



**Dental plans  
as low as  
\$22 a month...  
now that's  
something worth  
smiling about!**

## **Dental**

### **Dental Care.**

**If you and your family are not covered by an employer's dental plan, you can still have quality and affordable dental insurance through Blue Cross and Blue Shield of Kansas City.**

### **Quality Coverage.**

Basic services are available from your effective date, while some other services require a waiting period from your effective date. Services requiring a waiting period include basic restorative, major restorative, endodontics, periodontics and oral surgery needs, which include root canals, tooth extractions and surgical preparation of the mouth for dentures. Anesthesia is covered only when used during a covered service.

### **Choice and Convenience.**

It's easy to locate in-network dentists in your area by accessing our Dental Provider Directory at [bcbskc.com](http://bcbskc.com). For convenience, you may choose to have premiums deducted automatically from your checking account or billed to your credit card. And since we're based in Kansas City, you'll receive claims, billing and customer service locally.

Policies are available the first of each month.

**REFUNDS ARE NOT AVAILABLE AFTER THE 10-DAY FREE LOOK GRACE PERIOD.**

*NOTE: Child(ren)-only coverage is available.*

Apply Online  
**buyblueKC.com**

# Dental Benefits & Rates

TYPES OF DENTAL SERVICES		
TYPE I DENTAL SERVICES	TYPE II DENTAL SERVICES	TYPE III DENTAL SERVICES
Type I benefits include diagnostic and preventive dental care, which includes oral exams, cleanings and X-rays.	Type II services include coverage for basic restorative (including fillings, recementation of existing crowns and bridges), endodontics and oral surgery needs, which include root canals and tooth extractions.	Type III services include major restorative and periodontal (gum) services, including crowns, bridges, dentures and any type of periodontal surgery.
PAYMENT STRUCTURE - WHAT YOU PAY		
TYPE I SERVICES	TYPE II SERVICES	TYPE III SERVICES
<i>In-Network Dentist</i> \$0	<i>In-Network Dentist</i> \$50 deductible then 20%	<i>In-Network Dentist</i> \$200 deductible then 50%
<i>Out-of-Network Dentist</i> 15%	<i>Out-of-Network Dentist</i> \$50 deductible then 35%	<i>Out-of-Network Dentist</i> \$200 Deductible then 50%
INDIVIDUAL DENTAL PLAN BENEFITS		
SERVICE	PLAN II	PLAN III
Oral Examinations - 2 per calendar year	✓	✓
X-rays	✓	✓
Single tooth - 12 per calendar year	✓	✓
Complete mouth - 1 every 3 calendar years	✓	✓
Bitewing - 2 sets per calendar year	✓	✓
Sealants - 1 treatment per tooth in any 3 calendar years***	✓	✓
Prophylaxis - 2 per calendar year	✓	✓
Fluoride Treatments* – 2 per calendar year	✓	✓
Fixed and removable space maintainers**	✓	✓
Emergency Palliative	✓	✓
Fillings	✓❖	✓❖
Endodontics (Including root canals)	✓❖	✓❖
Tooth extractions	✓❖	✓❖
Alveoplasty	✓❖	✓❖
Anesthesia	✓❖	✓❖
Major Restorative (Including but not limited to bridges, crowns, inlays and dentures.)	Not Covered	✓▲
Periodontics	Not Covered	✓▲
Orthodontics	Not Covered	Not Covered
<i>Dental plans are available in Johnson and Wyandotte counties in Kansas and in the following Missouri counties: Andrew, Atchison, Bates, Benton, Buchanan, Caldwell, Carroll, Cass, Clay, Clinton, Daviess, DeKalb, Gentry, Grundy, Harrison, Henry, Holt, Jackson, Johnson, Lafayette, Livingston, Mercer, Nodaway, Pettis, Platte, Ray, Saline, St. Clair, Vernon and Worth.</i>		
<i>*For persons age 18 and younger    **Initial appliance only    ***For persons age 14 and younger    ❖Six-month waiting period    ▲Twelve-month waiting period</i>		
INDIVIDUAL DENTAL PLAN PREMIUMS		
PLAN II	PLAN III	
Child* \$22 per month Adult \$25 per month	Child* \$26 per month Adult \$33 per month	
<i>* "Child" is defined from birth to 18<sup>th</sup> birthday. Rates are based on the contract holder's age as of January 1<sup>st</sup> of the current year. Rate changes based on change of age category will occur January 1<sup>st</sup> of the following year.</i>		
MAXIMUM BENEFIT PAID BY BLUE CROSS AND BLUE SHIELD OF KANSAS CITY		
Calendar Year Maximum \$1,000 per person		
PREMIUM CALCULATOR		
PLAN II	Child \$22 x _____ (number of applicants) = \$ _____ (total child monthly payment) Adult \$25 x _____ (number of applicants) = \$ _____ (total adult monthly payment)	
PLAN III	Child \$26 x _____ (number of applicants) = \$ _____ (total child monthly payment) Adult \$33 x _____ (number of applicants) = \$ _____ (total adult monthly payment)	
TO CALCULATE YOUR INITIAL PAYMENT		
\$ _____ Total Monthly Premium x 3 = _____ Initial Payment		
This is the amount you must send with your application. If you select the Tech-No-Check option on your application, your monthly payments will be automatically deducted from your account after your initial payment.		
REFUNDS ARE NOT AVAILABLE AFTER THE 10-DAY FREE LOOK GRACE PERIOD.		