

**City of Lee's Summit
Group ID #:34136000
Blue Dental PPO / Blue Dental Choice
GRID / GRID+
Benefit & Rate Confirmation
Effective January 1, 2018**



**Benefit and Rate Confirmation
City of Lee's Summit – Dental Plan**

Covered Services	
Type I Services: Diagnostic and Preventive Services	Covered <i>Select one:</i> <input checked="" type="checkbox"/> 2 Routine cleanings/CY (Perio cleanings covered under Type III if elected) <input type="checkbox"/> 2 combined Routine or Perio cleanings/CY (Perio cleanings will not be covered under Type III if elected) <input type="checkbox"/> 4 combined Routine or Perio cleanings/CY (Perio cleanings will not be covered under Type III if elected)
Type II Services: Basic Restorative Services; Periodontics; Endodontics; and Extractions	Covered
Type III Services: Major Restorative and Maintenance of Prosthodontics	Covered
Type IV Services: Orthodontic Services	Covered

Calendar Year Deductible: <input checked="" type="checkbox"/> <i>Individual/Family</i> <input type="checkbox"/> <i>Each Covered Person</i> Ratio 1:2 or 1:3			
Deductible:	Blue Dental PPO/GRID	Blue Dental Choice/GRID+	OON/Non-Participating
Type I	Waived	Waived	Waived
Types II and III		\$50/150_____	

Coinsurance:	Blue Dental PPO/GRID	Blue Dental Choice/GRID+	OON/Non-Participating
Type I	100%	100%	100%
Types II	85%	80%	80%
Type III	55%	50%	50%
Type IV	50%	50%	50%

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Calendar Year Maximum:	Blue Dental PPO/GRID	Blue Dental Choice/GRID+	OON/Non-Participating
Types I, II, and III (per covered person)	\$1,250		
Preventive applies towards Calendar Year Maximum	Yes – preventive applies towards Calendar Year Maximum		

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

Special Benefit Provisions:			
Type III Services			
Temporomandibular Joint (TMJ) Dysfunction	Not Covered		
Dental Implants	Not Covered		
Type IV Services			
Orthodontia	Blue Dental PPO/GRID	Blue Dental Choice/GRID+	OON/Non-Participating
Orthodontia Lifetime Maximum	\$1,250 Lifetime Maximum		\$1,250 Lifetime Maximum
Orthodontia Limiting Age	No age limit		
Additional Services			
Provide benefits for replacement of teeth missing prior to effective date?	Covered (insert missing tooth amendment DPPO-201-12-MK)		

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Eligibility:	
Dependent Limiting Age	Age 26
Eligibility/Termination	First day of the month/ Last day of the month
Domestic Partner Amendment – Coverage for same sex and opposite sex coverage	Not Covered
Coverage for Legally Married Same Sex Spouse	Yes

Underwriting:	
Minimum percent of Eligible Employees covered	75%
Percentage threshold of total employee enrollment at renewal based on prior year's enrollment	90%
Classification of Eligible Employees	All full-time employees actively working 30 hours per week; Retirees and their Dependents who are eligible in accordance with the Employer's Employee Benefits Program
Waiting Period	First of the Month following one full calendar month of service
Minimum Employer Contribution <i>Select one:</i> <input checked="" type="checkbox"/> Contributory <input type="checkbox"/> Voluntary	75% cost of eligible employees or 50% of total account premium
Section 125 Enrollment Provisions	Yes
Start Date of Annual Enrollment Period	90 days prior to group anniversary date
End Date of Annual Enrollment Period	15 days after group anniversary date
Contract Term	12 months
Subsequent Renewal Terms	12 months
Renewal Notification	120 days
Next Renewal	1/1/19
Reinstatement Fee	\$500

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Network

PPO Product: Blue Dental

Dental Network Inside Our Service Area: Blue Dental PPO / Blue Dental Choice Networks

Dental Network Outside Service Area: GRID / GRID+ Blue Cross and Blue Shield Networks

Inside Our Service Area OON/Non-Participating Provider Payments:

Select one:

- Traditional Fee Schedule
 90% of UCR based on Context4 Data

Outside Our Service Area OON/Non-Participating Provider Payment:

Select one:

- Traditional Fee Schedule
 90% of UCR based on Context4 Data

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Rates	
Employee	\$35.17
Family	\$88.50

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

Confirmed by City of Lee's Summit:

Accepted by Blue Cross and Blue Shield of
Kansas City:

Signature

Signature

Title

Title

Date

Date

***Two-year rate guarantee with a third year rate cap of +8%.**