



JACKSON COUNTY ADMINISTRATION

County Manager: Don Adams

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To: Jackson County Board of Commissioners
From: Don Adams 
Date: April 9, 2019
Subject: Crescent Nursing Program & Crescent Dental Plan

In the past week Mark III has been in communication with Crescent in regards to retaining their nurse to continue disease management services. Crescent has agreed to continue to provide these services at a cost of \$5 per employee per month. Using an employee count of 437, this service would cost \$26,220 annually.

In the process of researching additional details regarding the dental program offered by Blue Cross Blue Shield it was discovered that BCBS will only allow direct billing from providers who are in their network. BCBS's dental network in Jackson County is limited. This would require employees who visit out of network providers to pay the provider directly and then get reimbursed from BCBS. Crescent has also offered to continue to provide administration of our current dental plan. See attachment for a summary of our current plan. This plan does not require the use of a dental network. The cost for Crescent to provide this service is \$3 per person per month. This is only \$.50 per person more than the BCBS plan. This service is offered to employees, pre-65 retirees and post 65 retirees. Using an employee/retiree count of 508, staying with Crescent will only cost the plan an additional \$3,048 a year in administration costs. Total Crescent administration costs from Crescent would be \$18,288 per year. It is recommended that Jackson County stay with Crescent for the administration of dental services.

Don Adams

From: Mark Browder
Sent: Tuesday, April 09, 2019 11:19 AM
To: Don Adams
Subject: Dental and Nursing Services - Crescent

Don,

Per our conversation, Crescent is willing to provide Dental and Nursing services going forward.

- The cost for Dental Administration will be \$3.00 per employee per month, which is competitive for stand alone dental administration.

The reason to continue with Crescent for dental services going forward is ease of use for the membership.

- For Nursing, Crescent will continue the services for a cost of \$5.00 per employee per month.

The nurse would have to member claims information through Patient Care Summary on the BCBSNC provider portal.

This would allow their RN to continue engagement with the members actively in the program.

Let me know if you have any questions.

Thanks,

Mark

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Dental Coverage / Dental Rates

Plan Year – July 1 through June 30

Deductible and Out-of-Pocket Year - January 1 – December 31

Refer to the Summary Plan Description document for a full list of benefits and exclusions

Jackson County offers comprehensive dental coverage, which **does not** require the use of a dental network. Refer to the Summary Plan Description document for a full list of benefits and exclusions.

Summary of Dental Benefits

Annual Maximum Benefit (per calendar year)	\$1,000
Deductible (Up to 2 deductibles per calendar year per family)	\$50/deductible/person
Orthodontia Maximum Benefit (per lifetime)	\$1,000

Covered Services

Plan Pays

See Summary Plan Description for details of covered services and calendar year limits.

Diagnostic and Preventative Care (Class A) Services - Not Subject to Deductible

- Oral exams (limited to 2 per calendar year)
- Bite-wing X-rays (limited to 2 per calendar year)
- Full mouth X-rays (limited to 1 per 3 year period)
- Prophylaxis (dental or periodontal) cleaning of teeth (limited to 2 per calendar year)
- Fluoride and sealants (limited to 2 per calendar year for dependents under age 19)

100%

Therapeutic and Restorative (Class B) Services - Subject to Deductible

- Extractions
- Root canals
- Fillings or restorations
- Recementing of inlays, crowns, and bridges
- Specialist consults

80% after deductible

Major and Prosthodontic (Class C) Services - Subject to Deductible

- Dentures
- Gold restorations, including inlays, onlays, and foil fillings
- Crowns
- Bridgework

50% after deductible

Orthodontia Benefits - Subject to Deductible

- Benefit only available to dependent under age 19
- Treatment and services necessary to move and correct the position of maloccluded or malpositioned teeth.

50% after deductible