



**Kansas City Missouri School District
Preferred-Care Dental Benefit Plan Summary
January 1, 2008**

	Type I	Type II	Type III
<i>Deductible</i>	None	\$50	
<i>Blue Cross Pays (Preferred-Care Dental Providers and Out of Area Providers)</i>	100%	100%	60%
<i>Blue Cross Pays (Non-Preferred –Care Dental Providers within our Operating Area)</i>	50%	50%	50%
<i>Covered Services</i>	Dental X-rays: Single tooth - 12 each calendar year. Full mouth and/or panoramic - one every three calendar years. Bitewing – twice each calendar year for individuals under age 19. Once each calendar year if over age 19. Routine oral exam - one every six months. Cleaning – two each calendar year. Fluoride treatment - two each calendar year to age 19. Fixed and removable space maintainer (initial appliance only). Emergency palliative treatment (pain relief).	Amalgam, composite and synthetic fillings. Pin retention. Sealant application on posterior tooth - one treatment per tooth every three years (to age 14). Crown and inlay recementing. Root canal. Therapeutic pulpotomy. Pulp caps - one per tooth. Apiceotomy. Bridge recementing. Tooth extraction. Alveoplasty. General anesthesia payable only if performed as part of a covered procedure.	Single crown and crown buildup. Inlay and onlay. Fixed or removable bridge. Complete or partial dentures. Denture relining - one every two calendar years. Surgery of gums or teeth supporting tissue. Periodontal scaling and cleaning – twice each calendar year payable only in the presence of periodontal disease. Gingival curettage. Root planing. Appliances - one every three calendar years. Denture repair and adjustment.
<i>Calendar Year Maximum</i>	\$1,500 per person for all services		
<i>Lifetime Maximum</i>	None		

RATES

Retiree only	\$27.76
Retiree & Spouse	\$51.22
Family	\$71.77

Claim Filing

In most instances, claim filing is handled for you by the provider who renders the services. All you need to do is present your ID card and the provider takes care of the rest.

Each time a claim is filed, Blue Cross and Blue Shield of Kansas City sends you an Explanation of Benefits statement explaining exactly how the claim was paid. The name and phone number of your group's dedicated customer service representative appears at the top of the statement in case you have any questions.

Dependent Coverage

You may cover a spouse while married and any dependent children by birth or adoption, to the end of the calendar year the children reach age 23 or the month they are no longer an eligible dependent, whichever is first.

Preauthorization of Services

Your dental provider must submit a preauthorization form to Blue Cross and Blue Shield of Kansas City before performing Type III services. We will review the form to determine the benefits available.

Late Applicants

If you or any of your dependents apply for Dental after your eligibility period expires, your coverage will be subject to the following restrictions:

- Coverage does not become effective until the anniversary date of your employer's group contract with Blue Cross and Blue Shield of Kansas City.
- Benefits are limited to Type I services during the first year of coverage.
- Benefits for Type II services are added at the beginning of the second year of coverage.
- Benefits for Type III services are added at the beginning of the third year of coverage.