



**BARTON COUNTY COMMUNITY COLLEGE**  
**November 2018 – October 2019**  
**Dental Plan**  
**Summary of Benefits**

**DENTAL BENEFITS**

**Deductible** (does not apply to preventive care)

**Covered person            \$50**  
**Family Unit                 \$100**

- **Class A Services – Preventive**  
     Percentage Payable up to the maximum amount..... 100%
- **Class B Services – Basic**  
     Percentage Payable up to the maximum amount..... 80%
- **Class C Services – Major\***  
     Percentage Payable up to the maximum amount..... 50%

\* No benefits are payable for Class C Services in the first 8 months of the Covered Person's coverage under the Plan.

**Maximum Benefit Amount**

Classes A, B and C (combined benefit maximum)  
 Plan Year maximum payable per person ..... \$1,500

**ALTERNATE TREATMENT PROVISION**

If you choose a more expensive treatment than is needed to correct a dental problem according to accepted standards of dental practice, the benefit payment will be based on the cost of the treatment which provides professionally satisfactory results at the most cost-effective level.

For example, if a regular amalgam filling is sufficient to restore a tooth to health, and you and the Dentist decide to use a gold filling, the Plan will base its reimbursement on the Usual and Reasonable Charge for an amalgam filling. You will pay the difference in cost.

**BENEFIT CONTACT INFORMATION:**

**DENTAL COVERAGE**

**Group Number BMI179**  
 Benefit Management, LLC.  
 800 290-1368  
 FAX 620 792-7053  
[www.bmikansas.com](http://www.bmikansas.com)  
 PO Box 1090  
 Great Bend, KS 67530

For Electronic Claims to be filed by Provider use:

**WEBMD EDI# 48611**

*This is a summary of coverage only. Please refer to the plan document for a complete description of coverage including limitations and exclusions. If discrepancy between this summary and the plan document exists, the plan document will be deemed correct.*