YES	Q26 - benefits for non-participating dentists	NO*
Q 5 - claim report samples	YES	Q27 - participation terminated	NO*
Q 6 - copy of specimen contract/enrollment agree	YES	Q28 - network not accepting new patients	NO*
Q 7 - list of limitation/exclusions	YES	Q29 - family mbrs choose different dentists	NO*
Q 8 - customer resolution process	YES	Q30 - reduction in benefits non-part dentists	YES
Q 9 - extension of benefits process	YES	Q31 - determining UC levels, fee schedules	YES
Q10 - electronic capabilities	YES	Q32 - waiting periods	YES
Q11 - schedule of benefits proposed	NO*	Q35 - claims process	YES
Q12 - Dental DHMO/Indemnity Plan worksheet	Omitted	Q36 - coordination of benefits process	YES
Q13 - provider listing	YES	Q37 - predetermination of benefits required	YES
Q14 - online resources	YES	Pricing (original only)	YES
Q15 - Performance Guarantees	YES		

COMMENTS:

Q11 - Included with pricing

Q24-29 - Not applicable - No DMHO

Vendor: Dental Economics (Dental Source)

Bid Recap

REQUIRED SUBMITTALS		Yes/No	REQUIRED SUBMITTALS		Yes/No
Proposal Copies (4)		YES	Q16 - resolve customer questions		YES
Cover Letter		YES	Q17 - enrollment requirements		YES
Affidavit		YES	Q18 - COBRA admin		YES
Comp Review Form or Cert		YES	Q19 - dependent on only provider		YES
Addendum Receipt		YES	Q20 - treatment in progress		YES
Exceptions		YES	Q21 - average premium percentages		YES
CUP (0%, 0%, 0%)		YES	Q22 - customer service location		YES
Q 1 - Qual of admin personnel		YES	Q23 - claims location		YES
Q 2 - Org Chart		NO*	Q24 - dentist/patient ratio		YES
Q 3 - Licenses & Certs		YES	Q25 - dentist transfer process		YES
Q 4 - 2 References		YES	Q26 - benefits for non-participating dentists		YES
Q 5 - claim report samples		YES	Q27 - participation terminated		YES
Q 6 - copy of specimen contract/enrollment agree		YES	Q28 - network not accepting new patients		YES
Q 7 - list of limitation/exclusions		NO*	Q29 - family mbrs choose different dentists		YES
Q 8 - customer resolution process		YES	Q30 - reduction in benefits non-part dentists		NO*
Q 9 - extension of benefits process		YES	Q31 - determining UC levels, fee schedules		NO*
Q10 - electronic capabilities		YES	Q32 - waiting periods		NO*
Q11 - schedule of benefits proposed		YES	Q35 - claims process		NO*
Q12 - Dental DHMO/Indemnity Plan worksheet		Omitted	Q36 - coordination of benefits process		NO*
Q13 - provider listing		YES	Q37 - predetermination of benefits required		NO*
Q14 - online resources		YES	Pricing (original only)		YES
Q15 - Performance Guarantees		YES			

COMMENTS:

DMHO only - Proposing to partner with Blue KC PPO plan

Q2 - No organizational chart

Q7 - Outlined with Schedule of Benefits

Q30-37 - Not applicable - DMHO only

RFP No: 49-16

Commodity: GROUP DENTAL COVERAGE

Vendor: Metlife

Bid Recap			
REQUIRED SUBMITTALS	Yes/No	REQUIRED SUBMITTALS	Yes/No
Proposal Copies (4)	YES	Q16 - resolve customer questions	YES
Cover Letter	YES	Q17 - enrollment requirements	YES
Affidavit	YES	Q18 - COBRA admin	YES
Comp Review Form or Cert	YES	Q19 - dependent on only provider	YES
Addendum Receipt	YES	Q20 - treatment in progress	YES
Exceptions	YES	Q21 - average premium percentages	YES
CUP (0%, 0%, 0%)	YES	Q22 - customer service location	YES
Q 1 - Qual of admin personnel	YES	Q23 - claims location	YES
Q 2 - Org Chart	YES	Q24 - dentist/patient ratio	NO*
Q 3 - Licenses & Certs	YES	Q25 - dentist transfer process	NO*
Q 4 - 2 References	NO*	Q26 - benefits for non-participating dentists	NO*
Q 5 - claim report samples	YES	Q27 - participation terminated	NO*
Q 6 - copy of specimen contract/enrollment agree	YES	Q28 - network not accepting new patients	NO*
Q 7 - list of limitation/exclusions	NO*	Q29 - family mbrs choose different dentists	NO*
Q 8 - customer resolution process	YES	Q30 - reduction in benefits non-part dentists	YES
Q 9 - extension of benefits process	YES	Q31 - determining UC levels, fee schedules	YES
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Q11 - schedule of benefits proposed	NO*	Q35 - claims process	YES
Q12 - Dental DHMO/Indemnity Plan worksheet	Omitted	Q36 - coordination of benefits process	YES
Q13 - provider listing	YES	Q37 - predetermination of benefits required	YES
Q14 - online resources	YES	Pricing (original only)	YES
Q15 - Performance Guarantees	NO*		

COMMENTS:

Q4 - Company names only - contact info will be provided upon finalist notification

Q8 - Provided in pricing Proposal

Q11 - Provided in pricing Proposal

Q15 - Provided in Cost & Benefit Summary

Q24-29 - Proposing PPO only.

-Exception noted - Vendor's Group Contract will govern any conflict between vendor and County. Requested guidance from County Counselor. 7/27/16 JMJ Counselor is satisfied with exception. Will negotiate if vendor is lowest and best. 7/28/16 JMJ

Commodity: GROUP DENTAL COVERAGE**VENDOR: Standard Insurance Company****Bid Recap**

REQUIRED SUBMITTALS		Yes/No	REQUIRED SUBMITTALS		Yes/No
Proposal Copies (4)		YES	Q16 - resolve customer questions		YES
Cover Letter		YES	Q17 - enrollment requirements		YES
Affidavit		YES	Q18 - COBRA admin		YES
Comp Review Form or Cert		YES	Q19 - dependent on only provider		YES
Addendum Receipt		YES	Q20 - treatment in progress		YES
Exceptions		NO*	Q21 - average premium percentages		YES
CUP (0%, 0%, 0%)		NO	Q22 - customer service location		YES
Q 1 - Qual of admin personnel		YES	Q23 - claims location		YES
Q 2 - Org Chart		YES	Q24 - dentist/patient ratio		NO*
Q 3 - Licenses & Certs		YES	Q25 - dentist transfer process		NO*
Q 4 - 2 References		NO*	Q26 - benefits for non-participating dentists		NO*
Q 5 - claim report samples		YES	Q27 - participation terminated		NO*
Q 6 - copy of specimen contract/enrollment agree		YES	Q28 - network not accepting new patients		NO*
Q 7 - list of limitation/exclusions		NO*	Q29 - family mbrs choose different dentists		NO*
Q 8 - customer resolution process		YES	Q30 - reduction in benefits non-part dentists		YES
Q 9 - extension of benefits process		YES	Q31 - determining UC levels, fee schedules		YES
Q10 - electronic capabilities		YES	Q32 - waiting periods		YES
Q11 - schedule of benefits proposed		NO*	Q35 - claims process		YES
Q12 - Dental DHMO/Indemnity Plan worksheet		Omitted	Q36 - coordination of benefits process		YES
Q13 - provider listing		YES	Q37 - predetermination of benefits required		YES
Q14 - online resources		YES	Pricing (original only)		YES
Q15 - Performance Guarantees		YES			

COMMENTS:

Exceptions Requested-In reference to General Condition #26 (sublet, sell, transfer, assign contract)The Standard has a relationship with Ameritas Life Insurance Corp.

- Language Change request in Insurance Requirements. Purchasing requested The Standard retract by 12:00 on 7/28/16 JMJ Redacted 0959 on 7/28/16. JMJ

Q4 - References not provided. Will provide if selected as finalist.

Q7 - Included with Pricing.

Q11 - Included with Pricing.

Q24-29 - Not Applicable - PPO Only.



JACKSON COUNTY
Human Resources Department

19250

Jackson County Courthouse
415 East 12th Street, First Floor
Kansas City, Missouri 64106
jacksongov.org

(816) 881-3135
Fax: (816) 881-3474

August 29, 2016

To: Jessica Johnson, Sr Buyer, Purchasing

From: Dennis Dumovich, Director, Human Resources DD

Subject: Recommendation – Dental Insurance Provider RFP 49-16

Summary

Jackson County, Missouri requires Employee Group Dental Insurance as a countywide employee benefit. The Purchasing Department issued Request for Proposal 49-16 in response to those requirements.

A total of fourteen (14) notifications were distributed and six (6) responses were received and evaluated from the following:

- Aetna; Overland Park, KS
- Blue Cross and Blue Shield of Kansas City; Kansas City, MO
- Delta Dental; St. Louis, MO
- FCL Dental (Dental Source); Sugar Land, TX
- MetLife; Overland Park, KS
- The Standard; Portland, OR

Process

After notifications were distributed and responses were received, a committee comprised of HR, Finance, Legislature, Administration and Parks+ Rec reviewed the proposals, conducted oral presentations, evaluated the proposals and conducted negotiations.

Evaluation of the Respondent Firms

RESPONDENTS

See attached pricing summary.



JACKSON COUNTY Human Resources Department

19250

Jackson County Courthouse
415 East 12th Street, First Floor
Kansas City, Missouri 64106
jacksongov.org

(816) 881-3135
Fax: (816) 881-3474

The committee evaluated the proposals based on the oral presentations by the two finalists and the following two factors:

1. Network Match & Adequacy

Aetna Score: 18.7%
BC/BS FCL Dental Score: 19.6%
Delta Dental Score: 17.5%
MetLife Score: 16.8%
The Standard Score: 16.8%

2. Cost

Aetna Score: 54.3%
BC/BS FCL Dental Score: 56.2%
Delta Dental Score: 46.8%
MetLife Score: 56.2%
The Standard Score: 52.5%

Total Scores:

Aetna Score: 73%
BC/BS FCL Dental Score: 76%
Delta Dental Score: 64%
MetLife Score: 73%
The Standard Score: 69%

Blue Cross & Blue Shield is the highest scored provider by the committee. They will sub contract DHMO services with FCL Dental (Dental Source).

Additionally, Blue Cross will provide a second year price increase ceiling of 10%.

Recommendation

Based on the scoring factors described above, the committee recommends awarding the bid to Blue Cross & Blue Shield of Kansas City/FCL Dental (Dental Source). The committee recommends the award of a twelve-month term and supply contract with two twelve month options to extend for Employee Group Dental Insurance as an employee benefit Countywide to Blue Cross and Blue Shield of Kansas City of Kansas City, MO as the best proposal received.

RFP 49-16 Pricing Summary

		2017 Total Monthly Dental Premium				
DHMO		BCBS/FCL Dental	Aetna	MetLife	Delta Dental	Standard
EMPLOYEE		\$ 8.75	29.56	No Bid	No Bid	No Bid
EMPLOYEE WITH FAMILY MEDICAL		\$ 8.75	29.56	No Bid	No Bid	No Bid
EMPLOYEE + 1		\$ 14.26	48.14	No Bid	No Bid	No Bid
EMPLOYEE + 1 WITH FAMILY MEDICAL		\$ 14.26	48.14	No Bid	No Bid	No Bid
FAMILY		\$ 22.00	74.32	No Bid	No Bid	No Bid
FAMILY WITH FAMILY MEDICAL		\$ 22.00	74.32	No Bid	No Bid	No Bid

BASE Dental Plan		BC/BS	Aetna	MetLife	Delta Dental	Standard
EMPLOYEE		\$ 14.58	15.66	17.35	19.37	17.92
EMPLOYEE WITH FAMILY MEDICAL		\$ 14.58	15.66	17.35	19.37	17.92
EMPLOYEE + 1		\$ 27.00	29.00	32.13	35.87	33.16
EMPLOYEE + 1 WITH FAMILY MEDICAL		\$ 27.00	29.00	32.13	35.87	33.16
FAMILY		\$ 48.62	52.24	57.88	64.62	59.57
FAMILY WITH FAMILY MEDICAL		\$ 48.62	52.24	57.88	64.62	59.57

Buy-Up Dental Plan		BC/BS	Aetna	MetLife	Delta Dental	Standard
EMPLOYEE		\$ 23.06	26.56	26.84	30.65	28.23
EMPLOYEE WITH FAMILY MEDICAL		\$ 23.06	26.56	26.84	30.65	28.23
EMPLOYEE + 1		\$ 45.46	52.35	52.89	60.41	55.80
EMPLOYEE + 1 WITH FAMILY MEDICAL		\$ 45.46	52.35	52.89	60.41	55.80
FAMILY		\$ 75.88	87.40	88.30	100.88	93.85
FAMILY WITH FAMILY MEDICAL		\$ 75.88	87.40	88.30	100.88	93.85

JACKSON COUNTY, MISSOURI

		2016 RATES				2017 RATES			
Dental Source DHMO Plan		2016 Monthly Premium	2016 Monthly County Contribution	2016 Monthly Employee	2017 Total Monthly Premium	2017 County Monthly Contribution	2017 Employee Monthly	2017 Employee Cost PPP(24)	
D	EMPLOYEE	\$ 8.76	\$ 4.38	\$ 4.30	\$ 8.76	\$ 4.38	\$ 4.38	\$ 2.19	
E	EMPLOYEE WITH FAMILY MEDICAL	\$ 8.76	-	\$ 8.76	\$ 8.76		\$ 8.76	\$ 4.38	
N	EMPLOYEE + 1	\$ 14.26	\$ 7.14	\$ 7.12	\$ 14.26	\$ 7.14	\$ 7.12	\$ 3.56	
T	EMPLOYEE + 1 WITH FAMILY MEDICAL	\$ 14.26	-	\$ 14.26	\$ 14.26		\$ 14.26	\$ 7.13	
A	FAMILY	\$ 22.00	\$ 11.00	\$ 11.00	\$ 22.00	\$ 11.00	\$ 11.00	\$ 5.50	
L	FAMILY WITH FAMILY MEDICAL	\$ 22.00	-	\$ 22.00	\$ 22.00		\$ 22.00	\$ 11.00	

		2016 RATES				2017 RATES			
Blue KC BASE Dental Plan		2016 Monthly Premium	2016 Monthly County Contribution	2016 Monthly Employee	2017 Total Monthly Premium	2017 County Monthly Contribution	2017 Employee Monthly	2017 Employee Cost PPP(24)	
D	EMPLOYEE	\$ 13.88	\$ 4.38	\$ 8.84	\$ 14.58	\$ 4.38	\$ 10.20	\$ 5.10	
E	EMPLOYEE WITH FAMILY MEDICAL	\$ 13.88	-	\$ 13.22	\$ 14.58		\$ 14.58	\$ 7.29	
N	EMPLOYEE + 1	\$ 25.70	\$ 7.14	\$ 17.34	\$ 27.00	\$ 7.14	\$ 19.86	\$ 9.93	
T	EMPLOYEE + 1 WITH FAMILY MEDICAL	\$ 25.70	-	\$ 24.48	\$ 27.00		\$ 27.00	\$ 13.50	
A	FAMILY	\$ 46.30	\$ 11.00	\$ 33.10	\$ 48.62	\$ 11.00	\$ 38.62	\$ 19.31	
L	FAMILY WITH FAMILY MEDICAL	\$ 46.30	-	\$ 44.10	\$ 48.62		\$ 48.62	\$ 24.31	

		2016 RATES				2017 RATES			
Blue KC Buy-Up Dental Plan		2016 Monthly Premium	2016 Monthly County Contribution	2016 Monthly Employee	2017 Total Monthly Premium	2017 County Monthly Contribution	2017 Employee Monthly	2017 Employee Cost PPP(24)	
D	EMPLOYEE	\$ 21.96	\$ 4.38	\$ 17.58	\$ 23.06	\$ 4.38	\$ 18.68	\$ 9.34	
E	EMPLOYEE WITH FAMILY MEDICAL	\$ 21.96	-	\$ 21.96	\$ 23.06		\$ 23.06	\$ 11.53	
N	EMPLOYEE + 1	\$ 43.28	\$ 7.14	\$ 36.11	\$ 45.46	\$ 7.14	\$ 38.32	\$ 19.16	
T	EMPLOYEE + 1 WITH FAMILY MEDICAL	\$ 43.28	-	\$ 43.28	\$ 45.46		\$ 45.46	\$ 22.73	
A	FAMILY	\$ 72.26	\$ 11.00	\$ 61.26	\$ 75.88	\$ 11.00	\$ 64.88	\$ 32.44	
L	FAMILY WITH FAMILY MEDICAL	\$ 72.26	-	\$ 72.26	\$ 75.88		\$ 75.88	\$ 37.94	



Kansas City

An independent licensee of the Blue Cross and Blue Shield Association

Jackson County - Dental Benefits

Renewal Date: 1/1/2017

Dental Benefits - Base	Current		Renewal	
	In-Network	Non-Network	In-Network	Non-Network
Type I	100%	100%	100%	100%
Type II	80%	60%	80%	60%
Deductible (Indiv/Family)*		\$50		\$50
Annual Maximum		\$1,500		\$1,500

*Deductible Waived For Type I Services

Dental Benefits - Buy Up	Current		Renewal	
	In-Network	Non-Network	In-Network	Non-Network
Type I	100%	100%	100%	100%
Type II	80%	60%	80%	60%
Type III	50%	50%	50%	50%
Type IV	60%	50%	60%	50%
Deductible (Indiv/Family)*		\$50		\$50
Annual Maximum		\$1,500		\$1,500
Lifetime Maximum		\$1,500		\$1,500

*Deductible Waived For Type I Services

DentalSource Benefits: Based upon fee schedule

Rates and benefits quoted are subject to change based on ACA guidance/regulation and any other applicable laws, rules or regulations or other governmental guidance (local, state, federal, etc.) to said effective date.

Dental Enrollment - July 2016

	Base	Buy Up	DentalSource
Contracts			
Employee	197	337	229
Employee + 1	65	139	66
Family	58	58	74
Total	320	534	369
Members	552	1,209	655

Jackson County

Renewal Date: 1/1/2017

Funding: Fully Insured

Rates Page

Current Rates

Employee
Employee + 1
Family

BCBS DENTAL BASE			BCBS DENTAL BUY UP			DENTALSOURCE		
<u>BlueKC</u>	<u>ACA</u>	<u>Total</u>	<u>BlueKC</u>	<u>ACA</u>	<u>Total</u>	<u>BlueKC</u>	<u>ACA</u>	<u>Total</u>
\$13.42	\$0.46	\$13.88	\$21.24	\$0.72	\$21.96	\$8.76		\$8.76
\$24.86	\$0.85	\$25.70	\$41.86	\$1.42	\$43.28	\$14.26		\$14.26
\$44.77	\$1.52	\$46.30	\$69.88	\$2.38	\$72.26	\$22.00		\$22.00

Renewal Rates (A)

Employee
Employee + 1
Family

BCBS DENTAL BASE			BCBS DENTAL BUY UP			DENTALSOURCE		
<u>BlueKC</u>	<u>ACA</u>	<u>Total</u>	<u>BlueKC</u>	<u>ACA</u>	<u>Total</u>	<u>BlueKC</u>	<u>ACA</u>	<u>Total</u>
\$14.58	\$0.00	\$14.58	\$23.06	\$0.00	\$23.06	\$8.76		\$8.76
\$27.00	\$0.00	\$27.00	\$45.46	\$0.00	\$45.46	\$14.26		\$14.26
\$48.62	\$0.00	\$48.62	\$75.88	\$0.00	\$75.88	\$22.00		\$22.00

Proposed Rate Increase (Including Change in ACA)

5.0%

5.0%

0.0%

Rates (A)

Rates and benefits quoted are subject to change based on ACA guidance/regulation and any other applicable laws, rules or regulations or other governmental guidance (local, state, federal, etc.) to said effective date.

**BCBSKC renewal rates include a year 2 (1/1/2018) renewal rate cap of + of 10%.

***Dental Source renewal rates include a 3 year rate guarantee.

Dental Renewal Overview

Two Options Available

Option 1

Buy-Up Plan
Current Benefits
Base Plan
Type 3 Benefits Added

22.7% Increase

2nd Year Rate Cap
10%

Option 2

Buy-Up Plan &
Base Plan
Current Benefits

5% Increase

2nd Year Rate Cap
10%