

REQUEST FOR LEGISLATIVE ACTION
EXECUTIVE OFFICE

Version 6/10/19

Completed by County Counselor's Office:

Res/~~Ord~~ No.: 20273

Sponsor(s): Charlie Franklin

Date: September 30, 2019

SEP 16 2019

SUBJECT	<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 to Cigna Health and Life Insurance Company of Overland Park, KS and FCL Dental of Sugarland, TX under the terms and conditions of Request for Proposal No 27-19.</u></p>																																			
BUDGET INFORMATION <i>To be completed By Requesting Department and Finance</i>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Amount authorized by this legislation this fiscal year:</td> <td style="text-align: right;">\$</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 style="text-align: right;">\$</td> </tr> <tr> <td>Amount budgeted for this item * (including transfers):</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>Source of funding (name of fund) and account code number:</td> <td style="text-align: right;">\$</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 checked="" type="checkbox"/> Term and Supply Contract (funds approved in the annual budget); estimated value and use of contract: Department: Countywide Estimated Use: \$500,000</p> <p>This is an employee benefit with a contribution from the County. Usage is dependent on number of participating employees and the amount of the contribution from the County.</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:	\$																									
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PRIOR LEGISLATION	<p>Prior ordinances and (date): Prior resolutions and (date): 19250 (September, 2016)</p>																																			
CONTACT INFORMATION	<p>RLA drafted by (name, title, & phone): Katie Bartle, Senior Buyer, 816-881-3465</p>																																			
REQUEST SUMMARY	<p>Jackson County, Missouri requires Group Dental Insurance as a countywide employee benefit. The Purchasing Department issued Request for Proposal 27-19 in response to those requirements.</p> <p>A total of twenty notifications were distributed and seven responses were received. One response was rejected for being non-compliant with the proposal requirements. The remaining six responses were evaluated as follows:</p> <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th>NO</th> <th>RESPONDENT</th> <th>COST 75 Points</th> <th>NETWORK MATCH 25 Points</th> <th>TOTAL SCORE 100 Points</th> </tr> </thead> <tbody> <tr> <td>1.0</td> <td>MetLife of St. Louis, MO</td> <td>57.5</td> <td>20</td> <td>77.5</td> </tr> <tr> <td>2.0</td> <td>The Standard of Portland, OR</td> <td>56</td> <td>20</td> <td>76</td> </tr> <tr> <td>3.0</td> <td>Cigna of Overland Park, KS</td> <td>71.25</td> <td>20</td> <td>91.25</td> </tr> <tr> <td>4.0</td> <td>Blue Cross Blue Shield of Kansas City, MO</td> <td>62.75</td> <td>25</td> <td>87.75</td> </tr> <tr> <td>5.0</td> <td>FCL Dental of Sugar Land, TX</td> <td>72</td> <td>15</td> <td>87</td> </tr> <tr> <td>6.0</td> <td>Delta Dental of Kansas City, MO</td> <td>53.75</td> <td>24</td> <td>77.75</td> </tr> </tbody> </table> <p>Cigna of Overland Park Kansas was the respondent with the lowest prices on the two PPO plans, and earned the highest ranking. FCL Dental of Sugar Land, TX only bid on the DHMO plan, and was the respondent with the lowest price on that plan. For this reason, a split award is recommended with Cigna providing the two PPO plans and FCL Dental providing the DHMO plan.</p>	NO	RESPONDENT	COST 75 Points	NETWORK MATCH 25 Points	TOTAL SCORE 100 Points	1.0	MetLife of St. Louis, MO	57.5	20	77.5	2.0	The Standard of Portland, OR	56	20	76	3.0	Cigna of Overland Park, KS	71.25	20	91.25	4.0	Blue Cross Blue Shield of Kansas City, MO	62.75	25	87.75	5.0	FCL Dental of Sugar Land, TX	72	15	87	6.0	Delta Dental of Kansas City, MO	53.75	24	77.75
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	Pursuant to Section 1054.6 of the Jackson County Code, the Purchasing Department recommends 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 to Cigna Health and Life Insurance Company of Overland Park, KS and FCL Dental of Sugarland, TX under the terms and conditions of Request for Proposal No 27-19.	
CLEARANCE	<input type="checkbox"/> Tax Clearance Completed (Purchasing & Department) N/A <input checked="" type="checkbox"/> Business License Verified (Purchasing & Department) <input checked="" type="checkbox"/> Chapter 6 Compliance - Affirmative Action/Prevailing Wage (County Auditor's Office)	
COMPLIANCE	<input type="checkbox"/> MBE Goals <input type="checkbox"/> WBE Goals No Goals Assigned <input type="checkbox"/> VBE Goals	
ATTACHMENTS	Recommendation Memo from Human Resources, Evaluation Matrices, Bid Abstract, Pertinent pages of the proposals and agreements from Cigna and FCL Dental	
REVIEW	Department/Director: <i>Michelle Chismen</i>	Date: <i>9/10/19</i>
	Finance (Budget Approval): <i>If applicable</i>	Date: <i>9/19/19</i>
	Division Manager: <i>[Signature]</i>	Date: <i>9/16/19</i>
	County Counselor's Office: <i>RYAN O. COUNSELY by WBS SC</i>	Date: <i>9/19/19</i>

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.



JACKSON COUNTY

Human Resources Department

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

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

To: Katie Bartle, Senior Buyer

From: Michelle Chrisman, Deputy Director of Human Resources

Subj: Dental Insurance Selection – RFP 27-19

Date: September 6, 2019

As you know, we received six dental bids from Metlife, The Standard, Cigna, Blue Cross Blue Shield, FCL Dental and Delta Dental. The committee has reviewed all bids and pricing and have recommended a split contract with FCL Dental for the DHMO plan and Cigna for the PPO Base and Buy-Up plans.

FCL Dental bid for the DHMO is a no increase in rates for the DHMO. Cigna's bid for the PPO Plans was the lowest bid. PPO-Base plan will increase 2.5% and the PPO-Buy-up plan will increase 2.3% and has a rate cap of 6% on the 1/1/2021 renewal.

Again, the committee selected to review the dental bids proposals has recommend approving a split contract with FCL Dental for DHMO and Cigna for the PPO plans.

cc: Ed Stoll



REQUEST FOR PROPOSAL 27-19
 RFP NAME: Group Dental Insurance
 DEPARTMENT NAME: Human Resources

No	Respondent	Cost		Network Match		Total Score
		75 Points	25 Points			
1.0	MetLife	69	22			100 points 82
2.0	The Standard	64	23			87
3.0	Cigna	70	23			93
4.0	Blue Cross Blue Shield of Kansas City	66	25			91
5.0	FCL Dental	73	25			98 (DHMO)
6.0	Delta Dental	65	20			85

COMMENTS:
 FCL - DHMO only - IF CIGNA is chosen as PPO would recommend FCL as DHMO carrier

Instructions:

Assign score according to point value (1 is lowest) for each criterion for each vendor.



REQUEST FOR PROPOSAL 27-19
 RFP NAME: Group Dental Insurance
 DEPARTMENT NAME: Human Resources

No	Respondent	Cost		Network Match	Total Score
		75 Points	25 Points		
1.0	MetLife	65	20		100 points
2.0	The Standard	65	20		85
3.0	Cigna	75	20		85
4.0	Blue Cross Blue Shield of Kansas City	65	25		90
5.0	FCL Dental	75	15		90
6.0	Delta Dental	40	23		63

COMMENTS:

Instructions:

Assign score according to point value (1 is lowest) for each criterion for each vendor.



REQUEST FOR PROPOSAL 27-19
 RFP NAME: Group Dental Insurance
 DEPARTMENT NAME: Human Resources

No	Respondent	Cost		Network Match		Total Score
		75 Points	25 Points	25 Points	100 points	
1.0	MetLife	55	19		74	
2.0	The Standard	50	18		68	
3.0	Cigna	70	17		87	
4.0	Blue Cross Blue Shield of Kansas City	60	24		84	
5.0	FCL Dental	70	16		86	
6.0	Delta Dental	55	20		75	

COMMENTS:

Instructions:

Assign score according to point value (1 is lowest) for each criterion for each vendor.



REQUEST FOR PROPOSAL 27-19

RFP NAME: Group Dental Insurance

DEPARTMENT NAME: Human Resources

No	Respondent	Cost		Network Match	Total Score
		75 Points	25 Points		
1.0	MetLife	50 50	20		70
2.0	The Standard	45 45	20		65
3.0	Cigna	70	20		90
4.0	Blue Cross Blue Shield of Kansas City	60	25		85
5.0	FCL Dental	70	15		85
6.0	Delta Dental	55 55	24		79

COMMENTS:

*Cigna had higher DHMO cost + Lower PPO cost
FCL Dental best cost in DHMO*

Instructions:

Assign score according to point value (1 is lowest) for each criterion for each vendor.

ABSTRACT OF BIDS

NO	DESCRIPTION	FCL Dental Economics AMOUNT	Delta Dental of Missouri AMOUNT	MetLife AMOUNT	Standard Insurance Company AMOUNT	Cigna AMOUNT	AMOUNT
1.0	Group Dental Insurance, per RFP 26-19	<i>See bid</i>	<i>See bid</i>	<i>See bid</i>	<i>See bid</i>	<i>See bid</i>	

CERTIFICATION OF BID OPENING
 BIDS WERE PUBLICLY
 OPENED AND RECORDED
 ON: July 16, 2019 BY
Wendi H. Rowland
 CLERK OF THE LEGISLATURE

KMB
Katie Bantle
 PURCHASING

ABSTRACT OF BIDS

RFP No: 27-19 Date: 7/9/19 COMMODITY: Group Dental Insurance	Sun Life Financial	Blue Cross Blue Shield	AMOUNT	AMOUNT	AMOUNT	AMOUNT
NO	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT
1.0 Group Dental Insurance, per RFP 26-19	<i>See bid</i>	<i>See bid</i>				

CERTIFICATION OF BID OPENING
 BIDS WERE PUBLICLY
 OPENED AND RECORDED
 ON: July 16, 2019, BY
Heidi A. Beauland
 CLERK OF THE LEGISLATURE
Katie Bantle
 PURCHASING

Application

Insured and/or Administered by
CIGNA Health and Life Insurance Company
 900 Cottage Grove Road
 Hartford, CT 06152



1. Name of Applicant		2. Main Address																																																																																	
3. Nature of Business																																																																																			
4. Classes and Locations of Individuals Eligible		5. Subsidiary and Affiliated Companies Included																																																																																	
6. Total Number of Individuals Eligible		For Individual Benefits	For Dependent Benefits																																																																																
Have any of the classes of individuals eligible been covered under a group insurance policy or any other form of group plan within the past five years? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If so, please specify the benefits, the underwriting company or organization, and the dates these benefits were terminated.</i>																																																																																			
7. Group Insurance Applied For: <i>(Please check all that apply)</i> <table style="width:100%; border: none;"> <tr> <td style="width:25%; text-align: center;">Individual</td> <td style="width:25%; text-align: center;">Dependent</td> <td style="width:25%;"></td> <td style="width:25%; text-align: center;">Individual</td> <td style="width:25%; text-align: center;">Dependent</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Life Insurance</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Accidental Death & Dismemberment Insurance</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Short Term Disability Insurance</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Long Term Disability Insurance</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Hospital Benefits</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Surgical Benefits</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>				Individual	Dependent		Individual	Dependent	<input type="checkbox"/>	<input type="checkbox"/>	Life Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Accidental Death & Dismemberment Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Short Term Disability Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Long Term Disability Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hospital Benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Surgical Benefits	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
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8. Effective Date Requested: _____ Group Insurance at the Insurance Company's rates and under the terms of the policy(s) applied for will take effect on the Effective Date Requested if the Application is accepted at the Home Office of the Insurance Company. If certain persons eligible are to contribute to the cost of the Group Insurance, such Group Insurance will take effect on the later of: the date the required number have enrolled, or on the Effective Date Requested. If this Application is not accepted, no insurance will become effective. Any premium advanced by the Applicant will be refunded upon surrender of this Conditional Receipt.																																																																																			
9. THE APPLICANT DECLARES: that he has read the above statement and the answers to the above questions are complete and true. The Applicant agrees: (1) that this Application is offered as an inducement for the Group Insurance applied for; (2) that the terms and conditions of the Insurance Company's Proposal for the Group Insurance applied for forms a part of this Application and that this Application will form a part of any policy(s) issued; (3) that only the information on this Application will bind the Insurance Company; and (4) that no waiver or change will bind the Insurance Company unless signed by an Executive Officer of the Insurance Company. Group Insurance will only be provided for persons eligible under the policy(s) issued.																																																																																			
Dated at _____ on _____ Name of Applicant _____ By _____ Title _____ Witness _____ Soliciting Agent if other than Witness _____																																																																																			
Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.																																																																																			
STATEMENT TO BE SIGNED BY APPLICANT UPON PAYMENT OF THE PREMIUM OR ANY PART THEREOF																																																																																			
I HEREBY DECLARE that I have paid to _____ Agent _____ Dollars for which I hold his receipt.																																																																																			
Date _____ Applicant _____ Agent _____ Agent's License No. _____																																																																																			

HP-APP-1

Cat #831494 04-10

Conditional Receipt

Insured and/or Administered by
CIGNA Health and Life Insurance Company
 900 Cottage Grove Road
 Hartford, CT 06152



Received of _____ Dollars
 to be applied against the first premium on the proposed Group Insurance under this Application. This payment is made and accepted subject to the following conditions. Group Insurance at the Insurance Company's rates and under the terms of the policy(s) applied for will take effect as of the Effective Date Requested if the Application is accepted at the Home Office of the Insurance Company. If certain persons eligible are to contribute to the cost of the Group Insurance, such Group Insurance will take effect on the later of: the date the required number have enrolled, or on the Effective Date Requested. If the Application is not accepted, no insurance will become effective. Any premium payment advanced by the Applicant will be refunded upon surrender of this Conditional Receipt.

Date _____ Agent _____ Agent's License No. _____

DETACH THIS RECEIPT WHEN PAYMENT IS MADE

HP-APP-1

Cat #831494 04-10

Cigna Health and Life Insurance Company

*Mailing Address: Hartford, Connecticut 06152
Home Office: Bloomfield, Connecticut*

CIGNA HEALTH AND LIFE INSURANCE COMPANY

POLICYHOLDER: Sample

ADDRESS: Sample

ACCOUNT/GROUP NUMBER: Sample

<u>Group Insurance Policy and Policy Number</u>	<u>Effective Date</u>	<u>Anniversary Date</u>
CIGNA DENTAL PREFERRED PROVIDER INSURANCE Sample-DPPO	01/01/2019	01/01

This policy is issued in Missouri and shall be governed by its laws.

This Policy contains the terms under which the Insurance Company agrees to insure certain Employees and pay benefits.

The Insurance Company and the Policyholder have agreed to all of the terms of this policy.



POLICY CONTENTS

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PREMIUMS	6
CANCELLATION OF POLICY	8
MISCELLANEOUS PROVISIONS.....	9
PROVISIONS	10

CERTIFICATE CONTENTS

ELIGIBILITY	Certificate
EFFECTIVE DATE	Certificate
THE SCHEDULE ALL OTHER SCHEDULE SECTIONS	Certificate
BENEFITS Dental Insurance	Certificate
GENERAL LIMITATIONS.....	Certificate
COORDINATION OF BENEFITS.....	Certificate
PAYMENT OF BENEFITS.....	Certificate
TERMINATION OF INSURANCE	Certificate
DEFINITIONS	Certificate

THE INSURANCE SCHEDULE

The terms set forth herein and in the Certificate(s) listed below describe the insurance underwritten by the Insurance Company. These Certificates are included in and made a part of the policy(ies). Each Certificate is identified by a Certificate Number (CN).

Any reference in the certificate to "you" or "yours" refers to the Employee.

An Employee in any of the classes shown below may be insured but only for the policy(ies) listed for his Employee Class. The Effective Date shown below is the date on which a policy becomes effective for an Employee Class.

An Employee will become eligible and insured in accordance with the terms of the "Eligibility" and "Effective Date" sections of the Certificate.

<u>GROUP POLICY(IES)</u>		<u>EMPLOYEE CLASS</u>	
<u>Certificate Number</u>	<u>Policy(ies)</u>	<u>Eligible Employees</u>	<u>Effective Date</u>
CN001	CIGNA DENTAL PREFERRED PROVIDER INSURANCE Sample-DPPO	Each Employee as reported to the insurance company by your Employer	01/01/2019

PREMIUMS

PREMIUM PAYMENT. The first premium will be due on the Effective Date. After that, premium will be due monthly unless the Policyholder and the Insurance Company agree on some other method of premium payment. The Policyholder and the Insurance Company may agree to change the method of premium payment from time to time. Premiums are payable at the Home Office of the Insurance Company or to an authorized agent of the Insurance Company.

PREMIUM DUE DATE. After the Effective Date, the Premium Due Date will be the first of the month. The Anniversary Date will be the first of the month when the policy becomes effective. If the Policyholder and the Insurance Company agree that premiums will be paid on a quarterly, semiannual or annual basis, the Premium Due Date will be at the appropriate regular interval, quarterly, semiannually or annually. Premiums must be received at the Home Office or by an authorized agent of the Insurance Company on the Premium Due Date or the policy will be cancelled except as set forth in the Grace Period.

MONTHLY STATEMENT DATE. If premiums are to be paid monthly, the Monthly Statement Date will be the same as the Premium Due Date. If premiums are to be paid on a quarterly, semiannual or annual basis, the Monthly Statement Date will be the day in each month with the same number as the Premium Due Date.

MONTHLY PREMIUM STATEMENT. If premiums are due monthly, a Monthly Premium Statement will be prepared as of the Premium Due Date. This Monthly Premium Statement will show the premium due. If premiums are due quarterly, semiannually or annually, a Monthly Premium Statement will be prepared as of the Monthly Statement Date for the time from the Monthly Statement Date to the next Premium Due Date. This Monthly Statement will reflect any pro rata premium charges and credits due to changes in the number of insured persons and changes in insurance amounts that took place in the preceding month.

SIMPLIFIED ACCOUNTING. To simplify the accounting process, premium adjustments will be made on the Monthly Statement Date that is the same as or next follows the date that:

- A person becomes insured.
- The amount of insurance on a person changes, but not due to a revision of The Schedule.
- A person ceases to be insured.

MONTHLY PREMIUM RATE FOR DENTAL INSURANCE. The monthly premium rate for Dental Insurance is determined by written agreement between the Policyholder and Cigna Health and Life Insurance Company.

DENTAL INSURANCE PREMIUM. The monthly premium for Dental Insurance will be calculated as follows:

- Multiply the number of Employees insured on the Premium Due Date in each rate class by the premium rate in effect on that date for that class.
- Add the results.

CHANGE IN METHOD OF PREMIUM PAYMENT. If premiums are to be paid other than monthly, the method of calculation is the same. However, the rate for each class is first changed to quarterly, semiannual or annual rates by multiplying them by 2.9852, 5.9557 or 11.8227, respectively. All results are taken to the nearer cent. If the Policyholder and the Insurance Company agree to a change in the method of premium payment or to a change in the Anniversary Date, a pro rata adjustment will be made in the premium due.

CHANGES IN PREMIUM RATES. Any premium rate may be changed by the Insurance Company from time to time with at least 31 days advance written notice. No such change will be made until 12 months after the Effective Date. An increase will not be made more often than once in a 12-month period. If an increase in premium rates takes place on a date that is not a Premium Due Date, a pro rata premium will be due on the date of the increase. The pro rata premium will apply for the increase from the date of the increase to the next Premium Due Date. If a decrease in premium rates takes place on a date that is not a Premium Due Date, a pro rata credit will be granted. The pro rata credit will apply for the decrease from the date of the decrease to the next Premium Due Date.

The Insurance Company may change rates immediately if, following the latter of the effective date or renewal date, the enrolled population either increases or decreases by 10% or more.

As of any Anniversary Date after the policy has been in force for 12 months, the Insurance Company may grant a credit in such amount as it may determine, based on experience. The experience under this policy may be combined with the experience under other contracts issued by the Insurance Company or its affiliates and covering the policyholder or its employees.

The Insurance Company may change rates immediately if, in its opinion, its liability is altered by any change in state or federal law or by a revision in the insurance under the policy. Any such change in rates will take effect on the effective date of the change in law or change in the insurance.

CANCELLATION OF POLICY

The Policyholder may cancel the policy as of any Premium Due Date by giving written notice to the Insurance Company before the date.

The Insurance Company may cancel the policy due to the following reasons only:

- with at least 90 days prior written notice, if the Insurance Company ceases to offer coverage of this type, in accordance with applicable state or federal law;
- as of any Premium Due Date, if the premium is not received at the Home Office or by an authorized agent of the Insurance Company when due;
- immediately, if the Employer has performed an act or practice that constitutes fraud or has intentionally misrepresented a material fact;
- if the Insurance Company withdraws from the health insurance market with prior written notice and in accordance with applicable state or federal law;
- in accordance with any applicable state law, if it is determined that the size of the Employer group has changed, making such group eligible for a guaranteed issued small group product;

Coverage will cease at midnight on the date on which termination occurs, unless otherwise stated above.

Uniform Modification of Coverage. At renewal, the provisions of this policy may be modified to reflect product revisions which have been uniformly made to this product.

GRACE PERIOD. If, before a Premium Due Date, the Policyholder has not given written notice to the Insurance Company that the policy is to be canceled, a Grace Period of 31 days will be granted for the payment of each premium after the initial premium. The policy will stay in effect during that time. If any premium is not received at the home office or by an authorized agent of the Insurance Company by the end of the Grace Period, the policy will automatically be canceled at the end of the Grace Period; except that, if the Policyholder has given written notice in advance of an earlier date of cancellation, the policy will be canceled as of the earlier date. The Policyholder will be liable to the Insurance Company for any unpaid premium for the time the policy was in force.

MISCELLANEOUS PROVISIONS

EXECUTION OF POLICY. The policy is executed at the Home Office of the Insurance Company. The Post Office address of the Insurance Company is Hartford, Connecticut.

CONSIDERATION. The policy is issued to the Policyholder in consideration of the application and payment of premiums.

INSURANCE DATA. The Policyholder will give the Insurance Company all of the data that it needs to calculate the premium and all other data that it may reasonably require. Failure of the Policyholder to give this data will not void or continue an Employee's insurance. The Insurance Company has the right to examine the Policyholder's records relative to these benefits at any reasonable time while the policy is in effect. It also has this right until all rights and obligations under the policy are finally determined.

MALE PRONOUN. The male pronoun as used herein will be deemed to include the female.

PROVISIONS

ENTIRE CONTRACT. The entire contract will be made up of the policy, the application of the Policyholder, a copy of which is attached to the policy and all subsequent versions of the policy, and the applications, if any, of the Employees.

POLICY CHANGES. Changes may be made in the policy only by amendment signed by the Policyholder and by the Insurance Company acting through its President, Vice President, Secretary, or Assistant Secretary. No agent may change or waive any terms of the policy.

STATEMENTS NOT WARRANTIES. All statements made by the Policyholder or by an insured Employee will, in the absence of fraud, be deemed representations and not warranties. No statement made by the Policyholder or by the Employee to obtain insurance will be used to avoid or reduce the insurance unless it is made in writing and is signed by the Policyholder or the Employee and a copy is sent to the Policyholder, the Employee or his Beneficiary.

NOTICE OF CLAIM. Written notice of claim must be given to the Insurance Company within 30 days after the occurrence or start of the loss on which claim is based.

If notice is not given in that time, the claim will not be invalidated or reduced if it is shown that written notice was given as soon as was reasonably possible.

CLAIM FORMS. When the Insurance Company receives the notice of claim, it will give to the claimant, or to the Policyholder for the claimant, the claim forms it uses for filing proof of loss. If the claimant does not get these claim forms within 15 days after the Insurance Company receives notice of claim, he will be considered to have met the proof of loss requirements if he submits written proof of loss within 90 days after the date of loss. This proof must describe the occurrence, character and extent of the loss for which claim is made.

TIME OF PAYMENT OF CLAIMS. Payments due under this policy will be paid immediately after our receipt of complete written or electronic proof of loss.

PROOF OF LOSS. Written proof of loss must be given to the Insurance Company within 90 days after the date of the loss for which claim is made. If written proof of loss is not given in that time, the claim will not be invalidated nor reduced if it is shown that written proof of loss was given as soon as was reasonably possible.

PHYSICAL EXAMINATION. The Insurance Company, at its own expense, will have the right to examine any person for whom claim is pending as often as it may reasonably require.

LEGAL ACTIONS. No action at law or in equity will be brought to recover on the policy until at least 60 days after proof of loss has been filed with the Insurance Company. No action will be brought at all unless brought within 3 years after the time within which proof of loss is required by the policy.

TIME LIMITATIONS. If any time limit set forth in the policy for giving notice of claim or proof of loss, or for bringing any action at law or in equity is less than that permitted by the law of the state in which the Employee lives when the policy is issued, then the time limit provided in the policy is extended to agree with the minimum permitted by the law of that state.

INCONTESTABILITY. The Insurance Company will not contest the validity of the policy after two years from the date of issue except for non-payment of premiums. No statement made by an Employee as to his insurability will be used to contest the validity of the insurance after it has been in force prior to the contest for a period of two years. No statement made by an Employee will be used unless it is made in writing and signed by him.

CERTIFICATES. The Insurance Company will issue to the Policyholder for delivery to each insured Employee an individual certificate. The Policyholder will be responsible for distributing the certificates to its Employees. The certificate will show the benefits provided under the policy. It will set forth any changes in benefits due to age and to whom benefits will be paid. Nothing in the certificate will change or void the terms of the policy.

NOTICE OF TERMINATION OF ELIGIBILITY. Written notice of the termination of eligibility of any Employee or Dependent must be given to the Insurance Company within (60) days of the loss of eligibility. If such notice is not received by the Insurance Company within (60) days of the date of loss of eligibility for an Employee or Dependent, then the Employer shall be responsible for all claims for that Employee or Dependent incurred through the (60th) day prior to the Insurance Company's receipt of notice of termination of eligibility for the Employee or Dependent.



Frank Monahan
7400 W. 119th St, Suite 400
Overland Park, KS 66210

RE: Jackson County Missouri Dental RFP June 2019

Cigna is pleased to provide our Dental Proposal for Jackson County Missouri.

We understand the primary drivers of this RFP initiative are to review the opportunity for cost savings, quality features, and to evaluate the advantages of dental plan offerings. It has been our intention to provide a comprehensive response to your RFP and we have offered aggressive multi-year pricing and performance guarantees. We would welcome the opportunity to meet with you and review the Cigna proposal in the immediate future and can look to coordinate a time that fits your schedule.

Some of the highlights of our Dental solution for Jackson County Missouri:

- We have provided insured rates net of commission at 2.5% above current for 12 months with a 6% cap on year 2. The annual commission amount of \$47,500 can be added to these rates as you see fit.
- We have also provided a DHMO quote for 24 months with caps on year 3. Cigna offers the largest DHMO network in our area with over 45 Dental HMO network providers in the area.
- Cigna offers best in class pricing and access from the dental contracts that are in place with our providers today. **The average overall Dental PPO (DPPO) discounts for their zip code areas are 40.7% for our Advantage contracted providers, 20.3% for our DPPO contracted providers and an overall average of 35.4% for our Total DPPO network.**
- We are the only dental carrier to offer **24/7/365** days per year live customer service
- We offer detailed dental report packages that highlight the value of our dental offering and help tie programs together for an overall health and wellness strategy the group. These reports can be developed and delivered as often as quarterly, based on the customers need.
- We have included implementation and **service guarantees in the amount of \$3,000** with our proposal.
- We have included funds for MBE/WBE/VBE vendors in the amount of **\$5,000**.

Cigna Dental DPPO Network:

All dental plan members will have access to our largest DPPO Network. **Cigna's Dental PPO network is aggressively discounted**, and is growing faster than our competition. We are able to offer more access points with true discounts than any other carrier in the industry. We have an in network match of 96% for the dentists that your members use today and our contracting team is working to contract non-contracted providers on your behalf.

Cigna Dental DHMO Network:

"Cigna" is a registered service mark and the "Tree of Life" logo is a service mark of Cigna Intellectual Property, Inc., licensed for use by Cigna Corporation and its operating subsidiaries. All products and services are provided by or through such operating subsidiaries and not by Cigna Corporation. Such operating subsidiaries include Connecticut General Life Insurance Company, Cigna Health and Life Insurance Company, Cigna Health Management, Inc., Cigna Behavioral Health, Inc., and HMO or service company subsidiaries of Cigna Health Corporation and Cigna Dental Health, Inc.

We have also offered an insured DHMO plan option. The DHMO plan bridges a benefit gap for members who have greater dental care needs. The plan design is richer in that it does not have a calendar year maximum limit or a lifetime maximum limit.



Performance Guarantees:

Within the proposal documents you will find an outline of performance guarantees for Jackson County Missouri.

Better Health: Integration and Health Improvement:

All of our dental plans include the **CIGNA Dental Oral Health Integration Program** providing additional coverage for members who have the underlying medical conditions listed below. We use our expertise as a health services company to incorporate behavioral and pharmacy components in the Program – a true total health approach. The **CIGNA Dental Oral Health Integration Program** is the most comprehensive program, reimbursing individuals for enhanced preventive and periodontal services.

These conditions include: High risk pregnancy, Diabetes, Cardiovascular disease, Organ Transplant, Chronic Kidney Disease and Head & Neck Cancer Radiation Treatments

We also have the opportunity to proactively outreach to members with these medical conditions who have not had preventive dental care in six or more months to help them make an appointment to get the care that they need.

Better Customer Experience

We're here to educate and help employees and their dependents understand how their dental health impacts their overall health and wellness. We do this better than anyone else with our interactive support through coaching programs that specifically target at-risk individuals. We offer ongoing education through the **MyCigna.com** customer site and we can create client-specific education programs.

Members can also quickly find a dentist on-the-go with the **MyCigna Mobile app**. But if they have more specific needs, **our 24/7 live customer service support** ensures we're available whenever they need us.

Cigna & Brighter.com.

Our Cigna owned Brighter.com technology allows members to have the utmost transparency into the provider office and out of pocket costs.

Our **Brighter.com** tools allow employees and their dependents to:

- Comparison shop for dentists by price, efficiency, patient satisfaction & location



- See how many coworkers also use that dentist
- Receive pro-active outreach when preventive dental care is neglected.

Mobile Dentistry

We know that busy schedules can get in the way of prioritizing preventive dental care visits. Cigna has partnered with a dental logistics company that ships pop up dental chairs and equipment to our client locations, and staffs the event with in network providers, allowing members to receive preventive dental care conveniently in their workplace. This convenient option helps drive down overall health costs by providing needed services in a convenient manner to your dental plan members who might otherwise find it difficult to make the time for preventive dental care services.

From an overall service experience, all Jackson County Missouri employees and dependents would still have one customer service phone number and website for both medical and dental information – all information would be in one place (MyCigna) and available 24/7/365.

Not all dental plans are the same. Cigna offers the best dental solution in the industry. We are best in class with regard to network and discount. We have revolutionized the customer experience through innovative programs such as our Oral Health Integration Program, Dental Outreach and our Brighter customer web tools. Jackson County and their employees will gain better savings, better health, and a better integrated medical and dental experience with Cigna.

Again, we appreciate this opportunity and we are positioned to continue to be Jackson County Missouri's dental partner and we look forward to working with you on this project.

Thank you for your consideration.

Sincerely,

A handwritten signature in cursive script that reads "Frank A. Monahan".

Dental Service Type	Cigna Advantage Providers	Cigna DPPO Providers	Non-Participating Providers
	Deductible, Coinsurance and Limitations		
Calendar Year Deductible	Combined Basic Services and Major Services: \$50 individual / \$150 family		
Type I-Diagnostic and Preventive Services <i>Deductible Does Not Apply</i> <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 	100%	100%	100%
Type II-Basic Services <i>Deductible Applies</i> <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 	80%	80%	60%
Dependent Limiting Age	Age 26		
Calendar Year Maximum	\$1500 Combined per Covered Person Preventive does apply towards Calendar Year Maximum		
Dental Rewards	Wellness Plus - Members can receive a \$250 increase to the calendar year maximum the year following any preventive service. This can take place up to 3 times.		

Dental Service Type	Cigna Advantage Providers	Cigna DPPO Providers	Non-Participating Providers
	Deductible, Coinsurance and Limitations		
Calendar Year Deductible	Combined Basic Services and Major Services: \$50 individual / \$150 family		
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 	100%	100%	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 	80%	80%	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 	50%	50%	50%
Type IV-Orthodontia Services <ul style="list-style-type: none"> •Covered Children to age _____ 	60%	60%	50%
Dependent Limiting Age	Age 26		
Orthodontia Lifetime Maximum	\$1500 Combined per Covered Person		
Calendar Year Maximum	\$1500 Combined per Covered Person Preventive counts towards Calendar Year Maximum		
Dental Rewards	Dental Rewards - Wellness Plus - Members can receive a \$250 increase to the calendar year maximum the year following any preventive service. This can take place up to 3 times.		

Dental HMO	DHMO
	Deductible, Coinsurance and Limitations
Calendar Year Deductible	Combined Basic Services and Major Services: \$0 individual / \$0 family
Type I-Diagnostic and Preventive Services <i>Deductible Does Not Apply</i> •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	See attached patient charge schedule for charges per procedure code
	See attached patient charge schedule for charges per procedure code
	See attached patient charge schedule for charges per procedure code
	See attached patient charge schedule for charges per procedure code
Type II-Basic Services <i>Deductible Applies</i> •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	See attached patient charge schedule for charges per procedure code
	See attached patient charge schedule for charges per procedure code
	See attached patient charge schedule for charges per procedure code
	See attached patient charge schedule for charges per procedure code
	See attached patient charge schedule for charges per procedure code
Dependent Limiting Age	Age 26
Calendar Year Maximum	There is no calendar year maximum benefit Combined per Covered Person There is no calendar year maximum benefit Combined per Covered Person
Dental Rewards	NA

Cigna Healthcare Financial Exhibit for:
Jackson County - Base Plan
 Effective Date: January 01, 2020



This is a summary of benefits for your dental plan.
 All deductibles, plan maximums, and service specific maximums (dollar and occurrence) cross accumulate between in and out of network.

Plan Design	Cigna DPPO Advantage Providers	DPPO Providers & Out-of-Network
Calendar Year Maximum (Class I, II Expenses)	Progressive Plan	
	Class I applies Year 1: \$1500, Year 2: \$1750 Year 3: \$2000, Year 4: \$2250	Class I applies Year 1: \$1500, Year 2: \$1750 Year 3: \$2000, Year 4: \$2250
Calendar Year Deductible		
Per Individual	\$50	\$50
Per Family	\$150	\$150
Class I Expenses - Preventive & Diagnostic Care		
Oral Exams Cleanings Routine X-rays Fluoride Application Sealants Space Maintainers (limited to non-orthodontic treatment) Non-Routine X-rays Emergency Care to Relieve Pain	100%, No Deductible	100%, No Deductible
Class II Expenses - Basic Restorative Care		
Fillings Oral Surgery - Simple Extractions Oral Surgery - All Except Simple Extraction Surgical Extraction of Impacted Teeth Anesthetics Minor Periodontics Major Periodontics Root Canal Therapy / Endodontics Brush Biopsy	80%, After Deductible	60%, After Deductible
Class III Expenses - Major Restorative Care		
Relines, Rebases, and Adjustments Repairs - Bridges, Crowns, and Inlays Repairs - Dentures Crowns/Inlays/Onlays Stainless Steel/Resin Crowns Dentures Bridges	Not Covered	Not Covered
Class IV Expenses - Orthodontia		
	Not Covered	Not Covered
Dental Plan Reimbursement Levels	Based on Contracted Fees	80th Percentile
Additional Member Responsibility in excess of Coinsurance	None	Yes, the difference between Billed Charges and the plan reimbursement
Student/Dependent Age	26/26	
Progression	Members progress to the next level by utilizing Class I services in the prior year.	



Cigna Dental PPO / Indemnity Exclusions and Limitations:

Procedure	Exclusions & Limitations
Exams	Two per calendar year
Prophylaxis (cleanings)	Two per calendar year
Fluoride	1 per calendar year for people under 19
X-Rays (routine)	Bitewings: 2 per calendar year
X-Rays (non-routine)	Full mouth: 1 every 3 calendar years. Panorax: 1 every 3 calendar years
Model	Payable only when in conjunction with Ortho workup
Minor Perio (non-surgical)	Various limitations depending on the service
Perio Surgery	Various limitations depending on the service
Crowns	Replacement every 5 years
Prosthesis over Implants	1 per every 5 years if unserviceable and cannot be repaired. Benefits are based on the amount payable for non-precious metals. No porcelain or white/tooth colored material on molar crowns or bridges
Bridges	Replacement every 5 years.
Dentures and Partials	Replacement every 5 years.
Relines, Rebases	Covered if more than 6 months after installation
Adjustments	Covered if more than 6 months after installation
Repairs - Bridges	Reviewed if more than once
Repairs - Dentures	Reviewed if more than once
Sealants	Limited to posterior tooth. One treatment per tooth every three years up to age 14
Space Maintainers	Limited to non-Orthodontic treatment. No frequency limit for participants under age 19.
Alternate Benefit	When more than one covered Dental Service could provide suitable treatment based on common dental standards, Cigna HealthCare will determine the covered Dental Service on which payment will be based and the expenses that will be included as Covered Expenses.
Missing Tooth Provision	No payment. No Class III services covered
Late Entrant Limit	No payment. No Class III services covered
Pre-Treatment Review	Available on a voluntary basis when extensive work in excess of \$200 is proposed

Benefit Exclusions:

- * Services performed primarily for cosmetic reasons;
- * Replacement of a lost or stolen appliance;
- * Replacement of a bridge or denture within five years following the date of its original installation;
- * Replacement of a bridge or denture which can be made useable according to accepted dental standards;
- * Procedures, appliances or restorations, other than full dentures, whose main purpose is to change vertical dimension, diagnose or treat conditions of TMJ, stabilize periodontally involved teeth, or restore occlusion;
- * Veneers of porcelain or acrylic materials on crowns or pontics on or replacing the upper and lower first, second and third molars;
- * Bite registrations; precision or semi-precision attachments; splinting; Surgical implant of any type;
- * Instruction for plaque control, oral hygiene and diet;
- * Dental services that do not meet common dental standards;
- * Services that are deemed to be medical services;
- * Services and supplies received from a hospital;
- * Charges which the person is not legally required to pay;
- * Charges made by a hospital which performs services for the U.S. Government if the charges are directly related to a condition connected to a military service;
- * Experimental or investigational procedures and treatments;
- * Any injury resulting from, or in the course of, any employment for wage or profit;
- * Any sickness covered under any workers' compensation or similar law;
- * Charges in excess of the reasonable and customary allowances;
- * To the extent that payment is unlawful where the person resides when the expenses are incurred;
- * Procedures performed by a Dentist who is a member of the covered person's family (covered person's family is limited to a spouse, siblings, parents, children, grandparents, and the spouse's siblings and parents);
- * For charges which would not have been made if the person had no insurance; For charges for unnecessary care, treatment or surgery;
- * To the extent that you or any of your Dependents is in any way paid or entitled to payment for those expenses by or through a public program, other than Medicaid;
- * To the extent that benefits are paid or payable for those expenses under the mandatory part of any auto insurance policy written to comply with a "no-fault" insurance law or an uninsured motorist insurance law. Cigna HealthCare will take into account any adjustment option chosen under such part by you or any one of your Dependents.
- * In addition, these benefits will be reduced so that the total payment will not be more than 100% of the charge made for the Dental Service if benefits are provided for that service under this plan and any medical expense plan or prepaid treatment program sponsored or made available by your Employer.

*** In Texas, the insured dental product offered by CGLIC and CHLIC is referred to as the Cigna Dental Choice Plan, and this plan utilizes the national Cigna Dental PPO network.*

This benefit summary highlights some of the benefits available under the proposed plan. A complete description regarding the terms of coverage, exclusions and limitations, including legislated benefits, will be provided in your insurance certificate or plan description.

Benefits are insured and/or administered by Cigna HealthCare.

Did you know that all of Cigna's dental plans include the Cigna Dental Oral Health Integration Program? This program was designed to address research that supports the association of oral health to overall health and provides 100% reimbursement of copays or coinsurance for customers with qualifying medical conditions for program eligible procedures. Additionally, registered program members can receive discounts on prescription dental products targeted at high risk patients as well as articles on behavioral conditions that impact oral health.

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Cigna Healthcare Financial Exhibit for:
Jackson County - Buy Up Plan
 Effective Date: January 01, 2020



This is a summary of benefits for your dental plan.
 All deductibles, plan maximums, and service specific maximums (dollar and occurrence) cross accumulate between in and out of network.

Plan Design	Cigna DPPO Advantage Providers	DPPO Providers & Out-of-Network
Calendar Year Maximum (Class I, II, III Expenses)	Progressive Plan	
	Class I applies Year 1: \$1500, Year 2: \$1750 Year 3: \$2000, Year 4: \$2250	Class I applies Year 1: \$1500, Year 2: \$1750 Year 3: \$2000, Year 4: \$2250
Calendar Year Deductible		
Per Individual	\$50	\$50
Per Family	\$150	\$150
Class I Expenses - Preventive & Diagnostic Care		
Oral Exams Cleanings Routine X-rays Fluoride Application Sealants Space Maintainers (limited to non-orthodontic treatment) Non-Routine X-rays Emergency Care to Relieve Pain	100%, No Deductible	100%, No Deductible
Class II Expenses - Basic Restorative Care		
Fillings Oral Surgery - Simple Extractions Oral Surgery - All Except Simple Extraction Surgical Extraction of Impacted Teeth Anesthetics Root Canal Therapy / Endodontics Brush Biopsy	80%, After Deductible	60%, After Deductible
Class III Expenses - Major Restorative Care		
Minor Periodontics Major Periodontics Relines, Rebases, and Adjustments Repairs - Bridges, Crowns, and Inlays Repairs - Dentures Crowns/Inlays/Onlays Stainless Steel/Resin Crowns Dentures Bridges	50%, After Deductible	50%, After Deductible
Class IV Expenses - Orthodontia		
Coverage for Eligible Children Only Lifetime Maximum	60%, No Ortho Deductible \$1500	50%, No Ortho Deductible \$1500
Dental Plan Reimbursement Levels	Based on Contracted Fees	80th Percentile
Additional Member Responsibility in excess of Coinsurance	None	Yes, the difference between Billed Charges and the plan reimbursement
Student/Dependent Age	26/26	
Progression	Members progress to the next level by utilizing Class I services in the prior year.	



Cigna Dental PPO / Indemnity Exclusions and Limitations:

Procedure	Exclusions & Limitations
Exams	Two per calendar year
Prophylaxis (cleanings)	Two per calendar year
Fluoride	1 per calendar year for people under 19
X-Rays (routine)	Bitewings: 2 per calendar year
X-Rays (non-routine)	Full mouth: 1 every 3 calendar years. Panorex: 1 every 3 calendar years
Model	Payable only when in conjunction with Ortho workup
Minor Perio (non-surgical)	Various limitations depending on the service
Perio Surgery	Various limitations depending on the service
Crowns	Replacement every 5 years
Prosthesis over Implants	1 per every 5 years if unserviceable and cannot be repaired. Benefits are based on the amount payable for non-precious metals. No porcelain or white/tooth colored material on molar crowns or bridges
Bridges	Replacement every 5 years.
Dentures and Partials	Replacement every 5 years.
Relines, Rebases	Covered if more than 6 months after installation
Adjustments	Covered if more than 6 months after installation
Repairs - Bridges	Reviewed if more than once
Repairs - Dentures	Reviewed if more than once
Sealants	Limited to posterior tooth. One treatment per tooth every three years up to age 14
Space Maintainers	Limited to non-Orthodontic treatment. No frequency limit for participants under age 19.
Alternate Benefit	When more than one covered Dental Service could provide suitable treatment based on common dental standards, Cigna HealthCare will determine the covered Dental Service on which payment will be based and the expenses that will be included as Covered Expenses.
Orthodontia	For dependent children, up to age 19
Missing Tooth Provision	The amount payable is 50% of the amount otherwise payable until insured for a specified time period; thereafter, considered a Class III exper
Late Entrant Limit	50% coverage on Class III and IV (if applicable), for 12 months
Pre-Treatment Review	Available on a voluntary basis when extensive work in excess of \$200 is proposed

Benefit Exclusions:

- * Services performed primarily for cosmetic reasons;
- * Replacement of a lost or stolen appliance;
- * Replacement of a bridge or denture within five years following the date of its original installation;
- * Replacement of a bridge or denture which can be made useable according to accepted dental standards;
- * Procedures, appliances or restorations, other than full dentures, whose main purpose is to change vertical dimension, diagnose or treat conditions of TMJ, stabilize periodontally involved teeth, or restore occlusion;
- * Veneers of porcelain or acrylic materials on crowns or pontics on or replacing the upper and lower first, second and third molars;
- * Bite registrations; precision or semi-precision attachments; splinting; Surgical implant of any type;
- * Instruction for plaque control, oral hygiene and diet;
- * Dental services that do not meet common dental standards;
- * Services that are deemed to be medical services;
- * Services and supplies received from a hospital;
- * Charges which the person is not legally required to pay;
- * Charges made by a hospital which performs services for the U.S. Government if the charges are directly related to a condition connected to a military service;
- * Experimental or investigational procedures and treatments;
- * Any injury resulting from, or in the course of, any employment for wage or profit;
- * Any sickness covered under any workers' compensation or similar law;
- * Charges in excess of the reasonable and customary allowances;
- * To the extent that payment is unlawful where the person resides when the expenses are incurred;
- * Procedures performed by a Dentist who is a member of the covered person's family (covered person's family is limited to a spouse, siblings, parents, children, grandparents, and the spouse's siblings and parents);
- * For charges which would not have been made if the person had no insurance; For charges for unnecessary care, treatment or surgery;
- * To the extent that you or any of your Dependents is in any way paid or entitled to payment for those expenses by or through a public program, other than Medicaid;
- * To the extent that benefits are paid or payable for those expenses under the mandatory part of any auto insurance policy written to comply with a "no-fault" insurance law or an uninsured motorist insurance law. Cigna HealthCare will take into account any adjustment option chosen under such part by you or any one of your Dependents.
- * In addition, these benefits will be reduced so that the total payment will not be more than 100% of the charge made for the Dental Service if benefits are provided for that service under this plan and any medical expense plan or prepaid treatment program sponsored or made available by your Employer.

**** In Texas, the insured dental product offered by CGLIC and CHLIC is referred to as the Cigna Dental Choice Plan, and this plan utilizes the national Cigna Dental PPO network.**

This benefit summary highlights some of the benefits available under the proposed plan. A complete description regarding the terms of coverage, exclusions and limitations, including legislated benefits, will be provided in your insurance certificate or plan description.

Benefits are insured and/or administered by Cigna HealthCare.

Did you know that all of Cigna's dental plans include the Cigna Dental Oral Health Integration Program? This program was designed to address research that supports the association of oral health to overall health and provides 100% reimbursement of copays or coinsurance for customers with qualifying medical conditions for program eligible procedures. Additionally, registered program members can receive discounts on prescription dental products targeted at high risk patients as well as articles on behavioral conditions that impact oral health.

Cigna is a registered service mark, and the "Tree of Life" logo is a service mark, of Cigna Intellectual Property, Inc., licensed for use by Cigna Corporation and its operating subsidiaries. All products and services are provided by or through such operating subsidiaries and not by Cigna Corporation. Such operating subsidiaries include Connecticut General Life Insurance Company, Cigna Health and Life Insurance Company, Cigna HealthCare of Connecticut, Inc., and Cigna Dental Health, Inc. and its subsidiaries.

TOTAL MONTHLY PREMIUM PER PLAN	
DHMO	Total Monthly Premium
Associate Only	\$9.42
Associate + 1	\$15.76
Family	\$26.76
Base Dental Plan	Total Monthly Premium
Associate Only	\$17.92
Associate + 1	\$33.18
Family	\$59.75
Buy-Up Dental Plan	Total Monthly Premium
Associate Only	\$28.33
Associate + 1	\$55.86
Family	\$93.24



Jackson County
Guaranteed Cost Funding
Non-Participating
January 01, 2020 - December 31, 2020

Tier	Expected Lives	Current Rates	Quoted Rates*
<u>Dental PPO - Base</u>			
Employee Only	201	\$17.48	\$17.92
Employee + 1 Dep	72	\$32.37	\$33.18
Employee + 2 or More Deps	82	\$58.29	\$59.75
Annual Cost	355	\$127,487	\$130,685
Percent Change (Quoted vs Current)			2.51%

*The above quoted rates include 2.50% Health Insurance Assessment fees (PPACA).

*The above quoted rates do not include any commissions.

Tier	Expected Lives	Current Rates	Quoted Rates*
<u>Dental PPO - Buy Up</u>			
Employee Only	305	\$27.64	\$28.33
Employee + 1 Dep	153	\$54.50	\$55.86
Employee + 2 or More Deps	178	\$90.97	\$93.24
Annual Cost	636	\$395,536	\$405,407
Percent Change (Quoted vs Current)			2.50%

*The above quoted rates include 2.50% Health Insurance Assessment fees (PPACA).

*The above quoted rates do not include any commissions.

Total	991	\$523,023	\$536,092
Percent Change (Quoted vs Current)			2.50%

The above quoted rates include a rate cap of 6.0% on the 1/1/21 renewal increase. This rate cap includes the cost of the Health Insurance Assessment fee (PPACA).

Cigna Dental Care Proposed Rates

GROUP INFORMATION	PRODUCT INFORMATION
Presale ID: 291273 Group Name: Jackson County Eligible Employees: 316 CHC Sales Person: Tyler Vaughan Kansas City - #312 Medical UW: . NONE	CDC Plan: Cigna Dental Care CDC PCS: G1-09, V&T - VIRGIN & TAKEOVER/EMPLOYER PAID Product: MULTI PRODUCT Funding: TRADITIONAL Network Name: DentalCareAccessPlus Network ID: D0002

	3 TIER		
	Employee	Employee + 1 Dep	Employee + 2 or more
	TOTAL BILLED RATE	\$9.42	\$15.76

UNDERWRITING CAVEATS:

- Rates are valid for a 1/1/2020 effective date.
- Rates contain no commissions.
- These rates are guaranteed for 24 months. The PCS is only guaranteed for 1 year.
- Rates include costs for standard eligibility, standard enrollment materials, and standard administration.
- Rates are valid only where there is an existing CDC network in place. CDC copayments are subject to change on the anniversary date.
- Rates require an employer contribution of at least 50% for the employee, 0% for the dependent, or 25% overall.
- There must be a minimum of 10 subscribers enrolled.
- Rates are dependent upon eligibility being effective on the first of the month.
- Rates may be sold on a 2-tier or 3-tier basis only.
- Rates assume ID cards will be mailed to employee homes.
- These rates are subject to regulatory approval.
- This Cigna Dental Care ("DHMO") proposal assumes covered services will be provided by the Cigna Dental Care Access Plus network of contracted general and specialty dentists, however, Cigna Dental Care Access Plus is not currently available in North Carolina. Covered services in North Carolina will be provided by the Cigna Dental Care Access network.
- The dental insurance coverage shall be provided under a standalone group insurance policy and is an "excepted benefit" as defined in Public Health Service Act Section 2721(c) and (d) and not subject to the requirement of the Patient Protection and Affordable Care Act.
- The information contained in this Proposal by Cigna HealthCare is proprietary and highly confidential. It is being provided with the understanding that it will not be used by the employer, its representatives or consultants for any purpose other than the evaluation of the Proposal. Under no circumstances is any of the information contained herein (including excerpts, summaries, extracts, and evaluations thereof) to be used, disseminated, disclosed or otherwise communicated to any person or entity other than the employer, its representatives and consultants, and their respective employees who are directly involved in the evaluation process.
- Cigna HealthCare may have an agreement with your benefit advisor, under which the benefit advisor may be paid for providing marketplace intelligence or for the performance of administrative services. The qualification for and amount of this payment may be based upon overall business growth and/or retention levels. Any such payment is funded through Cigna HealthCare's general overhead.
- The benefit advisor may qualify for incentive payment (monetary or non-monetary) from Cigna HealthCare. For example, the benefit advisor may receive payment based upon new sales, new customer growth or retention. This incentive payment is funded from Cigna HealthCare's general overhead.
- Cigna HealthCare sponsors programs to inform benefit advisors about Cigna HealthCare's plan coverage and services (including producer advisory councils). The cost of these events is funded through Cigna HealthCare's general overhead.

STATE REGULATIONS

- The term "DHMO" is used to refer to product designs that may differ by state of residence of enrollee, including but not limited to, prepaid plans, managed care plans, and plans with open access features. The Cigna DHMO is not available in the following states: AK, ID, ME, MT, NH, NM, ND, PR, SD, VI, VT, WV, and WY.
- AR law requires a carrier to offer a point of service option. CDC standalone is not available and must be sold as part of a dual choice option.

STATE MO

Rates for 2019 effective dates do not include costs for Health Insurance Assessment fees (PPACA). Rates for 2020 effective dates include Health Insurance Assessment fees (PPACA). Rates quoted for effective dates after 2020 will be adjusted to include applicable Health Insurance Assessment fees (PPACA) imposed for the specified time period. Cigna reserves the right to modify quoted rates, as necessary, should there be any changes in future regulation or costs.





IMPLEMENTATION

Identification Card Delivery

Implementation ID Card Timeliness. 98% of the ID cards will be mailed by the agreed upon Commitment Date in the Implementation Calendar. Results measured at Account Level.

Amount At Risk

\$900.00

Claim Readiness

Implementation Claim Readiness. Benefit Profile and eligibility information loaded on claims processing system as of the Commitment Date set forth in the approved Implementation Calendar. Results measured at Account Level.

Amount At Risk

\$900.00

Call Readiness

Implementation Call Readiness. Service Center(s) ready to respond to customer inquiries as of the Commitment Date set forth in the approved Implementation Calendar. Results measured at Account Level.

Amount At Risk

\$900.00

Implementation Satisfaction

Implementation Satisfaction. Score of no less than three (3) on the question: Overall, how satisfied were you with your most recent installation experience with Cigna? in the Cigna HealthCare Implementation Survey. Results measured at Account Level.

Amount At Risk

\$900.00

SERVICE

Claim Time-to-Process

Dental Time to Process. Measured for the Term of the Agreement, results will meet or exceed: 92% of Claims Processed within 10 Business Days. Results measured at Account Level.

Amount At Risk

\$900.00

Claim Time-to-Process

Dental Time to Process. Measured for the Term of the Agreement, results will meet or exceed: 98% of Claims Processed within 20 Business Days. Results measured at Account Level.

Amount At Risk

\$900.00

Financial Accuracy

Dental Financial Accuracy. Measured for the Term of the Agreement, results will meet or exceed: 99% of total audited claim dollars are correctly paid. Results measured at Claim Platform Level.

Amount At Risk

\$900.00

Payment Accuracy

Dental Payment Accuracy. Measured for the Term of the Agreement, results will meet or exceed: 97% of total audited claims are correctly paid. Results measured at Claim Platform Level.

Amount At Risk

\$900.00

Average Speed of Answer

Dental ASA. Measured for the Term of the Agreement, results will not exceed: 30 seconds to answer a phone call. Results measured at Special Account Queue Level.

Amount At Risk

\$900.00

Call Abandonment Rate

Dental Call Abandonment Rate. Measured for the Term of the Agreement, results will not exceed: 2% of calls received by Call Center(s) terminated. Results measured at Special Account Queue Level.

Amount At Risk

\$900.00



SERVICE

Call Activity Closure

Dental Call Activity Closure. Measured for the Term of the Agreement, results will meet or exceed: 95% of calls closed in 5 Business Days. Results measured at Book of Business Level.

Amount At Risk

\$900.00

CSA Quality

Dental CSA Quality. Measured for the Term of the Agreement, results will meet or exceed: 95% quality standard. Results measured at Office Level.

Amount At Risk

\$900.00

Account Management

Dental Account Management. Composite Score (all categories) of 3.0 or better on the Account Management Report Card based on four (4) quarterly scorecards. Results measured at Account Level.

Amount At Risk

\$900.00



CIGNA DENTAL CARE

<p><u>Average Speed of Answer</u> Cigna Dental Care ASA. Measured for the Term of the Agreement, results will not exceed: 30 seconds to answer a phone call. Results measured at the Special Account Queue.</p>	<p><u>At Risk \$</u> \$155.00</p>
<p><u>Call Abandonment Rate</u> Cigna Dental Care Call Abandonment Rate. Measured for the Term of the Agreement, results will not exceed: 3% of calls received by Call Center(s) terminated. Results measured at the Special Account Queue.</p>	<p><u>At Risk \$</u> \$155.00</p>
<p><u>Member Satisfaction</u> Cigna Dental Care Member Satisfaction. Measured for the Term of the Agreement, results will meet or exceed: a member satisfaction level of 75% or greater with CIGNA Dental overall. Measurement based on national survey results.</p>	<p><u>At Risk \$</u> \$155.00</p>
<p><u>Post enrollment measure</u> Cigna Dental Care ID Cards Maintenance. Measured for the Term of the Agreement, results will meet or exceed: 98.5% mailed within 10 business days after the release of, not receipt of, clean and accurate eligibility to the ID card vendor. Results measured at Account Level.</p>	<p><u>At Risk \$</u> \$155.00</p>
<p><u>Time to Process - Specialty Referral Claims Rate</u> Cigna Dental Care Time to Process. Measured for the Term of the Agreement, result will meet or exceed: 95% within 10 Business Days. Results measured at Office Level.</p>	<p><u>At Risk \$</u> \$155.00</p>
<p><u>Time to Process - Specialty Referral Claims Rate</u> Cigna Dental Care Time to Process. Measured for the Term of the Agreement, result will meet or exceed: 98% within 15 Business Days. Results measured at Office Level.</p>	<p><u>At Risk \$</u> \$155.00</p>
<hr/>	
<p>Total Amount at Risk Per Enrolled Subscriber</p>	<p>\$930.00</p>
<p>Total \$ Maximum Amount at Risk</p>	<p>\$3.51</p>

Overview: This document provides information on the benefit request made in your proposal.

Account Name Jackson County
Effective Date January 1, 2020

Product Name	Plan Name	Funding	Requested Benefit	Result	CIGNA Alternative & Recommendation
Dental PPO	2A	Guaranteed Cost - Fully Insured	Plan covers Gingival grafts, connective tissue grafts and gingival flap procedures on a class 1 and 2 only plan	Clarification	Cigna covers this in class 2
Dental PPO	2A	Guaranteed Cost - Fully Insured	Plan covers Gingivectomy or gingivoplasty on a class 1 and 2 only plan	Clarification	Cigna covers this in class 2
Dental PPO	2A	Guaranteed Cost - Fully Insured	Plan covers Bone replacement grafts, excluding grafts placed in extraction or apicoectomy sites on a class 1 and 2 only plan	Clarification	If surgical implants are covered this service is covered under that benefit.
Dental PPO	2A	Guaranteed Cost - Fully Insured	Plan covers for occlusal adjustment on a class 1 and 2 only plan	Clarification	If TMJ is covered this service is covered under that benefit
Dental PPO	2A	Guaranteed Cost - Fully Insured	Plan covers pulp caps, therapeutic pulpotomy, apicoectomy and periradicular surgery, retrograde filling, alveoplasty, on a class 1 and 2 only plan	Enhancement	This service is covered in class 2
Dental PPO	2B	Guaranteed Cost - Fully Insured	<p>Dental Reward Benefit: Your Employer has elected to offer a Dental Reward benefit for eligible members. Eligible members will receive a Dental Reward of \$250 for each Calendar Year their total Calendar Year Claims are within \$1 to \$300.</p> <p>The Dental Reward is added to Your individual Calendar Year Maximum each Calendar Year following the Calendar Year in which Your total Calendar Year Claims are within the range described above. The Dental Reward applies to Participating Provider and Non-Participating Provider Benefits received after You have exceeded Your individual Calendar Year Maximum in a Calendar Year. Cumulative Dental Reward amounts are limited to a total of \$500 and roll over on a Calendar Year basis.</p>	Clarification	Cigna provides a Wellness Plus benefit that rewards members with an increase of \$250 when they have at least one preventive care service in a calendar year. The calendar year maximum is increased the year following the preventive service and this can take place up to 3 times. We do not require members to stay under a threshold of benefits.
Dental PPO	2A	Guaranteed Cost - Fully Insured	Plan covers stainless steel crowns (in class 2) on a class 1 and 2 only plan	Clarification	Cigna covers this in class 3
Dental PPO	ALL	Guaranteed Cost - Fully Insured	Benefits for Late Enrollees may be subject to a Benefit Waiting Period if indicated in the Benefit Schedule.	Clarification	Cigna will administer a late entrant penalty of 50% of the benefits in class 2 and three for a period of 12 months.

Benefit Review



Overview: This document provides information on the benefit request made in your proposal.

Account Name Jackson County
Effective Date January 1, 2020

Product Name	Plan Name	Funding	Requested Benefit	Result	CIGNA Alternative & Recommendation
Dental PPO	ALL	Guaranteed Cost - Fully Insured	If You, during the course of treatment, transfer to the care of another Dentist, or if more than one Dentist provides services for one dental procedure, Benefits will not exceed the amount that would be payable if services were provided by only one Dentist.	Enhancement	Cigna will consider payment for each non-ortho service on its own merit.
Dental PPO	ALL	Guaranteed Cost - Fully Insured	Plan covers Topical application of a sealant on a posterior tooth	Clarification	Coverage is payable on unrestored primary and permanent bicuspids or molar teeth only.
Dental PPO	ALL	Guaranteed Cost - Fully Insured	Fixed and removable space maintainers, to maintain arch length for missing primary molars, are limited to the initial appliance only. No Benefits are available for adjustments made within 6 months of installation.	Enhancement	Coverage is limited to non-orthodontic treatment for prematurely removed or missing teeth. We do not apply a frequency limitation to adjustments.
Dental PPO	2B	Guaranteed Cost - Fully Insured	Plan covers Stainless steel crowns (for primary teeth only). Benefits provided in Class 2	Clarification	Coverage will be provided for both primary and permanent teeth. Cigna can cover this in class 2, as long as prefabricated resin crowns are also covered in class 2.
Dental PPO	ALL	Guaranteed Cost - Fully Insured	Multiple restorations on one surface will be covered as a single filling.	Enhancement	Cigna does not administer a restoration limit per surface.
Dental PPO	ALL	Guaranteed Cost - Fully Insured	Plan covers Recementation of inlays and crowns if more than 6 months have elapsed since the date of insertion.	Enhancement	Cigna will provide this coverage with no frequency limitation. Services will be subject to dental review as necessary.
Dental PPO	ALL	Guaranteed Cost - Fully Insured	Recementation of a bridge if more than 6 months have elapsed since the date of insertion.	Enhancement	Cigna will retreat within 180 days of insertion
Dental PPO	ALL	Guaranteed Cost - Fully Insured	Direct pulp cap (covering of exposed pulp with a dressing or cement). Benefits are not available for more than one direct pulp cap per tooth or for direct pulp caps on primary teeth.	Enhancement	Cigna will cover this as dentally necessary without frequency limitation
Dental PPO	ALL	Guaranteed Cost - Fully Insured	Shift Perto Maintenance from class 1 to class 2	Enhancement	Our clinical standards cover this service as preventive in class 1
Dental PPO	2B	Guaranteed Cost - Fully Insured	Occlusal guard appliances (biteguards) limited to one (1) every three (3) Calendar Years.	Enhancement	Cigna will administer coverage for occlusal guards for bruxism without a frequency limit. Services will be subject to dental review as necessary.
Dental PPO	2B	Guaranteed Cost - Fully Insured	Plan covers crown lengthening in class 3	Enhancement	Cigna will cover crown lengthening as a class 2 service

Overview: This document provides information on the benefit request made in your proposal.

Account Name Jackson County
Effective Date January 1, 2020

Product Name	Plan Name	Funding	Requested Benefit	Result	CIGNA Alternative & Recommendation
Dental PPO	2B	Guaranteed Cost - Fully Insured	Repair of a broken complete or partial denture or replacement of one or more broken teeth and Reattachment of a damaged clasp or replacement of a broken clasp on a denture covered with no frequency limit.	Enhancement	Cigna's administration will replace the current carrier's. Cigna will cover denture repairs without a frequency limit for services performed more than 6 months after installation.
Dental PPO	2B	Guaranteed Cost - Fully Insured	Addition of teeth to a partial denture to replace extracted teeth covered with no frequency limit	Enhancement	Cigna's administration will replace the current carrier's. Cigna will cover this service without a frequency limit for services performed more than 6 months after installation.
Dental PPO	2B	Guaranteed Cost - Fully Insured	Orthodontic Payment - No lump sum payment will be made for the initial appliance (banding) fee, or for the total orthodontic case fee.	Clarification	Payment for orthodontic coverage is based on the member's benefit and the network orthodontist's contracted amount. The initial plan payment is 25 percent of the total cost of the case fee, with the balance divided into the number of months that the treatment is expected to take, subject to benefit and plan maximums. Subsequent payments are made quarterly.
Dental PPO	2B	Guaranteed Cost - Fully Insured	Surgical access of an unerupted tooth when an orthodontic attachment is placed to facilitate eruption is paid as Class 4, Ortho	Clarification	Only services considered orthodontic will be paid as orthodontic services. Non-orthodontic services will be paid subject to their applicable class and coinsurance.

GROUP DENTAL SERVICE AGREEMENT

First Continental Life and Accident

101 Parklane Boulevard, Suite 301
Sugar Land, TX 77478

This Group Dental Service Agreement is made and entered into this _____ day of _____, by and between First Continental Life and Accident, (hereinafter referred to as "FCL"), and _____, (hereinafter referred to as "Organization").

FIRST CONTINENTAL LIFE AND ACCIDENT is a Texas licensed corporation, whose purpose is to operate a dental health care service plan ("the Plan"),

FIRST CONTINENTAL LIFE AND ACCIDENT has arranged for the services of qualified, licensed professionals and their staffs to participate in a dental plan, and

Organization desires to participate in the dental plan offered by FIRST CONTINENTAL LIFE AND ACCIDENT and to obtain FIRST CONTINENTAL LIFE AND ACCIDENT's services herein specified for and on behalf of Organization's members as defined herein.

This agreement is for a period of 12 months from the effective date of this Agreement. The parties shall have the option of renewing this Agreement on a year-to-year basis thereafter upon each and all of the terms and conditions herein contained and mutual written agreement, subject to the possible rate increase unless and until modified or terminated as hereinafter provided.

This Group Dental Service Agreement, together with the Certificate of Coverage, Application for Group Dental Service, Agreement Group Participant Enrollment Form, Schedule of Benefits and any applicable Dentist Directory or other documents constitutes the entire agreement of the parties.

IN WITNESS WHEREOF, the party has affixed their signature to this Agreement.

Accepted by: Company Name

First Continental Life and Accident

Accepted by: Authorized Representative

First Continental Life & Accident Insurance Company

Application for Group Dental Service

Please complete this form by printing in ink or typing

Application is hereby made to First Continental Life & Accident Insurance Company (FCL), by the Applicant named below (Organization), for the purpose of making available certain dental services and benefits to all eligible individuals represented by Organization. The arrangement for such services and benefits shall be subject to the Group Dental Service Agreement, Certificate of Coverage and Schedule of Benefits attached hereto, and together these documents shall constitute the "Agreement".

Group Name _____ Proposed Effective Date _____

Address _____ City: _____ State: _____ ZIP: _____

Contact _____ Phone: _____ Fax _____

Tax ID # _____ Email Address _____ Tier Structure _____

SIC Code and Nature of Business _____ Total Eligible Employees _____

The monthly prepayment fee (as shown below) for each covered employee is due and payable from the Organization to FCL beginning on the date specified above as the effective date, and on the first day of each month this contract remains in force. The monthly rates shown below are guaranteed for one year.

(Passive)	Ortho \$
Plan Design: Dental Source - Plan H	Annual Max:
Number of Employees to be Covered	Monthly Rates
_____ Employee Only (EE)	\$8.75
_____ Employee + One (EO)	\$14.25
_____ Employee + Family (EF)	\$22.00
_____ Total Covered Employees	

Initial Premium Calculation	
# of EE employees times monthly rate =	\$ _____
# of +1 employees times monthly rate =	\$ _____
# of EF employees times monthly rate =	\$ _____
Total Initial Premium \$ _____	

In order for First Continental Life to determine whether or not Takeover Benefits are to be included, the following must be provided:

Name Of Prior Carrier: _____ Effective Date of Prior Plan: _____ Termination Date of Prior Plan: _____

The employer must also submit a copy of (1) the prior carrier's most recent billing statement (2) a certificate or letter of acceptance that shows the effective date of the prior plan; and (3) the prior carriers' certificate, booklet or schedule of benefits.

Coverage is for: Employees Only _____ Employees and Dependents _____
 Employment Waiting Period: 1 Month _____ Other _____

(No elimination period applies to those employees on the effective date)
 (Coverage following completion of the waiting period will be effective on the first day of a calendar month only)

The employer agrees to contribute the following percentages or monthly dollar amounts toward the overall cost of dental insurance:

Employees: None: _____ %age of single-employee cost: _____ \$ amount: _____
 Dependents: None: _____ %age of single-employee cost: _____ \$ amount: _____

It is understood and agreed as follows: 1) No coverage is effective until approved by First Continental Life & Accident Insurance Company (FCL) at its Home Office in Sugar Land, Texas; and 2) No agent has the authority to waive any of the Company's rights or requirements, or to make or alter any contract or policy.

Signature of Applicant _____ Date _____ Signature of Agent _____ Date _____

Print Name & Title _____ Agent's Name / License Number _____

Attachment 8.1.2

DHMO	Total Monthly Premium
Employee Only	\$8.75
Employee + One	\$14.25
Employee + Family	\$22.00

Base Dental Plan	Total Monthly Premium
Employee Only	These rates will be provided under a separate cover submitted by BCBS
Employee + One	
Employee + Family	

Dental DHMO Plan Summary Worksheet

DENTAL	
Plan Type	
Deductible:	
▶ Individual	NONE
▶ Family	NONE
▶ Waived for Preventive?	N/A
	<u>Members Responsibility</u>
▶ 1110 Routine Adult Cleaning	NO CHARGE
▶ 2330 Resine-Based Composite One surface Anterior	\$20.00
▶ 2740 Crown-Porcelain/Ceramic Substrate	\$295.00
▶ 333 Root Canal Therapy-Molar (excluding final restoration)	\$250.00
▶ 4355 Full Mouth Debridement	\$44.00
▶ 5110 Complete Dental Maxillary	\$350.00
▶ 6210 Pontic-Case High Noble Metal	20% Discount
▶ 7220 Removal of Impacted Tooth-Soft Tissue	\$70.00
Orthodontics included?	For Adults and Children
Annual Maximum Benefit	There is no Annual Maximum Benefit
Orthodontia Lifetime Maximum	There is no Orthodontia Lifetime Maximum
TMJ	Specialist-20% Discount
Dependent Child Age Limit	EOM Age 26
Out of Network UCR	There is no Coverage Out of Network
Late Entrants Allowed?	Yes
Waiting Periods	There are no Waiting Periods
Participation Requirement	2 members are required
Employer Contributions	
Unit Cost:	
▶ Employee Only	\$8.76
▶ Employee + One	\$14.26
▶ Family	\$22.00
Rate Guarantee:	
▶ 2 nd year rate cap	NA
▶ 3rd year rate cap	NA
▶ # of Participating Dentists	123
▶ # of Participating Dentists Accepting New Patients	117
▶ Teeth Whitening Offered/Cost?	Cosmetic Dental Procedures Not Covered
▶ Implants Offered/Cost?	20% Discount

Dental Source

Dental Health Care Plans

Schedule of Benefits – Plan H

The American Dental Association (ADA) assigns code numbers to each dental service. The Schedule of Services below provides you with an easy reference to the coverage associated with the Dental Source Program. All copayments are paid directly to your selected participating general dentist and are due at the time of service. All dental services listed in this schedule are provided **exclusively** by Dental Source network general dentists. There is no coverage outside of the Dental Source network. If the services of a Specialist are required, the member will receive a 20% discount off the usual fees from a participating Specialist, where available.

ADA

CODE	PROCEDURE	Co-payment
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Diagnostic and Preventive – General Dentists Office

****	Consultation.....	No Charge
0120	Periodic Oral Examination.....	No Charge
0140	Limited Oral Evaluation-Problem Focused (Normal Office Hours).....	20.00
0150	Comprehensive Oral Evaluation.....	No Charge
0210	Full Mouth X-Ray.....	15.00
0220	Initial Periapical X-Ray.....	No Charge
0230	Additional Periapical X-Ray.....	No Charge
0240	Occlusal X-Ray.....	No Charge
0250	Extraoral X-Ray.....	No Charge
0270-0274	Bitewing X-Ray.....	No Charge
0330	Panoramic X-Ray.....	15.00
0460	Tooth Pulp Vitality Test.....	No Charge
0470	Diagnostic Casts - Study Models.....	No Charge
1110	Prophylaxis-Adult-Every 6 Months.....	No Charge
1120	Prophylaxis-Child-Every 6 Months.....	No Charge
1203	Topical Application of Fluoride-Child- Through age 18 Every 6 Months.....	No Charge
1204	Topical Application of Fluoride- Adult- Every 6 Months.....	8.00
1330	Oral Hygiene Instruction.....	No Charge
1351	Sealant.....	12.00
1510	Space Maintainer-Fixed-Unilateral.....	65.00
1515	Space Maintainer-Fixed-Bilateral.....	65.00
1520	Space Maintainer-Removable-Unilateral.....	80.00
1525	Space Maintainer-Removable-Bilateral.....	80.00
****	Difficult Prophylaxis Subjected to a 25.00 Charge	

Restorative (Fillings, Inlays and Onlays) - General Dentist Office

2140	Amalgam-Primary, 1 Surface.....	10.00
2150	Amalgam-Primary, 2 Surfaces.....	16.00
2160	Amalgam- Primary, 3 Surfaces.....	21.00
2161	Amalgam- Primary, 4 or More Surfaces.....	25.00
2140	Amalgam-Permanent, 1 Surface.....	11.00
2150	Amalgam-Permanent, 2 Surfaces.....	18.00
2160	Amalgam- Permanent, 3 Surfaces.....	23.00
2161	Amalgam- Permanent, 4 or More Surfaces.....	28.00
2210	Silicate Cement – Per Restoration.....	18.00
2330	Resin-Based Composite 1 Surface- Anterior.....	20.00
2331	Resin-Based Composite 2 Surfaces – Anterior.....	30.00
2332	Resin-Based Composite 3 Surfaces – Anterior.....	40.00
2335	Resin-Based Composite 4 + Surfaces– Anterior (Incisal Angle).....	60.00
2390	Resin-Based Composite Crown – Anterior.....	65.00
2391	Resin-Based Composite 1 Surface–Posterior-Primary.....	21.00
2392	Resin-Based Composite 2 Surfaces–Posterior-Primary.....	24.00
2393	Resin-Based 3 Surfaces-Posterior-Primary.....	28.00
2391	Resin-Based Composite 1 Surface–Posterior-Permanent.....	50.00
2392	Resin-Based Composite 2 Surfaces –Posterior-Permanent.....	55.00
2393	Resin-Based Composite 3 Surfaces – Posterior-Permanent.....	60.00
2394	Resin-Based Composite 4 or More Surfaces – Posterior-Permanent.....	85.00
2510	Inlay-Metallic-1 –Surface.....	185.00
2520	Inlay-Metallic- 2- Surface.....	210.00
2530	Inlay-Metallic-3-Surface.....	235.00
2543	Onlay-Metallic-3 – Surface.....	250.00
2544	Onlay- Metallic-4- Surface.....	265.00

2610	Inlay-Porcelain/Ceramic1 Surface.....	215.00
2620	Inlay-Porcelain/Ceramic 2 Surfaces.....	250.00
2630	Inlay-Porcelain/Ceramic 3 or More Surfaces.....	260.00
2642	Onlay-Porcelain/Ceramic 2 Surfaces.....	250.00
2643	Onlay-Porcelain/Ceramic 3 Surfaces.....	290.00
2650	Inlay-Composite/Resin-1 Surfaces.....	150.00
2651	Inlay-Composite/Resin-2 Surfaces.....	185.00
2652	Inlay-Compsite/Resin- 3 or More Surfaces.....	225.00
2662	Onlay Composite/Resin-2 Surfaces.....	175.00
2663	Onlay-Composite/Resin-3 Surfaces.....	200.00
2664	Onlay-Composite/Resin-4 or More Surfaces.....	225.00
2940	Sedative Fillings.....	20.00
****	Laboratory Fees Are Not Covered.	

Restorative (Crowns-Single Restorations) - General Dentist Office

****	Crown-Temporary in Conjunction With Permanent.....	No Charge
2740	Crown-Porcelain/Ceramic Substrate.....	295.00
2750	Crown-Porcelain Fused to High Noble Metal.....	275.00
2751	Crown-Porcelain Fused to Predominantly Base Metal.....	275.00
2752	Crown-Porcelain Fused to Noble Metal.....	275.00
2780-83	Crown-3/4.....	275.00
2790	Crown-Full Cast High Noble Metal.....	295.00
2791	Crown-Full Cast Predominantly Base Metal.....	275.00
2792	Crown-Full Cast Noble Metal.....	275.00
2910	Recement Inlays.....	20.00
2920	Recement Crowns.....	25.00
2930	Stainless Steel Crown-Primary Tooth.....	68.00
2950	Crown Buildup, Including Any Pins.....	75.00
2951	Pin Retention.....	18.00
2952	Cast Post & Core in Addition to Crown.....	100.00
2954	Pre-fab Post & Core in Addition to Crown.....	80.00
2960	Labial Veneers (Chairside).....	250.00
2962	Labial Veneer (Lab).....	300.00
2980	Crown Repair - By Report.....	25.00
****	Laboratory Fees Are Not Covered.	

Endodontics (Root Canal Therapy) - General Dentist Office

****	Endo Consultation.....	No Charge
3110	Pulp Cap Direct.....	15.00
3120	PulpCap Indirect.....	12.00
3220	Vital Pulpotomy.....	48.00
3310	Root Canal-Anterior.....	125.00
3320	Root Canal-Bicuspid.....	180.00
3330	Root Canal-Molar.....	250.00
3410	Apicoectomy – Anterior.....	140.00
3421	Apicoectomy- Bicuspid-First Root.....	140.00
3425	Apicoectomy-Molar-First Root.....	175.00
3426	Apicoectomy- Each Additional Root.....	80.00
3430	Retrograde Filling-Each Root.....	50.00

Periodontics - General Dentist Office

****	Perio Consultation.....	No Charge
4999	Perio Charting.....	20.00
4210	Gingivectomy or Gingivoplasty (per quadrant).....	115.00
4220	Gingival Curettage (per quadrant).....	60.00
4240	Gingival Flap Surgery (per quadrant).....	265.00
4260	Osseous Surgery (per quadrant).....	300.00
4341	Periodontal scaling & root planing (per quadrant).....	50.00
4355	Full Mouth Debridement.....	44.00
4910	Periodontal Maintenance.....	35.00

Prosthodontics (Removable) - General Dentist Office

5110	Complete Dentures-Upper.....	350.00
5120	Complete Dentures-Lower.....	350.00
5130	Immediate Upper Denture (Excluding Reline).....	400.00
5140	Immediate Lower Denture (Excluding Reline).....	400.00
5211	Partial Denture-Upper/Resin Base.....	350.00
5212	Partial Denture-Lower/Resin Base.....	350.00
5213	Partial Denture-Upper/ Metal Base.....	425.00
5214	Partial Denture-Lower/Metal Base.....	425.00
5410	Adjust Complete Denture -Upper.....	10.00
5411	Adjust Complete Dentures-Lower.....	10.00
5421	Adjust Partial Denture-Upper.....	10.00

5422	Adjust Partial Denture-Lower	10.00
5510	Repair Denture Base	35.00
5520	Repair/Replace Broken Tooth/Denture.....	35.00
5620	Repair Cast Framework.....	35.00
5630	Repair or Replace Broken Clasp	35.00
5640	Replace Broken Tooth -Per Tooth	35.00
5650	Add Tooth to Existing Partial	35.00
5660	Add Clasp To Existing Partial	35.00
5730	Reline Upper Dentures-Chairside	75.00
5731	Reline Lower Dentures-Chairside	75.00
5740	Reline Upper Partial-Chairside	70.00
5741	Reline Lower Partial-Chairside	70.00
5750	Reline Upper Denture-Lab	85.00
5751	Reline Lower Denture-Lab	85.00
5760	Reline Upper Partial-Lab	85.00
5761	Reline Lower Partial-Lab	85.00
****	Laboratory Fees Are Not Covered.	

Prosthodontics - General Dentist Office

6240	Pontic-Porcelain Fused to High Noble Metal	275.00
6241	Pontic-Porcelain Fused to Predominantly Base Metal	275.00
6242	Pontic-Porcelain Fused to Noble Metal	275.00
6750	Crown-Porcelain Fused to High Noble Metal.....	275.00
6751	Crown-Porcelain Fused to Predominantly Base Metal.....	275.00
6752	Crown-Porcelain Fused to Noble Metal.....	275.00
6790	Crown-Full Cast High Noble Metal.....	275.00
6791	Crown-Full Cast Predominantly Base Metal	275.00
6792	Crown-Full Cast Noble Metal	275.00
6930	Recement Bridge	25.00
6940	Stress Breaker	10.00
6950	Precision Attachment	195.00
****	Laboratory Fees Are Not Covered.	

Oral Surgery - General Dentist Office

****	Oral Surgery Consultation	No Charge
7111	Extraction-Coronal Remnants-Primary	25.00
7140	Extraction-Erupted Tooth or Exposed Root	25.00
7210	Surgical Removal of Erupted Tooth.....	50.00
7220	Removal of Impacted Tooth-Soft Tissue	70.00
7230	Removal of Impacted Tooth-Partial Bony.....	90.00
7240	Removal of Impacted Tooth-Complete Bony	110.00
7241	Removal of Impacted Tooth-Complete Bony w/Comp	175.00
7250	Surgical Removal of Residual Roots	90.00
7281	Surgical Exposure of Tooth	150.00
7310	Alveoplasty in Conjunction w/Extractions/ Per Quadrant	100.00
7320	Aleveoplasty Not in Conjunction w/Extractions/Per Quadrant.....	150.00
7470	Removal of Exostosis.....	225.00
7510	Incision & Drainage of Abscess-Intraoral Soft Tissue	55.00
7960	Frenectomy.....	80.00
****	Post Operative Treatment (including dry socket treatment)	No Charge

Orthodontics (Braces) - General Dentist Office

****	Ortho Consultation (General Dentist Only).....	No Charge
****	Ortho Treatment Plan (Records & Models).....	75%
****	Orthodontic Appliance	75%
****	Orthodontic Appliance Therapy.....	75%
****	Orthodontic Treatment.....	75%

Adjunctive General Services - General Dentist Office

9215	Local Anesthesia.....	No Charge
9230	Nitrous Oxide (per 15 minutes)	10.00
9430	Office Visit For Observation (Normal Office Hours).....	No Charge
9440	Emergency office visit (After Office Hours).....	40.00
9940	Occlusal Guards-By Report.....	75.00
9951	Occlusal Adjustment-Limited.....	55.00
9952	Occlusal Adjustment-Complete	125.00
9999	Broken Appointments (Per 15 Minutes Scheduled).....	10.00

EMERGENCY TREATMENT COVERAGE:

In the event of a dental emergency, Dental Source members should contact their selected Dental Source provider. If the Dental Source provider is unavailable for emergency care within 24 hours, members may obtain emergency services from any licensed dentist. The covered emergency services include palliative treatment to control pain, bleeding, or infection. Dental Source members will be reimbursed up to \$50.00 based on the Dental Source Schedule of Benefits. Any further restorative service must be provided by the member's selected Dental Source provider. In order to receive reimbursement for fees paid, less any applicable co-payment, the member must notify Dental Source within two working days of the onset of the emergency, and written request for reimbursement with receipts must be received by Dental Source within 30 days of the onset of the emergency.

EXCLUSIONS AND LIMITATIONS - GENERAL DENTIST

1. Laboratory fees or lab related charges.
2. Prophylaxis (cleanings) and fluoride treatments are limited to one every 6 months. Difficult prophylaxis (i.e. heavy smoker, neglected teeth) are subject to a \$25.00 charge.
3. Procedures provided by any dentists including specialists who are not within the Dental Source provider network.
4. Treatment provided by a participating Dental Source dentist other than your selected dentist prior to receiving approval from the Dental Source office.
5. Dental treatment commenced prior to the member's eligibility or in progress at the time of application or expenses incurred after termination from plan are not covered
6. Dental expenses incurred if a participating dentist is unable to perform a procedure due to a member's general health or physical condition (i.e. patient physically unable to visit dentist office or suffering from a contagious illness or disease).
7. Charges for broken appointments.
8. Any dental procedure not listed as a covered service including but not limited to general anesthesia, the services of an anesthesiologist, prescription medication, implants, treatment required by reason of war, hospital and medical charges of any kind, surgery of fractures and dislocations, loss or theft of dentures or bridgework, and the treatment of malignancies.
9. Services provided to the member by state government, or agencies thereof, or services provided without cost to the member by any municipality, county, or other subdivision.
10. Procedures, appliances, or restorations to correct congenital, developmental, or medically induced dental disorders, including but not limited to, treatment of myo-functional, myo-skeletal, or temporomandibular joint dysfunction (TMJ).
11. Dentures, bridges, and other appliances fabricated under this program can be replaced only once during the period of 5 years after the original insertion. A denture, bridge, or other appliance can be replaced only if it cannot be made satisfactory by reline or repair.
12. A denture, bridge, or other appliance installed while not covered by Dental Source will be replaced only if it cannot be made satisfactory by reline or repair.
13. All covered replacements are subject to the co-payment as listed in the Schedule of Benefits. Replacement of dentures, appliances or bridgework due loss or theft is not covered.
14. Crowns are covered only if the dentist determines that there is not enough retentive quality left in a tooth to hold a filling.
15. Replacement of a satisfactory filling is not covered.
16. Charges for disposable and sterilization fees.
17. Any dental procedure solely for the purpose of cosmetic reasons is not a covered benefit.
18. Sealants are covered through the age 14; replacements covered at no charge within the first twelve months of original application.
19. Failure to pay a scheduled co-payment may prevent future dental services from being received until all fees have been paid in full.
20. A dependent child shall be covered until the age of 25; if unmarried, a state resident and not covered under another benefit plan or government program.

THIS FEE SCHEDULE IS ONLY APPLICABLE FOR THOSE SERVICES PROVIDED BY A PARTICIPATING DENTAL SOURCE GENERAL DENTIST. IF THE SERVICES OF A PARTICIPATING SPECIALIST ARE REQUIRED, MEMBERS WILL RECEIVE A DISCOUNT FROM THAT PARTICIPATING SPECIALIST.