



Kansas City

Jackson County - Active & Cobra Dental Rate Confirmation

PPO Base Dental Active Rate	
Employee	\$17.48
Employee + One	\$32.37
Family	\$58.29

PPO Base Dental Direct Bill Cobra Rate	
Employee	\$17.83
Employee + One	\$33.02
Family	\$59.46

PPO Buy Up Dental Active Rate	
Employee	\$27.64
Employee + One	\$54.50
Family	\$90.97

PPO Buy Up Dental Direct Bill Cobra Rate	
Employee	\$28.19
Employee + One	\$55.59
Family	\$92.79

Confirmed by:
Jackson County:



Signature

Director of Finance

Title

12-20-2018

Date

Approved by:
Blue Cross and Blue Shield of
Kansas City



Signature

VANDENWITTEN

Title

11/20/18

Date

FILED
DEC 20 2018
MARY JO SPINO
COUNTY CLERK



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Jackson County

Dental Plan Benefit Summary - Base Dental Plan

This Benefit Summary provides only highlights of the services covered by Blue Cross and Blue Shield of Kansas City (Blue KC). For Additional details, exclusions and limitations refer to your member certificate available at BlueKC.com

General Plan Information

	In-Network		Out-of-Network
	Blue Dental PPO ¹	Blue Dental Choice ²	Non-Participating Providers ³
Deductible - Calendar Year Combined In-Network 1, In-Network 2 and Out-of-Network Deductible	Each Covered Person: \$50	Each Covered Person: \$50	Each Covered Person: \$50

Dental Service Type

	In-Network		Out-of-Network
	Blue Dental PPO ¹	Blue Dental Choice ²	Non-Participating Providers ³
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 Maximum benefit of 2 Visit(s) 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 	Member Pays: Not applicable Plan Pays: 100%	Member Pays: Not applicable Plan Pays: 100%	Member Pays: Not applicable Plan Pays: 100%
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 	Member Pays: 20% Plan Pays: 80%	Member Pays: 20% Plan Pays: 80%	Member Pays: 40% Plan Pays: 60%
Type III-Major Services <ul style="list-style-type: none"> Single crowns, inlays, onlays, bridges and dentures Maintenance of Prosthodontics – adjust/ repair of dentures 	Not covered	Not covered	Not covered
Type IV-Orthodontia Services Calendar Year Maximum Combined In-Network 1, In-Network 2 and Out-of-Network Annual Maximum	Not covered Each Covered Person: \$1,500	Not covered Each Covered Person: \$1,500	Not covered Each Covered Person: \$1,500
Dependent Limiting Age	26 Years		

Dental Rewards begins on January 1

Once Dental Rewards begins for your plan, you will accumulate claims towards the Dental Rewards program. Accumulated claims between \$1 - \$300, will receive \$250 in Rewards to use the following Calendar Year. Your accumulated Rewards are capped at \$500.

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 balance billed by the non-participating provider.

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 ocrportal.hhs.gov/ocr/portal/lobby.jsf or by mail or phone at:

Pennsylvanian Dutch: "Wann du hoscht en Froog, odder ebber, wu du helpscht, hot en Froog baut Blue KC, hoscht du es Recht fer Hilf un Information in deinre eegne Schprooch griege, un die Hilf koschtet nix. Wann du mit me Interpreter schwetze witt, kannscht du 1-877-410-6716 uffrufe.

Persian:

اگر شما، یا کسی که شما به او کمک میکنید، سوال در مورد Blue KC داشته باشید حق این را دارید که کمک اطلاعات به زبان خود را به طور رایگان دریافت کنید 1-877-410-6716. تماس حاصل نمایید.

Cushite: Isin yookan namni biraa isin deeggartan Blue KC irratti gaaffii yo qabaattan, kaffaltii irraa bilisa haala ta'een afaan keessaniin odeeffannoo argachuu fi deeggarsa argachuuf mirga ni qabdu. Nama isiniif ibsu argachuuf, lakkoofsa bilbilaa 1-877-410-6716 tiin bilbilaa.

Portuguese: Se você, ou alguém a quem você está ajudando, tem perguntas sobre o Blue KC, você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para falar com um intérprete, ligue para 1-877-410-6716.

For TTY services, please call 1-816-842-5607.



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Effective Date: 01/01/2019

Jackson County

Dental Plan Benefit Summary - Buy Up Dental Plan

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General Plan Information

	In-Network		Out-of-Network
	Blue Dental PPO ¹	Blue Dental Choice ²	Non-Participating Providers ³
Deductible - Calendar Year Combined In-Network 1, In-Network 2 and Out-of-Network Deductible	Each Covered Person: \$50	Each Covered Person: \$50	Each Covered Person: \$50

Dental Service Type

	In-Network		Out-of-Network
	Blue Dental PPO ¹	Blue Dental Choice ²	Non-Participating Providers ³
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 • Maximum benefit of 2 Visit(s) 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 	Member Pays: Not applicable Plan Pays: 100%	Member Pays: Not applicable Plan Pays: 100%	Member Pays: Not applicable Plan Pays: 100%
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 • Tooth extraction (simple and surgical including wisdom teeth) • General Anesthesia – payable only if provided in connection with a covered service 	Member Pays: 20% Plan Pays: 80%	Member Pays: 20% Plan Pays: 80%	Member Pays: 40% Plan Pays: 60%
Type III-Major Services Deductible applies <ul style="list-style-type: none"> • Single crowns, inlays, onlays, bridges and dentures • Maintenance of Prosthodontics – adjust/ repair of dentures • Periodontics – gum/tissue care and surgery 	Member Pays: 50% Plan Pays: 50%	Member Pays: 50% Plan Pays: 50%	Member Pays: 50% Plan Pays: 50%
Type IV-Orthodontia Services to age 19 Deductible does not apply	Member Pays: 40% Plan Pays: 60%	Member Pays: 40% Plan Pays: 60%	Member Pays: 50% Plan Pays: 50%

→ Coverage for Subscriber/Employee

Orthodontia Lifetime Maximum	\$1,500	\$1,500	\$1,500
Combined In-Network 1, In-Network 2 and Out-of-Network Annual Maximum			
Calendar Year Maximum	Each Covered Person:	Each Covered Person:	Each Covered Person:
These services apply to the Calendar Year Maximum: Preventive Services, Basic Services, Major Services	\$1,500	\$1,500	\$1,500
Combined In-Network 1, In-Network 2 and Out-of-Network Annual Maximum			
Dependent Limiting Age	26 Years		
Dental Rewards begins on January 1	Once Dental Rewards begins for your plan, you will accumulate claims towards the Dental Rewards program. Accumulated claims between \$1 - \$300, will receive \$250 in Rewards to use the following Calendar Year. Your accumulated Rewards are capped at \$500.		

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