

dental

Missouri Valley Conference

Eligibility	All full-time active employees working 30 or more hours per week who are performing the duties of their occupation				
Coinsurance <table border="0"> <tr> <td>INN</td> <td>OON</td> </tr> <tr> <td>100%</td> <td>100%</td> </tr> </table>	INN	OON	100%	100%	TYPE I – Preventive Services This class includes procedures of a diagnostic or preventive nature: <ul style="list-style-type: none"> • Routine examinations – two per calendar year • Bitewing X-rays – one set per 12 months • X-Rays - One complete panoramic or full mouth series per 60 months • Prophylaxis (cleaning and scaling) – two per calendar year • Fluoride treatments (to age 19) • Sealants (to age 19) • Space Maintainers (to age 19) • Periodontal Maintenance
INN	OON				
100%	100%				
100% 100%	TYPE II – Basic Services This class includes procedures of basic restorative and corrective services: <ul style="list-style-type: none"> • Restorative (amalgam and composite fillings) • Anesthesia • Extractions • Tissue Conditioning • Emergency palliative treatment • Endodontics (root canal and pulpal therapy) • Periodontics (including treatment of gum diseases) • Periodontic Surgery • Oral Cancer Screening 				
60% 60%	TYPE III – Major Services <ul style="list-style-type: none"> • Restorative (inlays and crowns) • Prosthetics (dentures and bridges) • Dentures and crown repair • Oral surgery 				
Benefit Waiting Periods	This plan includes no benefit waiting periods				
Annual Maximum	\$1,500 calendar year maximum per person				
Deductible	There is a \$0 In Network and \$25 Out of Network per person per calendar year deductible for basic and major services with a family maximum of \$75. The deductible does not apply to preventive services.				
Dental Network	Kansas City Life Dental Alliance providers may be found at www.kclgroupbenefits.com/services/providers.aspx				
Vision Discount	CONNECTION VISION discount plan is included at no additional cost. Please visit eyemedvisioncare.com - Select the 'Insight' network for your provider search.				
Hearing Discount	CONNECTION HEARING services by HearPO are included at no additional cost. For information or to locate a provider, call 888.689.9530.				
Dental Claims	Claims may be submitted electronically (EDIWEBMD: CX058) or by mail to: KCL, P.O. Box 9040, Austin, TX 78766. Questions should be directed to 800.874.5254 ext. 6046.				

*This is a brief description only and is not a contract. The group Master Policy will determine all rights and benefits. Policy referenced herein: PJ143/CJ143
If there are any discrepancies between this outline and the group policy, the group policy governs.*