

BARTON COUNTY COMMUNITY COLLEGE

DENTAL BENEFITS SUMMARY

Deductible per Benefit Year	\$50 per Covered Person \$100 per Family Unit
Class I Services - Preventive Plan payment: 100% <i>(Deductible waived for Preventive Services)</i>	<ul style="list-style-type: none"> • Oral examinations and prophylaxis including cleaning and scaling - limited to 2 times per Benefit Year. • Dental imaging – bitewings limited to twice per Benefit Year; full-mouth x-rays limited to twice per Benefit Year. • Fluoride treatment (dependent children under age of 19) limited to twice per Benefit Year. • Sealants (dependent children under age 19) – limited to once per tooth every 3 Benefit Years.
Class II Services - Basic Plan Payment: 80%	<ul style="list-style-type: none"> • Space maintainers (dependent children to replace primary teeth). • Emergency palliative treatment for pain. • Periodontics. • Endodontics. • Extractions. • Recementing bridges, crowns or inlays. • Fillings (except gold). • General anesthesia when the dental treatment is covered. • Antibiotic drugs which are injected by a Dentist.
Class III Services - Major Plan Payment: 50%	<ul style="list-style-type: none"> • Gold restorations, inlays, onlays and foil fillings. • Dental implant services. • Crowns, inlays and abutments. • Precision attachments for removable dentures. • Dentures, full or partial and bridgework. • Repair of crowns, bridgework and dentures. • Rebasing/relining removable dentures (over 6 months old once every 36 months).
Benefit Year Maximum Payable <i>Combined for Classes I, II and III</i>	\$1,500 per covered person



CS02_DBS_GEN 1503

This is a summary of dental benefits. Please refer to the plan document for a complete description of benefits including limitations and exclusions. If a discrepancy between this summary and the plan document exists, the plan document will be deemed correct. Services are subject to the limitations and exclusions of the plan.

BMI179 eff. 11/1/2019