



An Independent Licensee of the Blue Cross and Blue Shield Association

Dental Plan Benefit Summary - BlueDental Plus 100/90/60 1500 Plan - Routine Prev does not apply to CYM-V2

This Benefit Summary provides only highlights of the services covered by Blue Cross and Blue Shield of Kansas City (Blue KC). For Additional details, exclusions and limitations refer to your member certificate available at BlueKC.com

General Plan Information

	In-Network		Out-of-Network
	Blue Dental PPO ¹	Blue Dental Choice ²	Non-Participating Providers ³
Deductible - Calendar Year All INN & OON Cross Accum Combined In-Network 1, In-Network 2 and Out-of-Network Deductible	Individual: \$50 Family: \$150	Individual: \$50 Family: \$150	Individual: \$50 Family: \$150

Dental Service Type

	In-Network		Out-of-Network
	Blue Dental PPO ¹	Blue Dental Choice ²	Non-Participating Providers ³
Type I-Diagnostic and Preventive Services Deductible does not apply <ul style="list-style-type: none"> Oral evaluations – 2 Evaluation(s) Every Calendar Year X-rays – complete mouth – 1 X-Ray(s) Every 3 Calendar Years; single tooth – 12 X-Ray(s) Every Calendar Year; bitewing – 2 Occurrence(s) Every Calendar Year Teeth cleaning – 2 Visit(s) Every Calendar Year Fluoride treatment – 2 Treatment(s) Every Calendar Year (age 19 and under) Sealant application on posterior tooth – 1 Treatment(s) per tooth Every 3 Calendar Years (age 14 and under) Fixed and removable space maintainer (initial appliance only) Emergency treatment – temporary pain relief 	Member Pays: Not applicable Plan Pays: 100%	Member Pays: Not applicable Plan Pays: 100%	Member Pays: 20% Plan Pays: 80%
Type II-Basic Services Deductible applies <ul style="list-style-type: none"> Fillings – composite fillings on all teeth Recementation of existing inlays, crowns and bridges Endodontics - root canals and pulpal therapy Periodontics – gum/tissue care and surgery Tooth extraction (simple and surgical including wisdom teeth) General Anesthesia – payable only if provided in connection with a covered service 	Member Pays: 10% Plan Pays: 90%	Member Pays: 20% Plan Pays: 80%	Member Pays: 40% Plan Pays: 60%
Type III-Major Services Deductible applies <ul style="list-style-type: none"> Single crowns, inlays, onlays, bridges and dentures Maintenance of Prosthodontics – adjust/ repair of dentures 	Member Pays: 40% Plan Pays: 60%	Member Pays: 50% Plan Pays: 50%	Member Pays: 60% Plan Pays: 40%

Calendar Year Maximum These services apply to the Calendar Year Maximum: Basic Services, Major Services Combined In-Network 1, In-Network 2 and Out-of-Network Annual Maximum	Each Covered Person: \$1,500	Each Covered Person: \$1,500	Each Covered Person: \$1,500
Dependent Limiting Age	26 Years		
Dental Rewards begins on January 1	Once Dental Rewards begins for your plan, you will accumulate claims towards the Dental Rewards program. Accumulated claims between \$1 - \$300, will receive \$250 in Rewards to use the following Calendar Year. Your accumulated Rewards are capped at \$500.		

¹Blue Dental PPO Providers: The preferred network of coverage in the Blue KC service area. **Lowest** out-of-pocket costs for covered services. Outside our service area, providers are available through the GRID Blue Cross and Blue Shield national network.

²Blue Dental Choice Providers: An additional network of coverage in the Blue KC service area. **Higher** out-of-pocket costs for covered services. Outside our service area, providers are available through the GRID+ Blue Cross and Blue Shield national network.

³Non-Participating Providers: Seeing a non-participating dentist results in the **Highest** out-of-pocket costs for covered services. Members may be responsible for filing claims and may be balance billed by the non-participating provider.

Pennsylvanian Dutch: "Wann du hoscht en Froog, odder ebber, wu du helpscht, hot en Froog baut Blue KC, hoscht du es Recht fer Hilf un Information in deinre eegne Schprooch griege, un die Hilf koschtet nix. Wann du mit me Interpreter schwetze witt, kannscht du 1-877-410-6716 uffrufe.

Persian:

اگر شما، یا کسی که شما به او کمک میکنید، سوال در مورد Blue KC، داشته باشید حق این را دارید که کمک اطلاعات به زبان خود را به طور رایگان دریافت نمایید. تماس حاصل نمایید. 1-877-410-6716

Cushite: Isin yookan namni biraa isin deeggartan Blue KC irratti gaaffii yo qabaattan, kaffaltii irraa bilisa haala ta'een afaan keessaniin odeeffannoo argachuu fi deeggarsa argachuuf mirga ni qabdu. Nama isiniif ibsu argachuuf, lakkoofsa bilbilaa 1-877-410-6716 tiin bilbilaa.

Portuguese: Se você, ou alguém a quem você está ajudando, tem perguntas sobre o Blue KC, você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para falar com um intérprete, ligue para 1-877-410-6716.

For TTY services, please call 1-816-842-5607.



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