BlueCross BlueShield of Kansas
Blue Choice Network

Washburn University

DentalPlus PPO

Effective Jan 1, 2025 - Dec 31, 2025

This Dental Care Program offers complete coverage for in-network preventive services, along with additional coverage for primary and major dental services from in-network dentists. Employees and each eligible dependent will receive a maximum of $2,000 in benefits for all covered services (in- and out-of-network) each anniversary year.

PPO and Non PPO	Non Contracting	Covered Services
PREVENTIVE – No Deductible		
100% payment	**100% payment**	Oral examinations Dental imaging services required to treat or diagnose diseases or abnormalities of the teeth, surrounding tissue and cavity detection Fluoride (under age of 21 limited to once each year per insured) Prophylaxis, including cleaning, scaling and polishing Space maintainers Sealants limited to one application per tooth per lifetime per eligible insured between 5 and 17 years of age inclusive, and limited to permanent molars and bicuspids (20 teeth).
***PRIMARY - Deductible Maximum of $25/Individual, $50/Family**		
80% payment	**80% payment**	Inlays Simple extractions Repair of dentures Fillings (except gold) Emergency treatment for pain Endodontics General anesthesia when the dental treatment is covered Periodontics, non-surgical Non-surgical care of acute oral infection and oral lesions Oral surgery, consisting of diagnosis and treatment of fractures, dislocations, cysts, and abscesses; and surgical extractions (including impacted teeth)
***MAJOR – Deductible Maximum of $25/Individual, $50/Family**		
50% payment	**50% payment**	Periodontal surgery Surgery of the bony structure supporting the teeth Bridges Onlays (not part of a bridge) Crowns (not part of a bridge) Dentures, full or partial Dental implant services (subject to limitations)
ORTHODONTICS (under age of 21)		
100% payment up to a 3-year maximum of $1500	**100% payment up to a 3-year maximum of $1500**	Retention treatment Active treatment, including necessary appliances Diagnosis including study models and facial photographs

*** Primary and Major services have a combined deductible of 25/Individual, $50/Family.**

Benefits are not provided for denture or bridge replacement within five years after receiving dentures or bridges under this program. Benefits are limited to standard procedures for prosthodontic services.

**** If orthodontic treatment begins before the effective date of this rider, the months of previous treatment will be deducted from the maximum number of months available under this program.**
Note: Any charges for the replacement and/or repair of any appliance previously furnished under this plan shall not be covered by Blue Cross and Blue Shield of Kansas.

Contracting Dentists: Payment will be the maximum allowable charge for covered dental services. Payment will be sent directly to the dentist. The member will only be responsible for any coinsurance amounts and any charges for non-covered services.

Non-Contracting Dentists In Company Service Area: The member will be responsible for any difference between the payment allowance and the provider's charge, in addition to any coinsurance amounts and any charges for non-covered services. Payment will be sent directly to the member.

Non-Contracting Dentists Outside Company Service Area: Payment is based on usual, customary and reasonable charges. If the member does not sign payment over to the dentist, or the dentist does not submit the claim on the member's behalf, payment will be sent directly to the member.

Out-of-Network Dentists In Company Service Area: The allowable charge will be the actual charge for the covered service up to the maximum amount allowable for the same procedure performed by a contracting provider.

Coinsurance: The coinsurance will be applied to the payments of a contracting dentist or a non-contracting dentist as described.

Exclusions: Services not listed as eligible dental services in the certificate; duplicate benefits provided under federal, state or local laws, regulations or programs (except for Medicaid); patient education services; hospital calls and consultations; lab work; occlusal adjustments; dental implants (except limited coverage under Prosthodontics); services for diseases or injuries caused by or arising out of acts of acts of war or aggression; services for cosmetic purposes; payments under any provision of a Blue Cross and Blue Shield of Kansas certificate when the payment would duplicate payment for coverage made under another provision of the dental certificate (but only to the extent that such payment would exceed the charge for the service); services provided by a dentist for which there would customarily be no charge; medically unnecessary services; services related to alveolar ridge augmentations; services related to temporomandibular joint dysfunction syndrome over the amount specified in the certificate; orthodontic services; services covered and payable by any medical expense payment provision of any automobile insurance policy; services performed by immediate relatives or by members of the household of the employee; benefits received when a patient transfers during treatment, or if more than one dentist provides services for the same, payment for that benefit will not exceed the amount payable for one service.

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.