



## Avila University

### Dental Plan Benefit Summary - Preferred Care Dental

This Benefit Summary provides only highlights of the services covered by Blue Cross and Blue Shield of Kansas City (Blue KC). For Additional details, exclusions and limitations refer to your member certificate available at [BlueKC.com](https://www.bluekc.com)

#### General Plan Information

|                                                                                                                                         | In-Network                        |                                   | Out-of-Network                           |
|-----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|------------------------------------------|
|                                                                                                                                         | Blue Dental PPO <sup>1</sup>      | Blue Dental Choice <sup>2</sup>   | Non-Participating Providers <sup>3</sup> |
| <b>Deductible - Calendar Year</b><br>All INN & OON Cross Accum<br><br>Combined In-Network 1, In-Network 2 and Out-of-Network Deductible | Individual: \$50<br>Family: \$150 | Individual: \$50<br>Family: \$150 | Individual: \$50<br>Family: \$150        |

#### Dental Service Type

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | In-Network                                     |                                    | Out-of-Network                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|------------------------------------|------------------------------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Blue Dental PPO <sup>1</sup>                   | Blue Dental Choice <sup>2</sup>    | Non-Participating Providers <sup>3</sup> |
| <b>Type I-Diagnostic and Preventive Services</b><br>Deductible does not apply <ul style="list-style-type: none"> <li>Oral evaluations – 2 Evaluation(s) Every Calendar Year</li> <li>X-rays – complete mouth – 1 X-Ray(s) Every 3 Calendar Years; single tooth – 1 X-Ray(s) Every Calendar Year; bitewing – 2 Occurrence(s) Every Calendar Year</li> <li>Teeth cleaning – 2 Visit(s) Every Calendar Year</li> <li>Fluoride treatment – 2 Treatment(s) Every Calendar Year (age 19 and under)</li> <li>Sealant application on posterior tooth – 1 Treatment(s) per tooth Every 3 Calendar Years (age 14 and under)</li> <li>Fixed and removable space maintainer (initial appliance only)</li> <li>Emergency treatment – temporary pain relief</li> </ul> | Member Pays: Not applicable<br>Plan Pays: 100% | Member Pays: 20%<br>Plan Pays: 80% | Member Pays: 20%<br>Plan Pays: 80%       |
| <b>Type II-Basic Services</b><br>Deductible applies <ul style="list-style-type: none"> <li>Fillings – composite fillings on all teeth</li> <li>Recementation of existing inlays, crowns and bridges</li> <li>Endodontics - root canals and pulpal therapy</li> <li>Tooth extraction (simple and surgical including wisdom teeth)</li> <li>General Anesthesia – payable only if provided in connection with a covered service</li> </ul>                                                                                                                                                                                                                                                                                                                  | Member Pays: 20%<br>Plan Pays: 80%             | Member Pays: 40%<br>Plan Pays: 60% | Member Pays: 40%<br>Plan Pays: 60%       |
| <b>Type III-Major Services</b><br>Deductible applies <ul style="list-style-type: none"> <li>Single crowns, inlays, onlays, bridges and dentures</li> <li>Maintenance of Prosthodontics – adjust/ repair of dentures</li> <li>Periodontics – gum/tissue care and surgery</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Member Pays: 50%<br>Plan Pays: 50%             | Member Pays: 60%<br>Plan Pays: 40% | Member Pays: 60%<br>Plan Pays: 40%       |

|                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                  |                                    |                                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|------------------------------------|
| <b>Type IV-Orthodontia Services</b><br>Deductible does not apply<br>Coverage Type: Dependent Children Only<br>Orthodontic Age Limit for Dependent Children Applies, Covered up to age 19 Years                  | Member Pays: 50%<br>Plan Pays: 50%                                                                                                                                                                                                                               | Member Pays: 50%<br>Plan Pays: 50% | Member Pays: 50%<br>Plan Pays: 50% |
| <b>Orthodontia Lifetime Maximum</b><br>Combined In-Network 1, In-Network 2 and Out-of-Network Annual Maximum                                                                                                    | \$1,000                                                                                                                                                                                                                                                          | \$1,000                            | \$1,000                            |
| <b>Calendar Year Maximum</b><br>These services apply to the Calendar Year Maximum: Preventive Services, Basic Services, Major Services<br>Combined In-Network 1, In-Network 2 and Out-of-Network Annual Maximum | Each Covered Person:<br>\$1,250                                                                                                                                                                                                                                  | Each Covered Person:<br>\$1,250    | Each Covered Person:<br>\$1,250    |
| <b>Dependent Limiting Age</b>                                                                                                                                                                                   | 26 Years                                                                                                                                                                                                                                                         |                                    |                                    |
| <b>Dental Rewards</b> begins on January 1                                                                                                                                                                       | Once Dental Rewards begins for your plan, you will accumulate claims towards the Dental Rewards program. Accumulated claims between \$1 - \$300, will receive \$250 in Rewards to use the following Calendar Year. Your accumulated Rewards are capped at \$500. |                                    |                                    |

**<sup>1</sup>Blue Dental PPO Providers:** The preferred network of coverage in the Blue KC service area. **Lowest** out-of-pocket costs for covered services. Outside our service area, providers are available through the GRID Blue Cross and Blue Shield national network.

**<sup>2</sup>Blue Dental Choice Providers:** An additional network of coverage in the Blue KC service area. **Higher** out-of-pocket costs for covered services. Outside our service area, providers are available through the GRID+ Blue Cross and Blue Shield national network.

**<sup>3</sup>Non-Participating Providers:** Seeing a non-participating dentist results in the **Highest** out-of-pocket costs for covered services. Members may be responsible for filing claims and may be balance billed by the non-participating provider.

## Discrimination is Against the Law

Blue KC complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Blue KC does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Blue KC:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Customer Service, 844-395-7126 (Toll free), [languagehelp@bluekc.com](mailto:languagehelp@bluekc.com).

If you believe that Blue KC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with the Appeals Department, PO Box 419169, Kansas City, MO 64141-6169, 816-395-3537, TTY: 816-842-5607, [APPEALS@bluekc.com](mailto:APPEALS@bluekc.com). You can file a grievance in person or by mail, or email. If you need help filing a grievance, the Appeals Department is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

If you, or someone you're helping, has questions about Blue KC, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 1-877-410-6716.

Spanish: Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Blue KC, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-877-410-6716.

Chinese: 如果您，或是您正在協助的對象，有關於 Blue KC 方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 1-877-410-6716。

Vietnamese: Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Blue KC, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-877-410-6716.

German: Falls Sie oder jemand, dem Sie helfen, Fragen zum Blue KC haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 1-877-410-6716 an.

Korean: 가 [Blue KC] 1-877-410-6716 가 .

Serbo-Croatian: Ukoliko Vi ili neko kome Vi pomažete ima pitanje o Blue KC, imate pravo da besplatno dobijete pomoć i informacije na Vašem jeziku. Da biste razgovarali sa prevodiocem, nazovite 1-877-410-6716.

Arabic: إن كان لديك أو لدى شخص تساعد أسئلة بخصوص Blue KC ، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل برقم 1-877-410-6716.

Russian: Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Blue KC, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 1-877-410-6716.

French: Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de Blue KC, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 1-877-410-6716.

Tagalog: Kung ikaw, o ang iyong tinutulungan, ay may mga katanungan tungkol sa Blue KC, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 1-877-410-6716.

Laotian: ຖ້າ ທ່ານ, ຫຼື ຄົນ ທ່ານ ກຳລັງ ຊ່ວຍ ເຫຼືອ, ມີ ຄຳ ຖາມ ກ່ຽວ ກັບ Blue KC, ທ່ານ ມີ ສິດ ທີ່ ຈະ ໄດ້ ຮັບ ການ ຊ່ວຍ ເຫຼືອ ແລະ ຄຳ ຮອກ ສາມ ທີ່ ບໍ່ ມີ ນາມ ສາ ຂອງ ທ່ານ ບໍ່ ມີ ຄ່າ ໃຊ້ ຈ່າ ຍ. ການ ໂອ້ ນຶມ ກັບ ນາມ ສາ, ໃຫ້ ໂທ ຫາ 1-877-410-6716.

Pennsylvanian Dutch: "Wann du hoscht en Froog, odder ebber, wu du helpscht, hot en Froog baut Blue KC, hoscht du es Recht fer Hilf un Information in deinre eegne Schprooch griege, un die Hilf koschtet nix. Wann du mit me Interpreter schwetze witt, kannscht du 1-877-410-6716 uffrufe.

**Persian:**

اگر شما، یا کسی که شما به او کمک میکنید، سوال در مورد Blue KC، داشته باشید حق این را دارید که کمک اطلاعات به زبان خود را به طور رایگان دریافت نمایید. تماس حاصل نمایید. 1-877-410-6716

Cushite: Isin yookan namni biraa isin deeggartan Blue KC irratti gaaffii yo qabaattan, kaffaltii irraa bilisa haala ta'een afaan keessaniin odeeffannoo argachuu fi deeggarsa argachuuf mirga ni qabdu. Nama isiniif ibsu argachuuf, lakkoofsa bilbilaa 1-877-410-6716 tiin bilbilaa.

Portuguese: Se você, ou alguém a quem você está ajudando, tem perguntas sobre o Blue KC, você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para falar com um intérprete, ligue para 1-877-410-6716.

For TTY services, please call 1-816-842-5607.

