Kansas City

Preferred-Care Dental with Major Services

Group Dental – BlueDental Preferred

	Type I	Type II	Type III	Type IV
Deductible* ***(Individual / Family)***	None	$50 / $150		None
Blue KC Pays ***(Preferred-Care Providers)***	100%	90%	60%	50%
Blue KC Pays ***(Non-Preferred-Care Providers)***	80% of allowable charges	60% of allowable charges	50% of allowable charges	50% of allowable charges
Covered Services	**Diagnostic and preventive services:** 2 oral evaluations per CY **Dental X-rays:** Complete mouth survey x-rays or panoramic x-rays - 1 every three CY; Periapical (single tooth) x-rays - 12 per CY **Bitewing:** 2 per CY **Fluoride treatment:** 2 per CY for members age 19 and under **Prophylaxis (teeth cleaning):** 2 per CY **Sealants:** 1 treatment per tooth in any 3 CY period for members age 14 and under **Fixed and Removable Space Maintainers:** Initial appliance only **Emergency palliative treatment (pain relief)**	**Fillings** **Other Restorative Services:** Sedative fillings and recementation of inlays, crowns and bridges **Endodontics:** Root canals and pulpotomies **Periodontics:** Gum/tissue care and surgery **Tooth Extractions** **General Anesthesia:** Payable only if provided in connection with a covered service	**Maintenance of Prosthodontics:** Adjust/repair dentures & bridges **Major Restorative Prosthodontics:** Crowns, inlays, onlays, bridges & dentures EMPLOYEE ONLY: $27.25 EMPLOYEE + SPOUSE: $54.50 EMPLOYEE + CHILDREN: $73.75 FAMILY: $104.75	**Orthodontic Services:** For members age 18 and under
Calendar Year Maximum	$1,500 per person for all services			
Dependent Age	26			
Lifetime Maximum	None			$1,000 for Orthodontic Services
Exclusion of Missing Teeth	Initial placement of dentures, partials, or bridges is not covered if it includes the replacement of teeth missing prior to your effective date. This exclusion will not apply if the prosthesis replaces a functioning tooth which was extracted while covered under the contract, or if the prosthesis is a replacement prosthesis.			
Late Enrollees	If you or any of your dependents apply for Preferred-Care Dental after your initial enrollment period and do not qualify to enroll under a Special Enrollment Period, your coverage will not become effective until the anniversary date of your employer's group contract with Blue Cross and Blue Shield of Kansas City.			

*Combined deductible applies to Type II and Type III services.

This document is intended to give a summary description of the Preferred-Care Dental plan. It is not a contract. Please refer to your certificate of insurance for complete terms and conditions.

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