



Kansas City

**BlueDental Preferred 1000  
Small Group Benefit Summary**

Dental Service Type	Blue Dental PPO/GRID Providers	Blue Dental Choice/GRID+ Providers	Non-Participating Providers
	Deductible, Coinsurance and Limitations		
<b>Calendar Year Deductible</b>	Combined Basic Services and Major Services: \$50 individual / \$150 family		
<b>Diagnostic and Preventive Services</b> <b>Deductible Does Not Apply</b> <ul style="list-style-type: none"> <li>• Oral evaluations – 2 per calendar year</li> <li>• X-rays – complete mouth 1 every 3 calendar years; single tooth 12 per calendar year; bitewing 2 occurrences per calendar year</li> <li>• Teeth cleaning – 2 per calendar year</li> <li>• Fluoride treatment – 2 per calendar year age 19 and under</li> <li>• Sealant application on posterior tooth – 1 treatment per tooth every 3 years (age 14 and under)</li> <li>• Fixed and removable space maintainer (initial appliance only)</li> <li>• Emergency treatment – temporary pain relief</li> </ul>	100%	100%	80%
<b>Basic Services</b> <b>Deductible Applies</b> <ul style="list-style-type: none"> <li>• Fillings – composite fillings on all teeth</li> <li>• Recementation of existing inlays, crowns and bridges</li> <li>• Endodontics – root canals and pulpal therapy</li> <li>• Periodontics – gum/tissue care and surgery</li> <li>• Tooth extraction (simple and surgical including wisdom teeth)</li> <li>• General Anesthesia – payable only if provided in connection with a covered service</li> </ul>	80%	70%	60%
<b>Major Services</b> <b>Deductible Applies</b> <ul style="list-style-type: none"> <li>• Single crowns, inlays, onlays, bridges and dentures</li> <li>• Maintenance of Prosthodontics – adjust/repair of dentures</li> </ul>	50%	50%	40%
<b>Orthodontia Services (to age 19)</b>	50%	50%	40%
<b>Dependent Limiting Age</b>	26		
<b>Orthodontia Lifetime Maximum</b>	\$1,000 <i>Dental Rewards does not apply</i>		
<b>Calendar Year Maximum</b>	\$1,000 <i>Preventive applies towards Calendar Year Maximum</i>		
<b>Dental Rewards begins on January 1</b>	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.		

*This document is intended to give a summary of the plan and is not a contract. Please refer to your contract for complete terms and conditions.*

**<sup>1</sup>Blue 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.

**<sup>2</sup>Blue 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.

**<sup>3</sup>Non-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 balanced billed by the non-participating provider.