

Board of Crawford County Commissioners

Commissioners' Journal

2014, [SIXTY-SIXTH MEETING](#)

CRAWFORD COUNTY COURTHOUSE, COMMISSIONERS' BOARD ROOM
Girard, KS [Tuesday, September 16, 2014, 10:00 AM](#)

The Crawford County Board of Commissioners met pursuant to Kansas Statutes Annotated Chapter 19, Article 2, Section 18 in due and regular session with open doors.

Commissioner Bob Kmiec served as the presiding officer.

Commissioners Tom Moody and Carl Wood were in attendance.

County Clerk Don Pyle and County Counselor Jim Emerson were seated with the Board.

Chairman Kmiec led the pledge of allegiance.

UNDER THE HEADING BUSINESS FROM A PREVIOUS MEETING CONSENT AGENDA

On motion (14-232) of Commissioner Moody and the second of Commissioner Wood that the consent agenda be approved including:

1. Approval of the [September 12, 2014](#) minutes of the Board of Commissioners, and
2. Approval of the accounts payable and payroll warrant numbers **551551 to 551800 dated September 15, 2014 in the total amount of \$395,165.62.**

Yeas: Commissioners Moody, Kmiec and Wood

Nays:

Present but not voting:

Absent or not voting:

The motion prevailed and the consent agenda was approved.

SIGNING OF MOTIONS

The County Clerk presented the following motions for Commissioners' signatures:

Motion 14	225	That the consent agenda be approved including: Approval of the September 9, 2014 minutes
Motion 14	226	To adopt Resolution #2014-023, A Resolution amending or changing the zoning on property owned by Mike Adam from Agriculture to Rural Residential
Motion 14	227	To adopt Resolution #2014-024, A Resolution amending or changing the use of property owned by Mike Adam for a new development which will be known as "Adam Estates"
Motion 14	228	To adopt Resolution #2014-025, A Resolution amending or changing the zoning on property owned by Todd Trowbridge from Agriculture to Rural Residential

Board of Crawford County Commissioners

Motion 14	229	To adopt Resolution #2014-026, A Resolution amending or changing the use of property owned by Todd Trowbridge for a new development which will be known as "Trowbridge Estates"
Motion 14	230	To approve the August 2014 Clerk's Report.
Motion 14	231	To recess this open session and go into a closed executive session for a period of not more than 5 minutes to discuss matters involving Attorney-Client Privilege and to include the Board of County Commissioners and County Counselor Jim Emerson

UNDER THE HEADING NEW BUSINESS

NEW BUSINESS FOR CRAWFORD COUNTY BOARD OF HEALTH PUBLIC HEARINGS AND OPENING OF ANNOUNCED BIDS MESSAGES FROM THE PUBLIC

Item One: Mr. Bill Scholes regarding the burn permit issued for his property on 250th just south of Centennial. Mr. Scholes wanted the Commissioners to review his burn permit and he stated that he does not feel that his permit should have been revoked since he has not taken any payment for allowing individuals to dump brush at this site. There was a discussion between Mr. Scholes, the Commissioners and County Counselor Jim Emerson that focused on whether or not this classifies as a commercial site since Mr. Scholes does not take any money from the people that take brush there. It was also discussed that since this land had been transferred to his children would the burn permit be valid under new ownership. Commissioner Moody was answered by Ms. Judy Freeman that Mr. Scholes needs to apply to have this property rezoned and then he can reapply for a burn permit for this property. There was also a discussion of some of the truck traffic on the roads and bridges in this area. Ms. Judy Freeman, Zoning Administrator, stated that she and County Counselor Jim Emerson were waiting on a phone call from Mr. Doug Cole with the KDHE District Office in Chanute to clarify the rules on this burn permit. The Commissioners stated that they would wait to hear the response from KDHE to answer some of these questions.

Board of Crawford County Commissioners

Don Pyle

From: Judy Freeman [jfreeman@ckt.net]
Sent: Tuesday, September 16, 2014 7:43 AM
To: 'Don Pyle'; 'Bill Towery'
Cc: Emerson; Tom Moody; 'Carl Wood'
Subject: RE: Bill Scholes

Importance: Low

In response,

We have been advised that Mr. Scholes had a personal burn permit from KDHE. However, Mr. Scholes was accepting trees/wood, etc and burning for other local vendors which was against KDHE permits.

Ms. Vicki O'Brien at KDHE in Chanute, KS was my contact.

After a discussion with her, letters from the state were sent to Mr. Scholes. Advising him that part of the permitting process with the state is to be zoned correctly, if he was to accept outside trees, etc to burn at his site.

I will get with the Commissioners this day. And I shall furnish a copy of the KDHE letter I received.

Mr. Scholes will need a Conditional Use to utilize the property which is located on 250th street. (Section 35, Township 30 South, Range 25 East.

Thank you,

Judith Freeman

Judith Freeman

Zoning & Floodplain Administrator

Crawford County, KS

111 E. Forest, Ste M

Girard, KS 66743

620-724-6168

620-724-7178 (fax)

620-249-8493 (cell)

jfreeman@ckt.net

www.crawfordcountykansas.org (web site)

From: Don Pyle [mailto:countyclerk@ckt.net]
Sent: Monday, September 15, 2014 12:47 PM
To: 'Judy Freeman'; 'Bill Towery'
Cc: jime@ckt.net
Subject: Bill Scholes

Hello to you all,

Mr. Bill Scholes came to the commission meeting on Friday to inquire about his permit for burning brush that has been revoked. The commissioners would like for you to review the status of this permit and any steps that need to be taken on this issue. Mr. Scholes phone number is 620-231-9028 if you need to speak with him. I don't know if he needs to come back to another commission meeting or if you can discuss this issue with him and resolve it. Please let me know if there is anything further that I need to do in this case or if he needs to be added to the agenda for an upcoming meeting. Thanks.

Don

Don Pyle
Crawford County Clerk
620-724-6115 Fax 620-724-6007
email: countyclerk@ckt.net

Board of Crawford County Commissioners

Southeastern District Office
1500 West Seventh Street
Chanute, KS 66720



Phone: 620-431-2390
Fax: 620-431-1211
www.kdheks.gov

Robert Moore, MD, Secretary

Department of Health & Environment

Sam Brownback, Governor

August 14, 2014

Approval No: 03-13-037103A

Mr. Bill Scholes
Bill's Tree Service
253 S. 230th Street
Pittsburg, KS 66762

RE: Notice of Revocation
Bill's Tree Service Open Burn Site; Approval No. 03-13-037103A
250th Street, Pittsburg, Crawford County, KS

Dear Mr. Scholes:

I have been notified by Crawford County Zoning that the area in which your open burn site is located is not zoned to operate a commercial open burn facility and that you have not obtained from Crawford County a Conditional Use Permit.

Per Kansas Administrative Regulation (K.A.R.) 28-19-647(e)(9), and Condition 5 of your Open Burn Exemption Approval, the Department may revoke any approval upon thirty (30) days notice. Therefore, Open Burn Approval 03-13-037103A for Bill's Tree Service is hereby revoked effective September 17, 2014. The Department will notify you if any additional requirements are necessary.

Please be advised that you may re-apply for an open burn exemption approval if the local regulations are satisfied.

Your cooperation with the air quality program is appreciated. If you have any questions regarding this matter please contact me at 620/431-2390, e-mail decole@kdheks.gov.

Sincerely,


Douglas M. Cole
Environmental Scientist
Bureau of Environmental Field Services

cc: Russ Brichacek, BOA, Topeka
SEDO File
Judith Freeman, Crawford County Zoning and Floodplain Administrator
Jim Emerson, Crawford County Counselor

Board of Crawford County Commissioners

Southeast District Office
1500 West Seventh Street
Chanute, KS 66720



Phone: 620-431-2360
Fax: 620-431-1211
www.kdheks.gov

Robert Moser, MD, Secretary

Department of Health & Environment

Sam Brownback, Governor

January 13, 2014

Approval No: 03-13-037103A
Expiration Date: December 31, 2014

Mr. Bill Scholes
13 S. 230th Street
Pittsburg, KS 66762

RE: Open Burn Exemption Approval

Dear Mr. Scholes:

I am writing to acknowledge receipt of your request for an exemption to Kansas Administrative Regulation (K.A.R.) 28-19-645, *Open Burning Prohibited*, for the open burning of trees/brush located in the SW/4 Section 35, Township 30 South, Range 25 East, Crawford County, Kansas.

1. This approval is issued to Bill Scholes for the open burning of **tree and brush waste only** at the specified location. No other materials may be disposed at this site by burning or other means without written permission from the Department.
2. All open burning activities shall be subject to the conditions stated in K.A.R. 28-19-647(e) and Department policies, copies of which are enclosed.
3. Prior to burning, each scheduled burn shall be reported to the appropriate representative of the local fire authority and shall follow all recommendations and requirements of that department.
4. **This approval expires December 31, 2014.** Any burning activity subject to the Kansas Open burning Regulations conducted after this expiration date will require written approval from the Department.
5. Pursuant to K.A.R. 28-19-647(e)(9), the Department may revoke any open burn approval with thirty (30) days notice.
6. If at any time the local fire authority rescinds approval of this open burn activity, this KDHE Open Burn Approval shall also be rescinded.

MESSAGES FROM APPOINTED OFFICIALS

Item One: Mr. Tom Ragonese with presentation from Benefits Committee regarding Health and Dental Insurance Coverage for 2015. Mr. Ragonese discussed that the committee had gotten some additional quotes on dental insurance since the cost of it is going to increase. Mr. Ragonese stated that the additional quotes were not any better than the estimated rates from Blue Cross and that the committee did not see any benefit to employees by changing coverage. Mr. Ragonese discussed that the committee had asked

Board of Crawford County Commissioners

for quotes for a richer dental program but the insurance carriers did not have a dental plan with a higher annual limit but they did have some plans that allowed for a larger insurance payment for some claims but the annual limit was the same as the current plan. There was also a discussion of the health insurance plan and that Blue Cross has estimated that the total claims and expense for the health and dental insurance would increase next year by about 3.85% overall. It was discussed that this was an increase of about \$112,000 but that it was a pretty small increase compared to some other groups. The Commissioners all agreed that the best option was for the county to remain with the same plans for both health and dental insurance for 2015.

Group Name: Crawford County Employees		Current vs. Renewal Comparison				Dental Plans			
Group #: 06901		Early Final				Health & Rx - Option 1: 75 Stop - 24 \$/Ch - 60 \$/Pr - 11 \$/Dgn			
MPN: 06213						Health & Rx - Option 2: 75 Stop - 24 \$/Ch - 60 \$/Pr - 8 \$/Dgn			
Current Benefit Summary - See Summary of Choices						Health & Rx - Option 3: 4 Prev - 2 \$/Ch - 1 \$/Pr - 8 \$/Dgn			
						Dental - Option 1: 60 Stop - 20 \$/Ch - 71 \$/Pr - 34 \$/Dgn			
						Dental - Option 2: 7 Stop - 8 \$/Ch - 8 \$/Pr - 8 \$/Dgn			
						Dental - Option 3: 35 Stop - 4 \$/Ch - 13 \$/Pr - 1 \$/Dgn			
Expected Claims		INCURRED BASIS				INCURRED BASIS			
		Current (11/2014 - 10/31/2014)				Proposed (11/2014 - 10/31/2015)			
	Option 2	Emp	\$/Ch	\$/Pr	\$/Dgn	Emp	\$/Ch	\$/Pr	\$/Dgn
	Health and OVD	255.87	327.39	555.13	821.34	254.76	322.04	541.78	823.08
	Dental	-21.27	50.22	45.73	74.50	-20.01	49.02	44.22	102.65
	Drugs	112.87	228.20	242.89	398.11	116.73	237.08	251.88	371.96
	Total	\$347.47	\$605.81	\$643.75	\$1,294.05	\$341.48	\$591.12	\$638.88	\$1,303.70
					3.85%				
	Option 3	Emp	\$/Ch	\$/Pr	\$/Dgn	Emp	\$/Ch	\$/Pr	\$/Dgn
	Health and OVD	243.54	304.36	527.25	752.52	244.59	312.11	524.88	754.91
	Dental	-21.27	50.22	45.73	74.50	-20.01	49.02	44.22	102.65
	Drugs	112.87	228.20	242.89	398.11	116.73	237.08	251.88	371.96
	Total	\$335.14	\$612.78	\$815.87	\$1,225.13	\$341.31	\$611.19	\$821.98	\$1,229.52
					3.85%				
	Option 1	Emp	\$/Ch	\$/Pr	\$/Dgn	Emp	\$/Ch	\$/Pr	\$/Dgn
	Health and OVD	227.72	416.80	484.74	731.78	231.88	484.16	486.82	739.05
	Dental	-21.27	50.22	45.73	74.50	-20.01	49.02	44.22	102.65
	Drugs	112.87	228.20	242.89	398.11	116.73	237.08	251.88	371.96
	Total	\$319.32	\$695.22	\$773.36	\$1,504.39	\$328.60	\$770.26	\$812.92	\$1,513.66
					3.85%				
Annualized Expected Claims		\$2,927,720.16				\$3,006,204.79			
Claims Administration Expenses		3.85%				3.85%			
General Operating Expenses		\$7.87	\$16.27	\$17.32	\$24.88	\$7.87	\$16.27	\$17.32	\$24.88
Net Loss - 90% @ \$100,000, All @ 100%		\$27.24	\$119.04	\$124.16	\$195.22	\$27.41	\$119.99	\$124.19	\$195.47
Total Billed Costs		\$55.71	\$134.21	\$141.47	\$220.10	\$55.28	\$134.00	\$141.51	\$220.12
Total cost @ 100% expected level - Option 1		\$470.04	\$970.73	\$1,012.80	\$1,512.10	\$467.41	\$970.88	\$1,012.82	\$1,512.20
Total cost @ 100% expected level - Option 2		\$466.32	\$966.82	\$1,002.58	\$1,474.00	\$463.00	\$959.04	\$994.00	\$1,487.23
Percent of Increase @ 100% expected level - Option 1		\$441.71	\$912.27	\$944.73	\$1,418.13	3.66%	0.69%	3.66%	4.41%
Percent of Increase @ 100% expected level - Option 2						3.66%	0.17%	3.66%	4.74%
Percent of Increase @ 100% expected level - Option 3						4.08%	0.39%	4.07%	4.30%

Board of Crawford County Commissioners

ASO - Summary of Charges

Group Name: **Crawford County Employees** **Early Final** Group #: 98361
MPN: 98213
 Effective Period: **1/1/2015 - 12/31/2015** **** Option 1 **** **** Current Benefits ****

1. Benefit Summary Blue Choice; CMM @ \$500/\$1,000 Deductible (\$2,000/\$4,000 Coins. @ 50/50); Unlimited Lifetime Maximum; \$25 Office Visit Copay; \$1000 Supplemental Accident Max; \$300 X-ray & Lab Max; Dependents to 26; PDN; Physical Medicine; OB Benefit Available to All Females; BlueRx Card (multi-tier) Retail @ \$15 generic / \$30 brand formulary / \$45 brand non-formulary, Mail Order @ 2.5x Retail, with oral contraceptives; Mental Health Parity Included; Comp Dental (\$25/75, then 100/90/50%) to \$1,500 Max. \$1500 Lifetime Ortho Max (No waiting period on any dental services if enrolling at 1st opportunity; otherwise standard waiting periods apply)

2. Monthly Expected Claims – Incurred Basis	Emp	E/Ch	E/So	E/Deos
A) Health and Office Visit Copay	254.78	535.04	547.78	828.04
B) Dental	30.01	69.02	64.22	102.63
C) Drugs	<u>116.78</u>	<u>237.06</u>	<u>251.08</u>	<u>371.36</u>
	<u>\$401.57</u>	<u>\$841.12</u>	<u>\$863.08</u>	<u>\$1,302.03</u>

2A. Annualized Expected Claims* *Total of all options* \$3,098,201.76

2B. Aggregate Attachment Point @ 120%* *Total of all options* \$3,845,842.11
* Initial Aggregate Attachment Point will be based on first month's enrollment

3. Monthly Billed Charges

A) General Operating Expense	7.97	15.37	17.32	24.65
B) Aggregate Stop-Loss @ 120%	4.90	10.25	10.54	15.88
C) Individual Stop-Loss @ \$100,000	<u>57.51</u>	<u>120.44</u>	<u>123.65</u>	<u>186.59</u>
	<u>\$70.38</u>	<u>\$146.06</u>	<u>\$151.51</u>	<u>\$227.12</u>

3A. Annualized Billed Charges* *Total of all options* \$531,422.52

4. Weekly Charge for Claims Processing 3.85%

5. Total Monthly Liability at Expected \$487.42 \$1,019.57 \$1,047.82 \$1,579.28
5A. Annualized Liability at Expected* *Total of all options* \$3,666,595.05

6. Total Monthly Liability at 120% \$570.82 \$1,194.26 \$1,227.08 \$1,849.71
6A. Annual Liability at 120% * *Total of all options* \$4,317,629.55

*Based On Contract Counts of
 Health & Rx - Option 1: 74 Emp - 24 E/Ch - 65 E/So - 91 E/Deos
 Health & Rx - Option 2: 7 Emp - 3 E/Ch - 5 E/So - 6 E/Deos
 Health & Rx - Option 3: 4 Emp - 2 E/Ch - 1 E/So - 5 E/Deos
 Dental - Option 1: 62 Emp - 25 E/Ch - 71 E/So - 94 E/Deos
 Dental - Option 2: 7 Emp - 3 E/Ch - 5 E/So - 6 E/Deos
 Dental - Option 3: 18 Emp - 1 E/Ch - 12 E/So - 7 E/Deos

*** HCR GRANDFATHERED GROUP: YES ***
 *** MEETS MINIMUM VALUE: Y ***

Signed by: _____ Date Signed: _____

**BlueCross
 BlueShield
 of Kansas**

Classified: Corporate
An Independent Licensee of the
 Blue Cross and Blue Shield
 Association

Actuarial Research
 06/30/2014

Board of Crawford County Commissioners

ASO - Summary of Charges

Group Name: Crawford County Employees

Early Final

Group #: 96361
MPN: 96213

Effective Period: 1/1/2015 - 12/31/2015

** Option 2 **

** Current Benefits **

1. Benefit Summary Blue Choices: CMM @ \$1,000/\$2,000 Deductible (\$2,000/\$4,000 Coins. @ 50/50); Unlimited Lifetime Maximum; \$25 Office Visit Copay; \$1000 Supplemental Accident Max; \$300 X-ray & Lab Max; Dependents to 28; PDN; Physical Medicine; OB Benefit Available to All Females; BlueRx Card (multi-tier) Retail @ \$15 generic / \$30 brand formulary / \$45 brand non-formulary, Mail Order @ 2.5x Retail, with oral contraceptives; Mental Health Parity Included; Comp Dental (\$25/75, then 100/80/50%) to \$1,500 Max. \$1500 Lifetime Ortho Max (No waiting period on any dental services if enrolling at 1st opportunity; otherwise standard waiting periods apply)

2. Monthly Expected Claims – Incurred Basis	Emp	E/Ch	E/Sp	E/Depts
A) Health and Office Visit Coov	244.59	512.11	524.65	794.91
B) Dental	30.01	69.02	64.22	102.63
C) Drugs	<u>116.78</u>	<u>237.06</u>	<u>251.08</u>	<u>371.38</u>
	<u>\$391.38</u>	<u>\$818.19</u>	<u>\$840.15</u>	<u>\$1,268.90</u>

2A. Annualized Expected Claims* *Total of all options* \$3,038,201.76

2B. Aggregate Attachment Point @ 120%* *Total of all options* \$3,645,842.11
* Initial Aggregate Attachment Point will be based on first month's enrollment

3. Monthly Billed Charges	Emp	E/Ch	E/Sp	E/Depts
A) General Operating Expense	7.97	15.37	17.32	24.65
B) Aggregate Stop-Loss @ 120%	4.90	10.25	10.54	15.88
C) Individual Stop-Loss @ \$100,000	<u>57.51</u>	<u>120.44</u>	<u>123.65</u>	<u>186.56</u>
	<u>\$70.38</u>	<u>\$146.06</u>	<u>\$151.51</u>	<u>\$227.12</u>

3A. Annualized Billed Charges* *Total of all options* \$531,422.52

4. Weekly Charge for Claims Processing 3.85%

5. Total Monthly Liability at Expected \$478.84 \$995.76 \$1,024.01 \$1,544.87

5A. Annualized Liability at Expected* *Total of all options* \$3,698,595.05

6. Total Monthly Liability at 120% \$558.12 \$1,165.69 \$1,198.50 \$1,808.42

6A. Annual Liability at 120% * *Total of all options* \$4,317,629.55

*Based On Contract Counts of
Health & Rx - Option 1: 74 Emp - 24 E/Ch - 65 E/Sp - 91 E/Depts
Health & Rx - Option 2: 7 Emp - 3 E/Ch - 5 E/Sp - 6 E/Depts
Health & Rx - Option 3: 4 Emp - 2 E/Ch - 1 E/Sp - 5 E/Depts
Dental - Option 1: 62 Emp - 25 E/Ch - 71 E/Sp - 94 E/Depts
Dental - Option 2: 7 Emp - 3 E/Ch - 5 E/Sp - 6 E/Depts
Dental - Option 3: 18 Emp - 1 E/Ch - 12 E/Sp - 7 E/Depts

*** HCR GRANDFATHERED GROUP: YES ***
*** MEETS MINIMUM VALUE: Y ***

Signed by: _____ Date Signed: _____

**BlueCross
BlueShield
of Kansas**

Classified: Corporate
An Independent Licensee of the
Blue Cross and Blue Shield
Association

Actuarial Research
06/30/2014

Board of Crawford County Commissioners

ASO - Summary of Charges

Group Name: **Crawford County Employees** **Early Final** Group #: 96361
MPN: 96213
 Effective Period: **1/1/2015 - 12/31/2015** **** Option 3 **** **** Current Benefits ****

1. Benefit Summary Blue Choice; CMM @ \$2,000/\$4,000 Deductible (\$2,000/\$4,000 Coins. @ 50/50); Unlimited Lifetime Maximum; \$25 Office Visit Copay; \$1000 Supplemental Accident Max; \$300 X-ray & Lab Max; Dependents to 26; PDN; Physical Medicine; OB Benefit Available to All Females; BlueRx Card (multi-tier) Retail @ \$15 generic / \$30 brand formulary / \$45 brand non-formulary, Mail Order @ 2.5x Retail, with oral contraceptives; Mental Health Parity Included; Comp Dental (\$25/75, then 100/80/50%) to \$1,500 Max. \$1500 Lifetime Ortho Max (No waiting period on any dental services if enrolling at 1st opportunity; otherwise standard waiting periods apply)

2. Monthly Expected Claims – Incurred Basis	Emp	E/Ch	E/Sp	E/Deps
A) Health and Office Visit Copay	231.85	484.08	496.82	749.05
B) Dental	30.01	69.02	64.22	102.63
C) Drugs	<u>116.78</u>	<u>237.01</u>	<u>251.08</u>	<u>371.36</u>
	<u>\$378.64</u>	<u>\$790.16</u>	<u>\$812.12</u>	<u>\$1,223.04</u>

2A. Annualized Expected Claims* *Total of all options* \$3,038,201.76

2B. Aggregate Attachment Point @ 120%* *Total of all options* \$3,845,842.11
** Initial Aggregate Attachment Point will be based on first month's enrollment*

3. Monthly Billed Charges	Emp	E/Ch	E/Sp	E/Deps
A) General Operating Expense	7.97	15.37	17.32	24.65
B) Aggregate Stop-Loss @ 120%	4.90	10.25	10.54	15.88
C) Individual Stop-Loss @ \$100,000	<u>57.51</u>	<u>120.44</u>	<u>123.65</u>	<u>186.59</u>
	<u>\$70.38</u>	<u>\$146.06</u>	<u>\$151.51</u>	<u>\$227.12</u>

3A. Annualized Billed Charges* *Total of all options* \$531,422.52

4. Weekly Charge for Claims Processing 3.85%

5. Total Monthly Liability at Expected \$463.61 \$986.65 \$994.90 \$1,497.25
 5A. Annualized Liability at Expected* *Total of all options* \$3,685,595.05

6. Total Monthly Liability at 120% \$542.24 \$1,130.76 \$1,163.57 \$1,751.27
 6A. Annual Liability at 120% * *Total of all options* \$4,317,629.55

*Based On Contract Counts of
 Health & Rx - Option 1: 74 Emp - 24 E/Ch - 65 E/Sp - 91 E/Deps
 Health & Rx - Option 2: 7 Emp - 3 E/Ch - 5 E/Sp - 6 E/Deps
 Health & Rx - Option 3: 4 Emp - 2 E/Ch - 1 E/Sp - 5 E/Deps
 Dental - Option 1: 62 Emp - 25 E/Ch - 71 E/Sp - 94 E/Deps
 Dental - Option 2: 7 Emp - 3 E/Ch - 5 E/Sp - 6 E/Deps
 Dental - Option 3: 18 Emp - 1 E/Ch - 12 E/Sp - 7 E/Deps

*** HCR GRANDFATHERED GROUP: YES ***
 *** MEETS MINIMUM VALUE: Y ***

Signed by: _____ Date Signed: _____

**BlueCross
BlueShield
of Kansas**

Classified: Corporate
 An Independent Licensee of the
Blue Cross and Blue Shield
Association

Actuarial Research
08/30/2014

Board of Crawford County Commissioners

DT020
91739
589



CRAWFORD COUNTY EMPLOYEES Dental Care Program

Effective Jan 01, 2015

This Dental Care Program offers complete coverage for preventive services, along with additional coverage for primary and major dental services. Employees and each eligible dependent will receive benefits for all covered services each anniversary year; \$1500 yearly max.

Covered Services	
PRIMARY 100% payment	Inlays Fillings (except gold) Repair of dentures Simple extractions Oral examinations Fluoride (under age of 21) Periapical and bitewing x-rays Emergency treatment for pain Prophylaxis, including cleaning, scaling and polishing General anesthesia when the dental treatment is covered Endodontics, including pulpotomy, pulp capping and root canal treatment Sealants (one application every four years for each eligible individual age 5 - 17 for permanent first and second molars)
SUPPLEMENTAL PRIMARY 80% payment	Oral surgery Space maintainers Onlays (not part of a bridge) subject to 240-day waiting period Crowns (not part of a bridge) subject to 240-day waiting period
PROSTHODONTICS 80% payment	Bridges -- subject to 240-day waiting period Full or partial dentures -- subject to 240-day waiting period Dental implant services (\$1,000 lifetime max per insured, per arch) -- subject to 240-day waiting period
PERIODONTICS 100% payment	Surgery of the bony structure supporting the teeth Periodontic treatment of the gum, consisting of examination, management and surgery
ORTHODONTIC RIDER 100% payment subject to maximums 18 month maximum** of \$150 Yearly maximum** of \$750 and a 3-yr max of \$1,500 \$150 maximum** not to exceed one such payment in any 5-yr period	<i>same</i> Retention treatment Active treatment, including necessary appliances Diagnosis including study models and facial photographs
Benefits are not provided for denture or bridge replacement within five years after receiving dentures or bridges under this program. Benefits are limited to standard procedures for prosthodontic services.	
Orthodontic coverage available to covered dependent children up to age 21.	
** If orthodontic treatment begins before the effective date of this rider, the months of previous treatment will be deducted from the maximum number of months available under this program. Note: Any charges for the replacement and/or repair of any appliance previously furnished under this plan shall not be covered by Blue Cross and Blue Shield of Kansas.	

Board of Crawford County Commissioners

Benefit Summary for Crawford County Employees Comprehensive Dental Care Program January 1, 2014 – December 31, 2014

This Dental Care Program offers complete coverage for preventive services, along with additional coverage for primary and major dental services. Employees and each eligible dependent will receive a maximum of \$1,500 in benefits for all covered services each anniversary year.

Covered Services		
Preventive <ul style="list-style-type: none"> • Oral examinations • Dental imaging required to treat or diagnose diseases or abnormalities of the teeth, surrounding tissue, and cavity detection • Fluoride (under age of 21) 	<ul style="list-style-type: none"> • Prophylaxis, including cleaning, scaling and polishing • Sealants (one application every four years for each eligible individual age 5-17 for permanent first and second molars) • Space maintainers 	<p style="text-align: center;">No deductible – 100% payment</p>
Primary <ul style="list-style-type: none"> • Emergency treatment for pain • Fillings (except gold) • Inlays • Simple extractions • Endodontics, including pulpotomy, pulp capping and root canal treatment • General anesthesia when the dental treatment is covered 	<ul style="list-style-type: none"> • Repair of dentures • Periodontics, non-surgical • Non-surgical care of acute oral infection and oral lesions • Oral surgery, consisting of diagnosis and treatment of fractures, dislocations, cysts, and abscesses; and surgical extractions (including impacted teeth) 	<p style="text-align: center;">Primary and Major Dental benefits have a combined deductible maximum of \$25/individual, \$75/family. 80% payment</p>
Major <ul style="list-style-type: none"> • Periodontal surgery • Surgery of the bony structure supporting the teeth 	<p style="text-align: center;">Subject to a 240-day waiting period if employee and/or dependents do not enroll at their first opportunity:</p> <ul style="list-style-type: none"> • Onlays (not part of a bridge)* • Crowns (not part of a bridge)* • Dentures, full or partial* • Bridges* • Dental implant services (\$1,000 lifetime max per insured, per arch)* 	<p style="text-align: center;">Primary and Major Dental benefits have a combined deductible maximum of \$25/individual, \$75/family. 50% payment</p>
<p style="text-align: center;">Benefits are not provided for denture or bridge replacement within five years after receiving dentures or bridges under this program. Benefits are limited to standard procedures for prosthodontic services.</p> <p style="text-align: center;">*Credit will be given for the whole or partial satisfaction of the waiting periods to persons covered on the prior carrier's billing immediately preceding the effective date of the new policy.</p>		
Orthodontic Rider <ul style="list-style-type: none"> • Diagnosis including study models and facial photographs • Active treatment, including necessary appliances • Retention treatment 	<p style="text-align: center;">100% payment subject to maximums: \$150 maximum** not to exceed one such payment in any 5-year period Yearly maximum** of \$750 and a 3-year maximum of \$1,500 18 month maximum** of \$150</p>	
<p style="text-align: center;">Orthodontic coverage available to covered members up to age 21.</p> <p style="text-align: center;">** If orthodontic treatment begins before the effective date of this rider, the months of previous treatment will be deducted from the maximum number of months available under this program.</p> <p style="text-align: center;">Note: Any charges for the replacement and/or repair of any appliance previously furnished under this plan shall not be covered by Blue Cross and Blue Shield of Kansas.</p>		

MC284a 11/11

Board of Crawford County Commissioners



Delta Dental of Kansas is pleased to present the following
dental benefits proposal to:

CRAWFORD COUNTY

Presented by:

Bukaty Companies
August 2014

DELTA DENTAL OF KANSAS
MISSION STATEMENT

Excellence. Services. Value.
Making the difference for our constituents, communities and employees.

Board of Crawford County Commissioners



Summary of Proposed Dental Plan Benefits

CRAWFORD COUNTY

Effective for January 1, 2015

	Benefit % Paid				
	PPD	Partic	Non-participating		
Maximum Contract Benefit Per Person:	100%	100%	100%		
The Maximum Benefit for All Covered Services for each Enrollee in any one Calendar Year is: Seven Hundred and Fifty Dollars (\$750.00).					
	100%	100%	100%	DIAGNOSTIC & PREVENTIVE (Not subject to deductible)	
				Diagnostic:	Includes the following procedures necessary to evaluate existing dental conditions and the dental care required: <ul style="list-style-type: none"> • Oral examinations - once each six (6) months. • Diagnostic x-rays - bitewings once each six (6) months for dependents under age eighteen (18) and once each twelve (12) months for adults age eighteen (18) and over. • Full mouth x-rays or panoramic x-rays - once each five (5) years.
				Preventive:	Provides for the following: <ul style="list-style-type: none"> • Prophylaxis (Cleanings) - once each six (6) months. • Topical Fluoride - once each six (6) months for dependent children under age nineteen (19). • Space Maintainers - for dependent children under age fourteen (14) and only for premature loss of primary molars. • Sealants - once (1) per lifetime for dependent children under age sixteen (16) when applied only to permanent molars with no caries (decay) or restorations on the occlusal surface and with the occlusal surface intact.
				BASIC (Subject to deductible)	
Deductible Limitations: Coverage for diagnostic and preventive services is not subject to any deductible amount. For all other covered benefits, the Calendar Year deductible is:	50%	50%	50%	Ancillary:	Provides for one (1) emergency examination per plan year by the Dentist for the relief of pain.
\$50 x 3	50%	50%	50%	Oral Surgery:	Provides for extractions and other oral surgery including pre and post-operative care.
	50%	50%	50%	Regular Restorative:	Provides amalgam (silver) restorations; composite (white) resin restorations on all teeth; and stainless steel crowns for dependents under age twelve (12).
	50%	50%	50%	Endodontics:	Includes procedures for root canal treatments and root canal fillings.
Dependent Ages: Dependents are covered to age twenty-six (26).	50%	50%	50%	Periodontics:	a. Includes procedures for the treatment of diseases of the tissues supporting the teeth. Periodontal maintenance, including evaluation, is counted towards the limitation for prophylaxis. b. Surgical periodontal procedures.
Monthly Rates:				MAJOR (Subject to deductible)	
Employee: \$18.39	0%	0%	0%	Special Restorative:	When teeth cannot be restored with a filling material listed in Regular Restorative Dentistry, provides for individual crowns.
Employee + Spouse: \$36.25				Prosthodontics:	Includes bridges, partial and complete dentures, including repairs and adjustments.
Employee + Child(ren): \$37.47				ORTHODONTICS (Subject to deductible)	
Family: \$62.87	0%	0%	0%	Orthodontics:	Orthodontic appliances and treatment.
Participation/Contribution: +90% of eligible employees +90% employer contribution	0%	0%	0%		

This is a summary of benefits only and does not bind Delta Dental of Kansas to any coverage. Please refer to the Description of Dental Care Coverage for complete coverage information, including exclusions and limitations. Coverage as described in the employer group's Agreement to Provide Dental Benefits (contract) is binding on all parties and supersedes all other written or oral communications.

DD11-006 (R/18/2012)

8/12/2014 gh

Board of Crawford County Commissioners



Summary of Proposed Dental Plan Benefits

CRAWFORD COUNTY

Effective for January 1, 2015

	Benefit % Paid				
	PPO	Premier	Non-participating		
Maximum Contract Benefit Per Person: The Maximum Benefit for all Covered Services for each Enrollee in any one Calendar Year is: One Thousand Five Hundred Dollars (\$1,500.00). The Maximum Benefit for Orthodontic Services for each Enrollee is: One Thousand Five Hundred Dollars (\$1,500.00) during such person's lifetime. Payment for the Orthodontic Services shall not be included in determining the Maximum Benefit for each Calendar Year.	100%	100%	100%	DIAGNOSTIC & PREVENTATIVE (Not subject to deductible)	Diagnostic: Includes the following procedures necessary to evaluate existing dental conditions and the dental care required: <ul style="list-style-type: none"> • Oral examinations – once each six (6) months. • Diagnostic x-rays – bitewings once each six (6) months for dependents under age eighteen (18) and once each twelve (12) months for adults age eighteen (18) and over. • Full mouth x-rays or panoramic x-rays – once each five (5) years.
	The Maximum Benefit for Orthodontic Services for each Enrollee is: One Thousand Five Hundred Dollars (\$1,500.00) during such person's lifetime. Payment for the Orthodontic Services shall not be included in determining the Maximum Benefit for each Calendar Year.	100%	100%	100%	Preventive: Provides for the following: <ul style="list-style-type: none"> • Prophylaxis (Cleanings) - once each six (6) months. • Topical Fluoride – once each six (6) months for dependent children under age nineteen (19). • Space Maintainers – for dependent children under age fourteen (14) and only for premature loss of primary molars. • Sealants – once (1) per lifetime for dependent children under age sixteen (16) when applied only to permanent molars with no caries (decay) or restorations on the occlusal surface and with the occlusal surface intact.
Deductible Limitations: Coverage for diagnostic and preventive services is not subject to any deductible amount. For all other covered benefits, the Calendar Year deductible is:	90%	80%	80%	BASIC (Subject to deductible)	Ancillary: Provides for one (1) emergency examination per plan year by the Dentist for the relief of pain.
	\$25 x 3	90%	80%	80%	Oral Surgery: Provides for extractions and other oral surgery including pre and post-operative care.
Dependent Ages: Dependents are covered to age 26.	90%	80%	80%	Regular Restorative: Provides amalgam (silver) restorations; composite (white) resin restorations on all teeth; and stainless steel crowns for dependents under age twelve (12).	Endodontics: Includes procedures for root canal treatments and root canal fillings.
	Monthly Rates: Employee: \$27.85 Employee + Spouse: \$55.70 Employee + Child(ren): \$62.25 Family: \$103.20 Rollover Maximum: Any covered member, who has incurred at least one paid claim during the benefit year, will be eligible to roll-over 25% of the remaining (or unused) annual maximum dollars.	90%	80%	80%	Periodontics: <ol style="list-style-type: none"> Includes procedures for the treatment of diseases of the tissues supporting the teeth. Periodontal maintenance, including evaluation, is counted towards the limitation for prophylaxis. Surgical periodontal procedures.
Participation/Contribution: 80% of eligible employees 90% employer contribution	60%	50%	50%	MAJOR (Subject to deductible)	Special Restorative: When teeth cannot be restored with a filling material listed in Regular Restorative Dentistry, provides for individual crowns.
		60%	50%	50%	Prosthodontics: Includes bridges, partial and complete dentures, including repairs and adjustments.
	50%	50%	50%	ORTHODONTICS (Subject to deductible)	Orthodontics: Includes orthodontic appliances and treatment, interceptive and corrective, for dependent children under age nineteen (19) who have fulfilled a waiting period of twelve (12) months continuous orthodontic coverage. There is no waiting period if the Employer had orthodontic coverage under an immediate previous carrier.

This is a summary of benefits only and does not bind Delta Dental of Kansas to any coverage. Please refer to the Descriptions of Dental Care Coverage for complete coverage information, including exclusions and limitations. Coverage as described in the employer group's Agreement to Provide Dental Benefits (contract) is binding on all parties and supersedes all other written or oral communications.

DD11-013 (3/18/2012)

8/1/2014 Doc

Board of Crawford County Commissioners



CRAWFORD COUNTY Underwriting Guidelines

1. For a group to qualify for coverage there must be an employer/employee relationship.
2. 90% of all eligible members must be enrolled for coverage. An eligible employee is a full time employee of a covered or proposed group. All full time employees (30 hours a week or more) of the group are considered eligible for coverage and counted when calculating participation percentages. Those members not subscribing to coverage must complete the waiver section of the Enrollment / Change form.
3. Those subscribers eligible for family coverage but not subscribing to family coverage must complete the waiver section of the Enrollment / Change form.
4. Those subscribers eligible for family coverage who initially enroll for single coverage cannot change to family coverage without the occurrence of a life changing event and then only within 30 days of such event - except for the annual enrollment period at the anniversary date of the contract.
5. If, after initial enrollment, a member changes from family to single coverage without a change in marital status, re-enrollment for family coverage will be permitted only at the option of Delta Dental.
6. The employer must make a contribution to the dental premium on behalf of each covered employee that is 90% of the total employee premium.
7. The rates quoted assume each employee that becomes an eligible employee after the initial contract period will be eligible for benefits after the first day of the first calendar month following the completion of the new hire waiting period.
8. These rates are quoted for an effective date of January 1, 2015.

The rates in this proposal are based on the census data provided. Any appreciable change in this data at enrollment may necessitate a revision in the rates.

Board of Crawford County Commissioners



Crawford County
Proposed Effective Date: January 1, 2015

Prepared By: Andrew Hampton
Kansas Association of Counties
Employee Benefits Trust (EBT)

CURRENT DENTAL PLAN			
	BCBS KS		
	Dental Care Program PPO	BUY-UP PLAN Premier	BASE PLAN Premier
Plan Type			
Network			
Costs			
Employee	\$25	\$25	\$50
Family	\$75	\$75	\$150
Spouse and dependents	B & C / B & C	B & C / B & C	B & C / B & C
Coverage			
In Network	100%	PPO / Premier / Out-Network 100% / 100% / 100% of R&C	PPO / Premier / Out-Network 100% / 100% / 100% of R&C
Out of Network	80%	*90% / 80% / 80% of R&C	*50% / 50% / 50% of R&C
Major	50%*	60% / 50% / 50% of R&C	0% / 0% / 0% of R&C
	*Surgical Periodontal procedures covered in Major	*Surgical Periodontal procedures covered in Basic	*Surgical Periodontal procedures covered in Basic
Cumulative Financial Maximum	\$1,500	\$1,500* Rollover Benefit: roll-over 25% of unused maximum dollars to a max of \$3,000	\$750
Coverage Period			
Annual Limit	Annual Limit of \$750	50%	0%
Lifetime Maximum	\$1,500 Max over 3 years	\$1,500	\$0
Policy Specifications			
Waiting Period	12 months	12 months To age 26	12 months To age 26
Waiting Periods			
Major	240 days for Major, 12 months for Ortho.	12 Months on Ortho without prior coverage	None
PAID RATES			
Employee	\$23.45	\$27.85	\$18.39
Family	\$50.19	\$55.79	\$36.25
Spouse	\$54.92	\$62.25	\$37.47
Spouse and dependents	\$81.68	\$103.20	\$62.87

On motion (14-233) of Commissioner Kmiec and the second of Commissioner Moody to approve the Health and Dental Insurance Program for 2015 using the Self Funded Program administered by Blue Cross and Blue Shield of Kansas as recommended by the Crawford County Employee Benefits Committee.

Yeas: Commissioners Moody, Kmiec and Wood

Nays:

Present but not voting:

Absent or not voting:

The motion prevailed.

**MESSAGES FROM ELECTED OFFICIAL
MESSAGES FROM OTHER GOVERNMENTAL ENTITIES
PROCLAMATIONS AND ORDERS OF THE BOARD
NEW BUSINESS:**

UNDER THE HEADING OLD BUSINESS

Item One: County Counselor Jim Emerson mentioned that he will be attending the Regional Transportation Meeting being held at SEK-CAP in Girard on Thursday, September 18, 2014. Mr. Emerson stated that he would report back to the Commissioners on that meeting.

Board of Crawford County Commissioners

Item Two: Commissioner Wood regarding attending the SEK Regional County Officials Meeting to be held at Coffey County on October 16. Commissioners Kmiec and Moody also stated that they would attend this meeting.

EXECUTIVE SESSION

UNDER THE HEADING FUTURE BUSINESS AND ANNOUNCEMENTS FUTURE BUSINESS:

Item One: September 19, 2014 – Ms. Becky Gray and Mr. Dick Horton, SEK-CAP, discussing Community Assessment.

ANNOUNCEMENTS:

UNDER THE HEADING MOTION TO ADJOURN MOTION TO ADJOURN

Item One: Adjournment

On the motion of Commissioner Moody and the second of Commissioner Wood to adjourn the [September 16, 2014](#) meeting of the Board of Crawford County Commissioners at 10:50 AM and to reconvene at the next regularly scheduled time with open doors.

Yeas: Commissioners Moody, Kmiec and Wood

Nays:

Present but not voting:

Absent or not voting:

The motion prevailed.

In Testimony whereof, I have hereunto set my hand and caused to be affixed my official seal and submitted these minutes for the approval of the Board of Crawford County Commissioners:

Don Pyle
County Clerk

◇

This submission completed at the Crawford County Courthouse in Girard.

Taken by DPP on 09/16/2014 at 10:50 AM, Amended by DPP on 09/16/2014 at 2:30 PM/amended BKW09/18/2014 3:41 PM