

Prepared For:

BOONE COUNTY BOARD OF EDUCATION

Effective Date: 1/1/2024 End Date: 12/31/2025 County: Boone State: Kentucky

Quote ID: 0114505-03

Wednesday, October 4, 2023 1:54 PM



Group Name: BOO Effective: Janua

BOONE COUNTY BOARD OF EDUCATION January 1, 2024 - December 31, 2025

Dental Benefit Highlights
Benefit Period Maximum
Benefit Period Deductible Single
Benefit Period Deductible Family
Employer Coinsurance % - Preventive
Employer Coinsurance % - Basic
Employer Coinsurance % - Major
Reimbursement Schedule
Orthodontics Coverage Included?
Ortho Employer Coinsurance %
Ortho Lifetime Maximum
Periodontics
Endodontics
Sealants
Space Maintainers

Core			
In-Network	Non-Network		
\$1,000	\$1,000		
\$50	\$50		
\$150	\$150		
100%	100%		
50%	50%		
50%	50%		
Fee Schedule	Fee Schedule		
Not Covered			

Major

Basic

Preventive

Preventive

Major

Enhanced				
In-Network	Non-Network			
\$1,500	\$1,500			
\$50	\$50			
\$150	\$150			
100%	100%			
80%	80%			
50%	50%			
Fee Schedule	Fee Schedule			
Child Only				
50%				
\$1,000				
Major				
Basic				
Preventive				
Preventive				
	Major			

Other	Benefit	Descr	intions

Implants

Contract Types		
Single		
Employee + Spouse		
Employee + Child		
Employee + Children		
Family		
Annual Premium		
Contract Premium		

Current Rates	Renewal Rates
\$21.88	\$23.20
\$43.56	\$46.16
\$54.46	\$57.72
\$54.46	\$57.72
\$78.44	\$83.16
\$154,992.48	\$164,302.08
\$309,984.96	\$328,604.16
	\$21.88 \$43.56 \$54.46 \$54.46 \$78.44 \$154,992.48

Enrolled	Current Rates	Renewal Rates
85	\$32.72	\$34.70
41	\$65.08	\$68.98
15	\$81.36	\$86.24
35	\$81.36	\$86.24
88	\$117.14	\$124.18
	\$237,909.60	\$252,210.24
264	\$475,819.20	\$504,420.48
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Group Official Plan/Rate Selections	Group	Official	Plan/	Rate	Selections	
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Initial Here	

National Network With More Than Half a Million Dental Network Access Points Across the United States

Value-added Benefits Included With All Plans: Free Second Opinions • Discount on Cosmetic/Non-covered Dental Services • EyeMed Vision Care Plan • RX Discounts

No Waiting Periods • No Balance Billing or Claim Forms (In Network) • No Missing Tooth Exclusion

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BOONE COUNTY BOARD OF EDUCATION

DISCLAIMERS AND NOTES

Effective January 1, 2024, through December 31, 2025

- 1 All rates are subject to the terms and conditions specified in the Group Contract.
- 2 Change in total enrollment or in any one plan of more than 10% or the elimination of a plan may require rates to be adjusted.
- 3 In accordance with respective state laws, coverage for dependents beyond the federal limiting age of 26 may necessitate additional premium on insured plans.
- 4 Your rates may be adjusted to account for coverage mandated by federal or state law.

Rate Acceptance		
Group Official Initial:	Please initial next to the benefits that have been selected by the group.	
Group Official Signature:		
Title:		
Date:	_	