

Individual and family dental insurance

\$0 preventive care¹ is one of your many reasons to smile!



With a \$0 deductible!

Two cleanings and exams included each year at no cost to you!¹

90%

90% of Kansas dentists are in our network, so you can save up to 20% on the most common dental services.



90% of our customers are “very satisfied” with their customer service experience!

SQM Group, CX Research, Consulting, and Awarding, 2019

DentalPlus

- Annual maximum: \$1,500 per member
- Deductible: \$50 annual deductible per member for primary and major services
- Preventive: 100% (exams, cleanings with \$0 deductible)
- Primary: 80% (fillings, extractions, root canal)
- Major: 50% (crowns, dentures, bridges, dental implants, oral/periodontal surgery)²
- Teeth whitening: 100% up to a \$200 maximum

DentalPlus PPO

- Annual maximum: \$1,500 per member
- Deductible: \$50 annual deductible per member for primary and major services
- Preventive: 100% (exams, cleanings with \$0 deductible)
- Primary: 80% (fillings, extractions, root canal)
- Major: 50% (crowns, dentures, bridges, dental implants, oral/periodontal surgery)²
- Teeth whitening: 100% up to a \$200 maximum

DentalPlus PPO Out-of-network charges after \$200 deductible: Preventive 80%, Primary 70% and Major 40%. Teeth whitening is not covered.

¹ No copays or deductibles for exams, cleanings, x-rays and other preventive services outlined in the contract at in-network dentists up to the allowable charge and up to the annual \$1,500 maximum for each member.

²There is a 12-month waiting period from the effective date for the following services: Crowns, onlays and oral/periodontal surgery, dentures and bridges, and dental implants. The waiting period is waived if you were covered under another policy that covered major services and had at least 12 months of continuous major service coverage under that plan (credit will be given for less than 12 months.) Waiting periods must be satisfied if there has been a lapse in coverage or for new members who are added to this policy who did not have prior coverage for major services. Your previous coverage will be verified. You may be eligible to receive credit towards this waiting period by submitting proof of coverage from your prior dental insurance carrier. Proof of coverage should include the following: A letter from dental carrier on their company letterhead, a list of major dental services covered by your policy, and a effective date and termination date. You may send this proof of coverage via email to csc@bcbsks.com or by post mail to PO Box 239, Topeka, KS 66601 within 60 days of your dental effective date with us.

Enroll today at bcbsks.com/dental
or give us a call 1-800-432-3990



BlueCross BlueShield
Kansas

\$1,500 annual maximum per member with DentalPlus or DentalPlus PPO

DentalPlus and DentalPlus PPO provide preventive, primary and major care for people of all ages at a monthly premium you can smile about.

DentalPlus

Under Age 65 choose one of the following coverage levels:				Age 65 and over:
Individual \$46.32	Individual/Child(ren) \$105.02	Individual/Spouse \$113.47	Individual/Spouse/ Child(ren) \$164.65	Individual \$50.48

See DentalPlus network dentists at bcbsks.com/dentists

DentalPlus PPO provides even lower rates and the same great benefits as DentalPlus when you agree to visit our exclusive DentalPlus PPO network.

DentalPlus PPO

Under Age 65 choose one of the following coverage levels:				Age 65 and over:
Individual \$38.77	Individual/Child(ren) \$87.90	Individual/Spouse \$94.98	Individual/Spouse/ Child(ren) \$137.80	Individual \$42.25

See DentalPlus PPO network dentists at bcbsks.com/PPOdentists

\$0 deductible and no copays for cleanings and exams with no waiting period!
If major work like a crown is needed, you may be eligible for no waiting period based on your previous dental insurance.

Annual maximum benefit is \$1,500 per individual, shared between in and out-of-network services.

Rates shown are effective January 1, 2024 and subject to change January 1, 2025.

Exclusions: Any dental service not listed as a covered service in this program, patient education services, hospital calls and/or consultations, laboratory and pathological examinations, bone grafts for alveolar ridge augmentation, dental services primarily for cosmetic purposes, except for an accidental injury, all Temporomandibular Joint Dysfunction Syndrome related services, occlusal adjustments, temporary or provisional dental services and procedures, orthodontic services.

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.

Visit us at bcbsks.com/dental



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