

MCPHERSON COLLEGE Dental Care Program

Effective Jan 01, 2016

This Dental Care Program offers complete coverage for preventive services, along with additional coverage for primary and major dental services. Employees and each eligible dependent will receive benefits for all covered services each anniversary year.

Covered Services	
PRIMARY 100% payment	Inlays Fillings (except gold) Repair of dentures Simple extractions Oral examinations Fluoride (under age of 21) Periapical and bitewing x-rays Emergency treatment for pain Prophylaxis, including cleaning, scaling and polishing General anesthesia when the dental treatment is covered Endodontics, including pulpotomy, pulp capping and root canal treatment Sealants (one application every four years for each eligible individual age 5 - 17 for permanent first and second molars)
SUPPLEMENTAL PRIMARY 50% payment	Oral surgery Space maintainers Onlays (not part of a bridge) subject to 240-day waiting period* Crowns (not part of a bridge) subject to 240-day waiting period*
PROSTHODONTICS 50% payment	Bridges -- subject to 240-day waiting period* Full or partial dentures -- subject to 240-day waiting period* Dental implant services (\$1,000 lifetime max per insured, per arch) -- subject to 240-day waiting period*
PERIODONTICS 100% payment	Surgery of the bony structure supporting the teeth Periodontic treatment of the gum, consisting of examination, management and surgery
ORTHODONTIC RIDER 100% payment subject to maximums 18 month maximum** of \$150 Yearly maximum** of \$750 and a 3-yr max of \$1,500 \$150 maximum** not to exceed one such payment in any 5-yr period	Retention treatment Active treatment, including necessary appliances Diagnosis including study models and facial photographs
Benefits are not provided for denture or bridge replacement within five years after receiving dentures or bridges under this program. Benefits are limited to standard procedures for prosthodontic services.	
*Credit will be given for the whole or partial satisfaction of the waiting periods to persons covered on the prior carrier's billing immediately preceding the effective date of the new policy. New hires or future additions will not receive credit for prior coverage.	
Orthodontic coverage available to covered dependent children up to age 21.	
** If orthodontic treatment begins before the effective date of this rider, the months of previous treatment will be deducted from the maximum number of months available under this program.	
Note: Any charges for the replacement and/or repair of any appliance previously furnished under this plan shall not be covered by Blue Cross and Blue Shield of Kansas.	

Monthly Premium

	<u>Employee</u>	<u>Emp/Child(ren)</u>	<u>Emp/Spouse</u>	<u>Family</u>
Dental	\$37.12	\$85.19	\$79.59	\$127.65

Contracting Dentists: Payment will be the maximum allowable charge for covered dental services. Payment will be sent directly to the dentist. The member will only be responsible for any coinsurance amounts and any charges for non-covered services.

Non-Contracting Dentists In Company Service Area: The maximum allowance paid will be 80 percent of the allowance paid to a contracting dentist for the same service. The member will be responsible for the remaining 20 percent. The member will also be responsible for any difference between the payment allowance and the provider's charge, in addition to any coinsurance amounts and any charges for non-covered services. Payment will be sent directly to the member.

Non-Contracting Dentists Outside Company Service Area: Payment is based on usual, customary and reasonable charges. If the member does not sign payment over to the dentist, or the dentist does not submit the claim on the member's behalf, payment will be sent directly to the member.

Coinsurance: The coinsurance will be applied to the payments of a contracting dentist or a non-contracting dentist as described.

Out-of-State Dentists: As a BCBSKS member, you may go to any dentist located outside the state of Kansas that contracts with the local Blue Cross Plan. Payment amount is based on the local Blue Cross allowance arrangement with their contracting dentists. If the out-of-state Blue plan does not provide their discounted rates to BCBSKS, then the BCBSKS allowance is used. The member may be responsible for the difference between the allowed amount and the BCBSKS paid amount. BCBSKS payments will be sent directly to the member.

Exclusions: Services not listed as eligible dental services in the certificate; duplicate benefits provided under federal, state or local laws, regulations or programs (except for Medicaid); patient education services; hospital calls and consultations; lab work; occlusal adjustments; dental implants (except limited coverage under Prosthodontics); services for diseases or injuries caused by or arising out of acts of war or aggression; services for cosmetic purposes; payments under any provision of a Blue Cross and Blue Shield of Kansas certificate when the payment would duplicate payment for coverage made under another provision of the dental certificate (but only to the extent that such payment would exceed the charge for the service); services provided by a dentist for which there would customarily be no charge; medically unnecessary services; services related to alveolar ridge augmentations; services related to temporomandibular joint dysfunction syndrome over the amount specified in the certificate; services covered and payable by any medical expense payment provision of any automobile insurance policy; services performed by immediate relatives or by members of the household of the employee; benefits received when a patient transfers during treatment, or if more than one dentist provides services for the same, payment for that benefit will not exceed the amount payable for one service.

This is a brief summary of the coverage available under this program. It is not a legal document.
The exact provisions of the benefits and exclusions are contained in the certificate.