



Proposal Prepared For

Presented by Blue Cross and Blue Shield of Louisiana

Proposed Plan Summary for Jefferson Parish Government

Effective 01/01/2023

Blue Dental uses the AdvantagePLUS 2.0 network that allows members to receive care from any licensed dentist; however, members receive the greatest value and convenience when they receive care from a participating dentist. This means that members who receive care from a participating dentist are responsible only for those deductibles and coinsurance amounts that are part of the Blue Dental plan.

| | Plan B | |
|------------------------------|---------------------------|---------------------------|
| | In-Network ¹ | Non-Network ² |
| | AdvantagePLUS 2.0 | Advantage MAC |
| Diagnostic & Preventative | 100% | 100% |
| Basic Services | 80% | 80% |
| Major Services | 50% | 50% |
| Orthodontics | 50% | 50% |
| Annual Benefit Maximum | \$1000 | \$1000 |
| Annual Deductible | \$50/\$150 (excludes D&P) | \$50/\$150 (excludes D&P) |
| Lifetime Orthodontic Maximum | \$1000 | \$1000 |

Selected Plan Features

Preventive Care Benefits

| Proposed Dental Rates | 36 Month Rates |
|-----------------------|----------------|
| Employee Only | \$22.59 |
| Employee and Spouse | \$44.42 |
| Employee + Child | \$54.65 |
| Employee + Children | \$54.65 |
| Employee + Family | \$66.58 |

Bid Qualifications:

- Rates assume 2374 eligible employees, with 2374 participating. Upon sale, quoted rates and benefits may be adjusted or coverage denied, based on achieved participation levels. Required participation must be met and maintained throughout the policy period.
- Commissions included: 0%
- Rates are based upon Standard Industry Classification Code: 9111
- Orthodontia Services are excluded from Annual Deductible and Annual Benefit Maximum.
- Groups with 2-50 enrolled are eligible to purchase our small group products
- Groups with 51 or more enrolled are eligible to purchase our large group products.
- Participation Requirements:

Employer Paid: 100% of eligible employees must enroll

- Dual option low plan

1. Reimbursement is based on the schedule of maximum allowable charges (MACs). Network dentists agree to accept the allowances as payment in full for covered services, less applicable deductibles and coinsurance amounts.
2. Out-of-network charges are created by utilizing FAIR Health data supplemented with charge data as appropriate. Out-of-network charges are calculated at the Advantage MAC of such data. Non-network dentists may bill the member for any difference between the allowance and their fee.



Proposed Dental Benefits for Jefferson Parish Government

Effective Date: 01/01/2023

| Benefit Category | Plan B |
|--|--|
| Diagnostic & Preventative | Frequency Limitations |
| Exams | 2 every 12 months |
| X-Rays (Bitewings Only) | 1 set every 12 months under age 19 and 1 set every 18 months age 19 and over |
| X-Rays (All Others) | 1 every 5 years for Full Mouth and Panoramic X-Rays Limitations may apply to other types of X-rays. |
| Cleanings; Fluoride Treatment | 2 every 12 months; 1 every 12 months under age 14 |
| Space Maintainers | 1 every 5 years under age 14 |
| Basic Services | |
| Sealants | 1 per tooth every 3 years to age 16 on permanent first and second molars |
| Palliative Treatment (Emergency) | 2 in 12 months, in combination with pulpal debridement |
| Basic Restorative | Not within 24 months of previous placement |
| Simple Extractions | <i>Any frequency (no limitations)</i> |
| Endodontics | <ul style="list-style-type: none"> Pulpal therapy: primary teeth that have no permanent tooth to replace it Root canal treatment: one per tooth per lifetime |
| Non-Surgical Periodontics | <ul style="list-style-type: none"> Full mouth debridement: 1 per lifetime Scaling and root planing : 1 in 36 month (per area of mouth) Periodontal maintenance: 2 every 12 months (in addition to routine prophylaxis following active periodontal therapy) |
| Surgical Periodontics | Surgical periodontal procedures: 1 in 36 months (per area of mouth) Guided tissue regeneration: 1 per tooth per lifetime |
| Complex Oral Surgery | May vary by procedure |
| General Anesthesia | Limited to 60 minutes per session |
| Major Services | |
| Repairs of Crowns, Inlays, Onlays, Dentures and Bridges | 1 per 36 months |
| Inlays, Onlays and Crowns | Not within 5 years of previous placement |
| Prosthetics (Bridges, Dentures) | Not within 5 years of previous placement |
| Orthodontics | |
| Dependents to age 19 | |
| Dependent Eligibility | |
| Dependent children covered to age 26. | |
| Selected Plan Features | |
| Preventive Care Benefits: Diagnostic & Preventive services do not count toward your annual benefit maximum | |

PREVENTIVE CARE BENEFITS

Our Preventive Care Benefits enhancement excludes all covered Diagnostic and Preventive services, from the annual benefit maximum. This encourages members to visit the dentist for routine diagnostic and preventive care. In addition, there are more benefit dollars available if additional treatment should be needed. Members can use Preventive Care Benefits as soon as their coverage is in effect, so there is no waiting until the next plan year to benefit from this feature.



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| | Plan B | |
|------------------------------|---------------------------|---------------------------|
| | In-Network ¹ | Non-Network ² |
| | AdvantagePLUS 2.0 | Advantage MAC |
| Diagnostic & Preventative | 100% | 100% |
| Basic Services | 80% | 80% |
| Major Services | 50% | 50% |
| Orthodontics | 50% | 50% |
| Annual Benefit Maximum | \$1000 | \$1000 |
| Annual Deductible | \$50/\$150 (excludes D&P) | \$50/\$150 (excludes D&P) |
| Lifetime Orthodontic Maximum | \$1000 | \$1000 |

Selected Plan Features

Preventive Care Benefits

| Proposed Dental Rates | 24 Month Rates |
|-----------------------|----------------|
| Employee Only | \$22.12 |
| Employee and Spouse | \$43.50 |
| Employee + Child | \$53.51 |
| Employee + Children | \$53.51 |
| Employee + Family | \$65.20 |

Bid Qualifications:

- Rates assume 2374 eligible employees, with 2374 participating. Upon sale, quoted rates and benefits may be adjusted or coverage denied, based on achieved participation levels. Required participation must be met and maintained throughout the policy period.
- Commissions included: 0%
- Rates are based upon Standard Industry Classification Code: 9111
- Orthodontia Services are excluded from Annual Deductible and Annual Benefit Maximum.
- Groups with 2-50 enrolled are eligible to purchase our small group products
- Groups with 51 or more enrolled are eligible to purchase our large group products.
- Participation Requirements:

Employer Paid: 100% of eligible employees must enroll

- Dual option low plan

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Proposed Dental Benefits for Jefferson Parish Government

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| Diagnostic & Preventative | Frequency Limitations |
| Exams | 2 every 12 months |
| X-Rays (Bitewings Only) | 1 set every 12 months under age 19 and 1 set every 18 months age 19 and over |
| X-Rays (All Others) | 1 every 5 years for Full Mouth and Panoramic X-Rays Limitations may apply to other types of X-rays. |
| Cleanings; Fluoride Treatment | 2 every 12 months; 1 every 12 months under age 14 |
| Space Maintainers | 1 every 5 years under age 14 |
| Basic Services | |
| Sealants | 1 per tooth every 3 years to age 16 on permanent first and second molars |
| Palliative Treatment (Emergency) | 2 in 12 months, in combination with pulpal debridement |
| Basic Restorative | Not within 24 months of previous placement |
| Simple Extractions | <i>Any frequency (no limitations)</i> |
| Endodontics | <ul style="list-style-type: none"> Pulpal therapy: primary teeth that have no permanent tooth to replace it Root canal treatment: one per tooth per lifetime |
| Non-Surgical Periodontics | <ul style="list-style-type: none"> Full mouth debridement: 1 per lifetime Scaling and root planing : 1 in 36 month (per area of mouth) Periodontal maintenance: 2 every 12 months (in addition to routine prophylaxis following active periodontal therapy) |
| Surgical Periodontics | Surgical periodontal procedures: 1 in 36 months (per area of mouth) Guided tissue regeneration: 1 per tooth per lifetime |
| Complex Oral Surgery | May vary by procedure |
| General Anesthesia | Limited to 60 minutes per session |
| Major Services | |
| Repairs of Crowns, Inlays, Onlays, Dentures and Bridges | 1 per 36 months |
| Inlays, Onlays and Crowns | Not within 5 years of previous placement |
| Prosthetics (Bridges, Dentures) | Not within 5 years of previous placement |
| Orthodontics | |
| Dependents to age 19 | |
| Dependent Eligibility | |
| Dependent children covered to age 26. | |
| Selected Plan Features | |
| Preventive Care Benefits: Diagnostic & Preventive services do not count toward your annual benefit maximum | |

PREVENTIVE CARE BENEFITS

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| | Plan B | |
|------------------------------|---------------------------|---------------------------|
| | In-Network ¹ | Non-Network ² |
| | AdvantagePLUS 2.0 | 90th Percentile |
| Diagnostic & Preventative | 100% | 100% |
| Basic Services | 80% | 80% |
| Major Services | 50% | 50% |
| Orthodontics | 50% | 50% |
| Annual Benefit Maximum | \$1000 | \$1000 |
| Annual Deductible | \$50/\$150 (excludes D&P) | \$50/\$150 (excludes D&P) |
| Lifetime Orthodontic Maximum | \$1000 | \$1000 |

Selected Plan Features

Preventive Care Benefits

| Proposed Dental Rates | 36 Month Rates |
|-----------------------|----------------|
| Employee Only | \$36.50 |
| Employee and Spouse | \$71.77 |
| Employee + Child | \$88.29 |
| Employee + Children | \$88.29 |
| Employee + Family | \$107.57 |

Bid Qualifications:

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- Commissions included: 0%
- Rates are based upon Standard Industry Classification Code: 9111
- Orthodontia Services are excluded from Annual Deductible and Annual Benefit Maximum.
- Groups with 2-50 enrolled are eligible to purchase our small group products
- Groups with 51 or more enrolled are eligible to purchase our large group products.
- Participation Requirements:

Employer Paid: 100% of eligible employees must enroll

- Dual option high plan

1. Reimbursement is based on the schedule of maximum allowable charges (MACs). Network dentists agree to accept the allowances as payment in full for covered services, less applicable deductibles and coinsurance amounts.
2. Out-of-network charges are created by utilizing FAIR Health data supplemented with charge data as appropriate. Out-of-network charges are calculated at the 90th Percentile of such data. Non-network dentists may bill the member for any difference between the allowance and their fee.



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| Cleanings; Fluoride Treatment | 2 every 12 months; 1 every 12 months under age 14 |
| Space Maintainers | 1 every 5 years under age 14 |
| Basic Services | |
| Sealants | 1 per tooth every 3 years to age 16 on permanent first and second molars |
| Palliative Treatment (Emergency) | 2 in 12 months, in combination with pulpal debridement |
| Basic Restorative | Not within 24 months of previous placement. Includes coverage for posterior resins. |
| Simple Extractions | Any frequency (no limitations) |
| Endodontics | <ul style="list-style-type: none"> Pulpal therapy: primary teeth that have no permanent tooth to replace it Root canal treatment: one per tooth per lifetime |
| Non-Surgical Periodontics | <ul style="list-style-type: none"> Full mouth debridement: 1 per lifetime Scaling and root planing : 1 in 36 month (per area of mouth) Periodontal maintenance: 2 every 12 months (in addition to routine prophylaxis following active periodontal therapy) |
| Surgical Periodontics | Surgical periodontal procedures: 1 in 36 months (per area of mouth) Guided tissue regeneration: 1 per tooth per lifetime |
| Complex Oral Surgery | May vary by procedure |
| General Anesthesia | Limited to 60 minutes per session |
| Major Services | |
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| Inlays, Onlays and Crowns | Not within 5 years of previous placement |
| Prosthetics (Bridges, Dentures) | Not within 5 years of previous placement |
| Implants | Covered at 50% for both in- and out-of-network reimbursement |
| Orthodontics | |
| Dependents to age 19 | |
| Dependent Eligibility | |
| Dependent children covered to age 26. | |
| Selected Plan Features | |
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| Employee + Child | \$86.45 |
| Employee + Children | \$86.45 |
| Employee + Family | \$105.33 |

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ADDITIONAL INFORMATION:

- This Quote is issued on a qualified basis and is based on the accuracy and validity of the data submitted in the RFP. Please do not cancel coverage with your current carrier prior to final Underwriting review and approval.
- Underwriting reserves the right to rescind or amend this proposal based on all required information.
- Underwriting reserves the right to audit enrollment, adjust rates and reject groups if employer participation no longer meets the minimum requirements.
- Proposed rates assume that Blue Cross and Blue Shield of Louisiana will be the sole carrier to provide dental benefits to all employees in this group.
- Dual option benefits are subject to only one open enrollment during a 12 month period and each plan must separately meet minimum participation requirements of 5 enrolled in each plan.
- Underwriting reserves the right to adjust the rates in situations where any additional entity or entities not considered in this proposal are added to the group at any time during the contract life of the group.
- Standard Blue Cross and Blue Shield of Louisiana contract wordings, definitions, limitations, plan administration, ID cards, contract booklets, Schedule of Benefits and List Billing procedures will apply unless specifically stated otherwise.
- The initial first month of premium or an equivalent estimate of first month of premium must be provided before the issuance of the contract policy and must be submitted with the submission of initial enrollment applications. All premium payments are due on the first of the month for which coverage is provided. All premium notifications will be presented in a List Bill format on a monthly basis. All List Bill reconciliations must be performed by the account and adjusted accordingly with Blue Cross on a monthly basis.
- AdvantagePLUS 2.0 Network is administered by United Concordia Companies, Inc. United Concordia is an independent company that administers dental benefits on behalf of Blue Cross and Blue Shield of Louisiana members.
 - To take full advantage of the Blue Dental coverage, members should choose a dentist who participates in the AdvantagePLUS 2.0 network
 - To find a dentist in the AdvantagePLUS 2.0 network, visit www.bcbsla.com/findcare

This proposal expires on: **January 1, 2016**

I am authorized by the Group to accept the rates and benefits as outlined on this proposal and do apply for Group coverage based on the information in this signed proposal. Once signed by the Group and Underwriter, all pages of this proposal are considered part of the Group Master Application and a part of the Group Benefit Plan, even if not physically attached to the Application or Benefit Plan.

Accepted By Group: _____ Title: _____ Date: _____

Accepted By Underwriter: _____ Date: _____