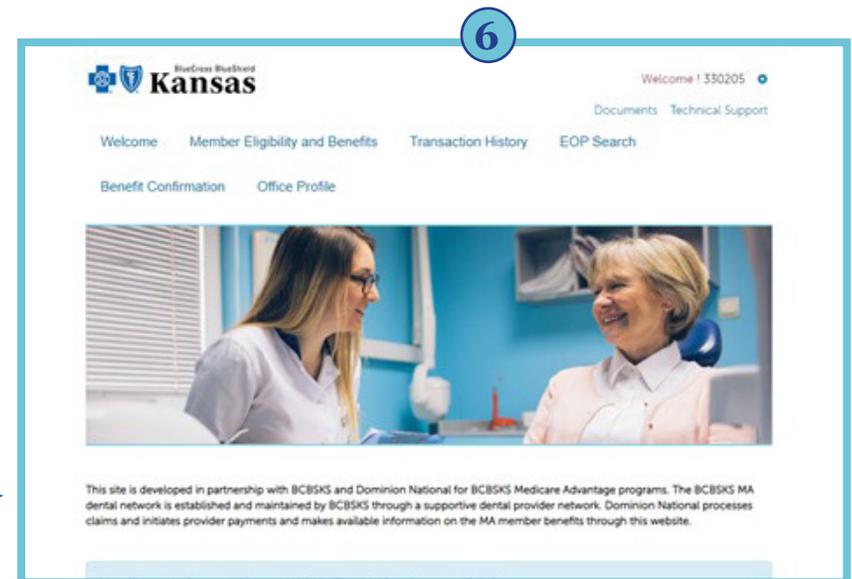
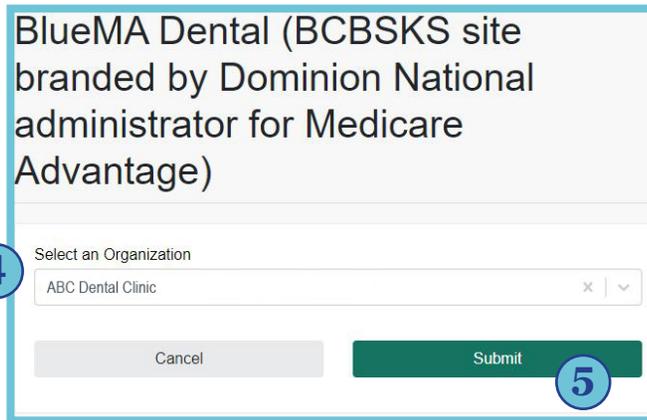
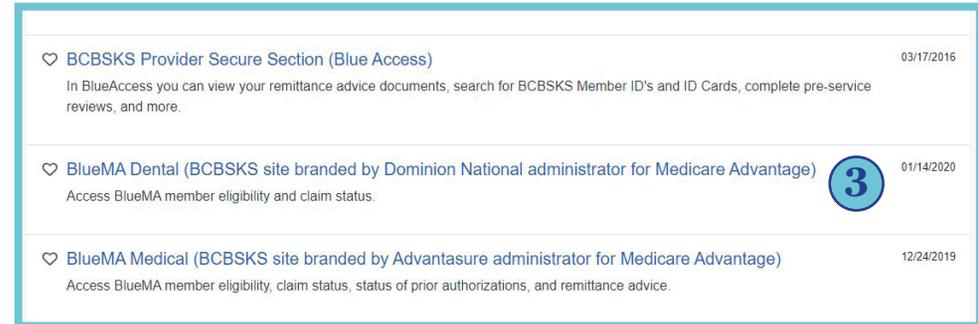


BlueMA Dental Member Eligibility and Benefit Inquiries

SUBMIT AN INQUIRY

Once logged into Availity:

1. Select Payor Spaces
2. Select Blue Cross and Blue Shield of Kansas
3. Select BlueMA Dental (BCBSKS site branded by Dominion National administrator for Medicare Advantage)
4. Select Organization from drop-down menu
5. Select Submit
6. You have arrived at the Dominion National self-service portal



BlueMA Dental Member Eligibility and Benefit Inquiries

Member Eligibility & Benefits

7. Select **Member Eligibility and Benefits** header
8. Enter **Member ID** or **Last Name & Date of Birth** (search by numeric portion of the member ID only)
9. Select **Search**
10. Select the **Plan Name** displayed and member benefit details will open

Search Results

Dental Record #	Full Name	Gender	Date of Birth (MM/DD/YYYY)	Plan Type	Plan Name	Plan Effective Date (MM/DD/YYYY)	Terminate Date (MM/DD/YYYY)
1234567890	Examlle A. Patient	F	08/02/1970	DFFS	BCBSKS PPO82023	01/01/2022	01/01/2023

Benefit Confirmation

11. Select **Benefit Confirmation** header
12. Enter **Last Name & Date of Birth**
13. Select **Search**
14. Select the **Member ID** number displayed and benefit details will appear at the bottom of the page

Search Results

Member ID	Member Name	Group Name	Plan Name
1234567	Examlle A. Patient	BCBS-EX KANSAS	BCBSKS CompABC Base2023

DOMINION NATIONAL
BENEFIT CONFIRMATION AS OF 08/02/2023

Benefits quoted are not a guarantee of payment. Payment determinations are made at the time the claims are received and processed.

Annual Deductible	Annual Deductible Met?	Family Deductible	Family Deductible Met?
\$0	No	\$0	No
Annual Max	Annual Max Used	Ortho Max	Ortho Max Used
\$1250.00	\$0	\$0	\$0

Benefit Description	Deductible Applies	Annual Max Applies	In Network (Plan Pays)	Out of Network (Plan Pays)	Waiting Period
Diagnostic/Preventive	N	Y	100%	60%	N/A
Basic Restorative	N	Y	50%	50%	N/A
Crowns	N	Y	50%	50%	N/A
Dentures/Bridges	N	Y	50%	50%	N/A
Endodontics	N	Y	50%	50%	N/A
Periodontics	N	Y	50%	50%	N/A
Oral Surgery	N	Y	50%	50%	N/A
Implants	N	N	0%	0%	N/A
Orthodontics	N	N	0%	0%	N/A

Benefit Confirmation display

Blue Medigars Advantage (PPO)
H7063-006 Dental Plan

HIGHLIGHTS	MEMBER COST-SHARING
DEDUCTIBLE	\$0
ANNUAL ALLOWANCE	\$1,000

The total amount the plan will pay for covered services in the calendar year. When the maximum is reached, the member pays 100% for services until the end of the calendar year. Applies to non-network and out-of-network utilization. Applies to all services: Diagnostic and Preventive, Basic, and Major/Comprehensive.

Service Category	ADA Code	Code Description	Notes	Member Cost Sharing
Class 1: Diagnostic and Preventive Services				
Oral Evaluations	D0120	Periodic oral evaluation - established patient		IN 40%
	D0140	Limited oral evaluation - problem focused	2 per year	\$0 40%
Prophylaxis	D1100	Comprehensive oral evaluation - new or established patient		\$0 40%
	D1110	Prophylaxis - adult	2 per year	\$0 40%
X-Rays	D1120	Prophylaxis - child		\$0 40%
	D0210	Intraoral - complete series of radiographic images		\$0 40%
	D0220	Intraoral - periapical first radiographic image		\$0 40%
	D0230	Intraoral - periapical each additional radiographic image		\$0 40%
	D0270	Bitewing - single radiographic image	2 bitewings per year	\$0 40%
	D0272	Bitewings - two radiographic images		\$0 40%
Lab and Other Tests	D0274	Bitewings - three radiographic images		\$0 40%
	D0274	Bitewings - four radiographic images		\$0 40%
	D0330	Panoramic radiographic image		\$0 40%
	D0460	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures		\$0 40%
Lab and Other Tests	D0460	Pulp vitality tests		\$0 40%
	D0470	Diagnostic casts		\$0 40%
Class 2: Basic Services				
Emergency (Palliative)	D9110	Palliative (emergency) treatment of dental pain - minor procedure		N/A 50%
	D1150	Space maintainer - fixed, unilateral		50% 50%
Space Maintainers	D1516	Space maintainer - fixed - bilateral, maxillary		50% 50%
	D1517	Space maintainer - fixed - bilateral, mandibular		50% 50%
	D1550	Re-cement or re-bond space maintainer		50% 50%
Simple Extractions & Surgical Extractions	D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)		50% 50%
	D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	2 extraction per tooth per year	50% 50%
Simple Extractions & Surgical Extractions	D7230	Removal of impacted tooth - partially bony		50% 50%
	D7400	Removal of impacted tooth - completely bony		50% 50%
	D7280	Exposure of an unerupted tooth		50% 50%
	D7283	Placement of device to facilitate eruption of impacted tooth		50% 50%
D7286	Incisional biopsy of oral tissue - soft		50% 50%	

Member Eligibility & Benefits display

