

Boone County Board of Education

8330 US Highway 42
Florence, KY 41042

April 30, 2025

Dear Boone County Board of Education,

I am writing to confirm that Houchens Insurance Group is prepared to administer the dental plan created by Superior Dental Care. We will adhere to the same rate and guidelines as outlined in their proposal, which is attached to this letter.

Our team is committed to providing excellent service to all participants. We look forward to collaborating with the Boone County Board of Education to deliver high-quality dental benefits.

Please feel free to reach out if you have any questions or require further information.

Sincerely,

Bryne Wiseman



Houchens Insurance Group - President



Group Name: BOONE COUNTY BOARD OF EDUCATION
Effective: January 1, 2026 - December 31, 2027

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 (scaling & root planning)
Endodontics (Root Canal)
Sealants
Space Maintainers
Implants
Oral Surgery
Prosthodontics (Dentures/Crowns)
Other Benefit Descriptions

Plan 1237 Core	
In-Network	Non-Network
\$1,000	\$1,000
\$50	\$50
\$150	\$150
100%	100%
50%	50%
50%	50%
Fee Schedule	MAC
Not Covered	
Category	Frequency
Major	1 in two years
Basic	1 in three years
Preventive	1 per lifetime
Preventive	1 per lifetime
Major	1 in seven years
Basic	Not Applicable
Major	1 in seven years

Plan 1238 Enhanced	
In-Network	Non-Network
\$1,500	\$1,500
\$50	\$50
\$150	\$150
100%	100%
80%	80%
50%	50%
Fee Schedule	MAC
Child Only	
50%	50%
\$1,000	
Category	Frequency
Major	1 in two years
Basic	1 in three years
Preventive	1 per lifetime
Preventive	1 per lifetime
Major	1 in seven years
Basic	Not Applicable
Major	1 in seven years

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

Enrolled	Current Rates	Renewal Rates
102	\$23.20	\$29.93
38	\$46.16	\$59.55
20	\$57.72	\$74.46
31	\$57.72	\$74.46
92	\$83.16	\$107.28
283	\$176,579.04	\$227,795.76
	\$353,158.08	\$455,591.52

Enrolled	Current Rates	Renewal Rates
85	\$34.70	\$44.76
40	\$68.98	\$88.98
19	\$86.24	\$111.25
48	\$86.24	\$111.25
90	\$124.18	\$160.19
	\$271,955.76	\$350,815.80
282	\$543,911.52	\$701,631.60

Group Official Plan/Rate Selections	Initial Here _____	Initial Here _____
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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 Discount](#)
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, 2026, through December 31, 2027

- 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 - The limiting age for dependent children is 26, except in the case of physical or intellectual disability.
- 5 - 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: _____