

**Jackson County
Preferred-Care Dental
Base 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 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 |

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

| 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 |

**Benefit and Rate Confirmation
Jackson County – Preferred-Care 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 | 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 |

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

| Rates | |
|----------------|---------|
| Employee | \$14.58 |
| Employee + One | \$27.00 |
| Family | \$48.62 |

| COBRA Rates | |
|--------------------|---------|
| Employee | \$14.87 |
| Employee + One | \$27.54 |
| Family | \$49.59 |

| 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

UNDENIED

Title


October 19, 2016

Date

9/22/16

Date

APPROVED AS TO FORM



County Counselor

ATTEST:



Clerk of the County Legislature