Barton County Community College Dental Benefits Summary

Group Number: 911377

Effective Date:	November 1, 2024	DENTAL PLAN
Dental Benefits Administrator		Freedom Claims Management, Inc.
Deductible & Benefits are on a Plan Year Basis		Open Network
Maximum Plan Year Benefit		\$1,500
Individual Deductible		\$50
Family Deductible		\$100
<u>[</u>	Dental Procedures	Percentage Paid by the Plan
Preventive & Diagnostic	Deductible waived	100%
Oral exams and prophylaxis: Two times per Plan Year		
Bitewings:Two times per Plan Year		
Full mouth or panoramic x-rays: One time per three years		
Topical Fluoride: Two times per Calendar Year for Children under age 19		
Sealants: once per tooth per lifetime for Dependent Children under age 16 when applied to adult molars with no decay or fillings on the chewing		
surface and intact		
Basic Restorative Care	Deductible applies	80%
Fillings: Except for gold		
Space Maintainers: Dependent Children under age 19 for early loss of primary teeth		
Emergency/limited exam: One per Calendar Year by dentist for relief of pain		
Oral Surgery: Limited to removeal of non-impacted teeth, preparation of the mouth for dentures and removal of tooth-generated cysts.		
Recementing: Bridges, crowns, or inlays		
Antibiotic drugs which are injected by a Dentist		
Endontics		
Periodontics		
General anesthesia when the dental treatment is coverrerd.		
Major Dental Services	Deductible applies	50%
Crowns, inlays and abutments		
Repair of crowns, bridgework and dentures.		
Rebasing/relining removable dentures (over six months old once every thirty-six months)		
Gold restorations, onlays and foil fillings		
Dental implant services		
Dentures, full or partial, and bridgework Orthodontia Procedures None		
Usual & Customary Payment Percentile		95th Percentile
Dependents Covered to Age		Age 26

3/11/2025

Please direct questions and submit dental claims to: Freedom Claims Management, Inc.

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