

9/20/2016

Dawson Springs Bd of Education
ATTN: Karla Mitchell
118 E Arcadia Ave
Dawson Springs, KY 42408

RE: Your Dental Plan Renewal

Dear Karla Mitchell:

Thank you for choosing Dental Health Options by Health Resources, Inc. for your group dental plan. We appreciate your trust in us to provide health and wellness benefits to your employees. The value of an employer sponsored dental plan is significant to your employees. Plan contracted network discounts combined with pre-tax benefits of employee contributions alone enable your employees to have access to their dental care at lower costs than going at it alone.

The attached renewal represents our on-going commitment to you to deliver the best possible dental plan with the best network at the best price. We *Insure* Smiles!

Remember, your open enrollment period represents the opportunity for your employees to enroll, drop or make changes to their coverage for the upcoming benefit renewal plan year. We welcome you to make enrollment changes or upload your complete open enrollment file directly to our website, InsuringSmiles.com. It is the easiest, safest most efficient way to transmit your employee's PHI information to us. If you have any questions regarding your group website customer service portal at InsuringSmiles.com or would like to arrange formal open enrollment presentations for your employees, please contact your Benefit Adviser or our Sales team. They are here to help.

Smile, you have options,



Chad Decker
Sales Director Ext 119

Lindsay Lamborne
Sales Executive Ext 155

Karen Richter
Sales Executive Ext 151

cc:kco
Jason Bugg, Agent

September 20, 2016

Please Check One Plan Renewal Election Box:		<input type="checkbox"/>	<input type="checkbox"/>
	Current Policy	Renewal Policy	Alternative Policy
Policy Months		12	
Policy Effective Dates		January 1, 2017 – December 31, 2017	
DHO Plan	3	3	Contact HRI or your agent for other Dental Health Options
Plan Year Maximum (per year)	1000	1000	
Ortho Type	Children's Ortho	Children's Ortho	
Ortho Lifetime Maximum	1000	1000	
Rates:			
<ul style="list-style-type: none"> Employee Only Employee + Spouse Employee + Dependent(s) Employee + Family 	18.40 52.80 58.20 86.80	20.20 58.10 64.00 95.50	
Additional Fees and Services	<ul style="list-style-type: none"> If HRI administers your COBRA, \$0.24 per subscriber per month will be added and billed on your monthly invoice. 		
MESSAGE BOARD	<ul style="list-style-type: none"> This plan does not include unlimited pediatric benefits. 		

EMPLOYER GROUP INFORMATION

	Current Information	Requested Group Changes
Number	61301501DSI	
Name	Dawson Springs Bd of Education	
Employees	Eligible: 95 Participating: 31	Eligible:
Address	118 E Arcadia Ave	
City, State, Zip	Dawson Springs, KY 42408	
County	KY-Hopkins	
Phone	(270) 797-3811	
Fax	(270) 797-5201	
Plan Type	Voluntary	<input type="checkbox"/> Voluntary <input type="checkbox"/> Employer Contribution
Network Option*	In and Out of Network	<input type="checkbox"/> In Network Only <input type="checkbox"/> In and Out of Network
Dependent Coverage	Age: 26	Other:
Full Time Student Administration/Verification	Age: 26	Other:
COBRA Administration	Employer Group	<input type="checkbox"/> Employer Group <input type="checkbox"/> HRI

Per the Master Group Policy, the policy will renew automatically 20 days prior to the effective date indicated above at the Renewal rates, providing monthly premiums are current and all conditions are met.

Policy Approval Signature

Print Name and Title

Date

It is agreed that the Dental Health Option renewal becomes effective upon receipt and approval of this application, Master Group Policy and the Plan Sponsor Certification.

PLAN SPONSOR CERTIFICATION

A Plan Sponsor Certification (PSC) must be completed at the time of signing a Master Group Policy (MGP) or Administrative Services Only (ASO) Agreement and updated during Policy/Agreement Renewal or with a change in employer contacts to perform plan administration functions.

Legal Business Name listed below is the Plan Sponsor of the Health Resources, Inc. (HRI) dental plan. The Plan Sponsor performs plan administration functions for the Plan and needs access to the Plan participants' Protected Health Information to carry out those plan administration functions.

Group Number	61301501DSI
Group Name (Legal Business Name)	Dawson Springs Bd of Education
Phone / Fax	(270) 797-3811 / (270) 797-5201
Street Address City, State Zip	118 E Arcadia Ave Dawson Springs, KY 42408
Web Site	
Static IP Address(es)	

The following employees or persons under control of the Plan Sponsor are authorized to receive Protected Health Information to perform Plan Administrative Functions. HRI will only provide the minimum necessary Protected Health Information to the individuals who are identified on this list:					
Contact	First and Last Name	Email	Phone / ext. and Fax (if different from above)	Address (if different from above)	Authorized Website Access
Benefits Administrator					<input type="checkbox"/> Yes <input type="checkbox"/> No
Invoice Recipient					<input type="checkbox"/> Yes <input type="checkbox"/> No
IT					<input type="checkbox"/> Yes <input type="checkbox"/> No
Benefits Advisor / Agent					<input type="checkbox"/> Yes <input type="checkbox"/> No
Third Party Administrator					<input type="checkbox"/> Yes <input type="checkbox"/> No
Additional Contact					<input type="checkbox"/> Yes <input type="checkbox"/> No
Additional Contact					<input type="checkbox"/> Yes <input type="checkbox"/> No
Additional Contact					<input type="checkbox"/> Yes <input type="checkbox"/> No

The Plan Sponsor is aware that the plan document has been amended to comply with the requirements of 45 CFR § 164.504(f)(2) (HIPAA Administration Simplification). The amendment provides the required assurance that the Plan Sponsor will appropriately safeguard and limit the use and disclosure of the plan participants' Protected Health Information that the Plan Sponsor may receive from Health Resources, Inc.

X

SIGNATURE REQUIRED: Plan Sponsor is an authorized signatory of the MGP or ASO. Date _____

Employer Group Experience Summary

Group Name: Dawson Springs Bd of Education
Group Number: 61301501DSI
Service Type: Fully Insured
Benefits Administrator: Karla Mitchell
Invoice Recipient: Karla Mitchell
City: Dawson Springs
State: KY

Dental Health Option (DHO)	01/01/2016 - 01/01/2017	01/01/2015 - 01/01/2016
DHO Plan	9/19/2016 3	3
Plan Start Month	January	
Plan End Month	December	
Tiers	4	4
Yearly Maximum	1000	1000
Ortho Requirements	Children's Ortho	Children's Ortho
Ortho Lifetime	1000	1000
Dependent Age	26	26
Full Time Student	26	26

Group Participation	01/01/2016 - 01/01/2017	01/01/2015 - 01/01/2016
Eligible	95 100%	95 100%
Participation	31 33%	30 32%
Tier 1 EE Only	15 16%	15 16%
Tier 2 EE + Spouse	7 7%	4 4%
Tier 3 EE + Dep(s)	5 5%	7 7%
Tier 4 EE + Family	4 4%	4 4%

Network Savings	01/01/2016 - 01/01/2017	01/01/2015 - 01/01/2016
Dental Network Savings Range		
Value Minimum Point for Claims Paid	15% \$ 1,992.22	15% \$ -
Value Peak Goal for Claims Paid	30% \$ 3,984.45	30% \$ -
Projected Dental Trend for Next Year		
National	10%	
Network	4%	

Plan Utilization:	01/01/2016 - 01/01/2017	01/01/2015 - 01/01/2016
Premium	\$ 10,245.14	\$ 13,645.20
Total COBRA Administration	\$ -	\$ -
Total Premium and Fee	\$ 10,245.14 100%	\$ 13,645.20 100%
Total Claims Paid	\$ 9,969.75 97%	\$ 13,281.49 97%
Claims Not Received (IBNR)	\$ 398.79 3.9%	\$ - 0.0%
Incurred Dental Expenses	\$ 10,368.54 101.2%	\$ 13,281.49 97.3%
Support Services	\$ 1,024.51 10.0%	\$ 1,364.52 10.0%
Licensed Producer Commission Paid	\$ 1,024.51 10.0%	\$ 1,364.52 10.0%
Total Plan Expenses	\$ 12,417.57 121.2%	\$ 16,010.53 117.3%

Underwriting Gain/Loss \$ (2,172.43) 121% \$ (2,365.33) 117%

Information is privileged and confidential and intended for the recipient only.

This report is not to be distributed to other parties and is proprietary to Health Resources, Inc.

HRI's goal is to report accurate information, however, due to claims and enrollment processes occurring daily, data is subject to change.