



**Dental plans
as low as
\$22 a month...
now that's
something worth
smiling about!**

Dental

Dental Care.

If you and your family are not covered by an employer's dental plan, you can still have quality and affordable dental insurance through Blue Cross and Blue Shield of Kansas City.

Quality Coverage.

Basic services are available from your effective date, while some other services require a waiting period from your effective date. Services requiring a waiting period include basic restorative, major restorative, endodontics, periodontics and oral surgery needs, which include root canals, tooth extractions and surgical preparation of the mouth for dentures. Anesthesia is covered only when used during a covered service.

Choice and Convenience.

It's easy to locate in-network dentists in your area by accessing our Dental Provider Directory at bcbskc.com. For convenience, you may choose to have premiums deducted automatically from your checking account or billed to your credit card. And since we're based in Kansas City, you'll receive claims, billing and customer service locally.

Policies are available the first of each month.

REFUNDS ARE NOT AVAILABLE AFTER THE 10-DAY FREE LOOK GRACE PERIOD.

NOTE: Child(ren)-only coverage is available.

Apply Online
buyblueKC.com

Dental Benefits & Rates

TYPES OF DENTAL SERVICES

TYPE I DENTAL SERVICES	TYPE II DENTAL SERVICES	TYPE III DENTAL SERVICES
Type I benefits include diagnostic and preventive dental care, which includes oral exams, cleanings and X-rays.	Type II services include coverage for basic restorative (including fillings, recementation of existing crowns and bridges), endodontics and oral surgery needs, which include root canals and tooth extractions.	Type III services include major restorative and periodontal (gum) services, including crowns, bridges, dentures and any type of periodontal surgery.

PAYMENT STRUCTURE - WHAT YOU PAY

TYPE I SERVICES	TYPE II SERVICES	TYPE III SERVICES
<i>In-Network Dentist</i> \$0	<i>In-Network Dentist</i> \$50 deductible then 20%	<i>In-Network Dentist</i> \$200 deductible then 50%
<i>Out-of-Network Dentist</i> 15%	<i>Out-of-Network Dentist</i> \$50 deductible then 35%	<i>Out-of-Network Dentist</i> \$200 Deductible then 50%

INDIVIDUAL DENTAL PLAN BENEFITS

SERVICE	PLAN II	PLAN III
Oral Examinations - 2 per calendar year	✓	✓
X-rays	✓	✓
Single tooth - 12 per calendar year	✓	✓
Complete mouth - 1 every 3 calendar years	✓	✓
Bitewing - 2 sets per calendar year	✓	✓
Sealants - 1 treatment per tooth in any 3 calendar years***	✓	✓
Prophylaxis - 2 per calendar year	✓	✓
Fluoride Treatments* - 2 per calendar year	✓	✓
Fixed and removable space maintainers**	✓	✓
Emergency Palliative	✓	✓
Fillings	✓✦	✓✦
Endodontics (Including root canals)	✓✦	✓✦
Tooth extractions	✓✦	✓✦
Alveoplasty	✓✦	✓✦
Anesthesia	✓✦	✓✦
Major Restorative (Including but not limited to bridges, crowns, inlays and dentures.)	Not Covered	✓▲
Periodontics	Not Covered	✓▲
Orthodontics	Not Covered	Not Covered

Dental plans are available in Johnson and Wyandotte counties in Kansas and in the following Missouri counties: Andrew, Atchison, Bates, Benton, Buchanan, Caldwell, Carroll, Cass, Clay, Clinton, Daviess, DeKalb, Gentry, Grundy, Harrison, Henry, Holt, Jackson, Johnson, Lafayette, Livingston, Mercer, Nodaway, Pettis, Platte, Ray, Saline, St. Clair, Vernon and Worth.

*For persons age 18 and younger **Initial appliance only ***For persons age 14 and younger ✦Six-month waiting period ▲Twelve-month waiting period

INDIVIDUAL DENTAL PLAN PREMIUMS

PLAN II	PLAN III
Child* \$22 per month	Child* \$26 per month
Adult \$25 per month	Adult \$33 per month

* "Child" is defined from birth to 18th birthday.

Rates are based on the contract holder's age as of January 1st of the current year. Rate changes based on change of age category will occur January 1st of the following year.

MAXIMUM BENEFIT PAID BY BLUE CROSS AND BLUE SHIELD OF KANSAS CITY

Calendar Year Maximum \$1,000 per person

PREMIUM CALCULATOR

PLAN II	Child \$22 x _____ (number of applicants) = \$ _____ (total child monthly payment)
	Adult \$25 x _____ (number of applicants) = \$ _____ (total adult monthly payment)
PLAN III	Child \$26 x _____ (number of applicants) = \$ _____ (total child monthly payment)
	Adult \$33 x _____ (number of applicants) = \$ _____ (total adult monthly payment)

TO CALCULATE YOUR INITIAL PAYMENT

\$ _____ Total Monthly Premium x 3 = _____ Initial Payment

This is the amount you must send with your application. If you select the Tech-No-Check option on your application, your monthly payments will be automatically deducted from your account after your initial payment.

REFUNDS ARE NOT AVAILABLE AFTER THE 10-DAY FREE LOOK GRACE PERIOD.

Blue Cross and Blue Shield of Kansas City Privacy Practices Notice

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. THE PRIVACY OF YOUR MEDICAL INFORMATION IS IMPORTANT TO US.

Summary of Our Privacy Practices

We may use and disclose your medical information, without your permission, for treatment, payment and healthcare operations activities. We may use and disclose your medical information, without your permission, when required or authorized by law for public health activities, law enforcement, judicial and administrative proceedings, research and certain other public benefit functions.

We may disclose your medical information to your family members, friends and others you involve in your care or payment for your healthcare. We may disclose your medical information to appropriate public and private agencies in disaster relief situations.

We may disclose to your employer whether you are enrolled or disenrolled in the health plans it sponsors. We may disclose summary health information to your employer for certain limited purposes. We may disclose your medical information to your employer to administer your group health plan if your employer explains the limitations on its use and disclosure of your medical information in the plan document for your group health plan.

We will not otherwise use or disclose your medical information without your written authorization.

You have the right to examine and receive a copy of your medical information. You have the right to receive an accounting of certain disclosures we may make of your medical information. You have the right to request that we amend, further restrict use and disclosure of, or communicate in confidence with you about your medical information.

Please review this entire notice for details about the uses and disclosures we may make of your medical information, about your rights and how to exercise them, and about complaints regarding or additional information about our privacy practices.

Contact Information

For more information about our privacy practices, to discuss questions or concerns, or to get additional copies of this notice, please contact our Privacy Office.

Contact Office: Privacy Office
Blue Cross and Blue Shield of Kansas City
P. O. Box 417012
Kansas City, MO 64141
Telephone: 816-395-3784 or toll free at 1-800-932-1114
Fax: 816-395-2862
E-mail: privacy@bcbskc.com

Organizations Covered by this Notice

This notice applies to the privacy practices of the organizations listed below. They may share with each other your medical information, and the medical information of others they service, for the healthcare operations of their joint activities.

Blue Cross and Blue Shield of Kansas City and Missouri Valley Life and Health Insurance Company.

Our Legal Duty

We are required by applicable federal and state law to maintain the privacy of your medical information. We are also required to give you this notice about our privacy practices, our legal duties and your rights concerning your medical information.

We must follow the privacy practices that are described in this notice while it is in effect. This notice takes effect April 1, 2006 and will remain in effect unless we replace it.

We reserve the right to change our privacy practices and the terms of this notice at any time, provided such changes are permitted by applicable law. We reserve the right to make any change in our privacy practices and the new terms of our notice applicable to all medical information we maintain, including medical information we created or received before we made the change. Before we make a significant change in our privacy practices, we will change this notice and send the new notice to our health plan subscribers at the time of the change.

Uses and Disclosures of Your Medical Information

Treatment: We may disclose your medical information, without your permission, to a physician or other healthcare provider to treat you.

Payment: We may use and disclose your medical information, without your permission, to pay claims from physicians, hospitals and other healthcare providers for services delivered to you that are covered by your health plan, to determine your eligibility for benefits, to coordinate your benefits with other payers, to determine the medical necessity of care delivered to you, to obtain premiums for your health coverage, to issue explanations of benefits to the subscriber of the health plan in which you participate, and the like. We may disclose your medical information to a healthcare provider or another health plan for that provider or plan to obtain payment or engage in other payment activities.

Healthcare Operations: We may use and disclose your medical information, without your permission, for healthcare operations. Healthcare operations include:

- healthcare quality assessment and improvement activities;
- reviewing and evaluating healthcare provider and health plan performance, qualifications and competence, healthcare training programs, healthcare provider and health plan accreditation, certification, licensing and credentialing activities;
- conducting or arranging for medical reviews, audits and legal services, including fraud and abuse detection and prevention;
- underwriting and premium rating our risk for health coverage and obtaining stop-loss and similar reinsurance for our health coverage obligations; and
- business planning, development, management, and general administration, including customer service, grievance resolution, claims payment and health coverage improvement activities, de-identifying medical information and creating limited data sets for healthcare operations, public health activities, and research.

We may disclose your medical information to another health plan or to a healthcare provider subject to federal privacy protection laws, as long as the plan or provider has or had a relationship with you and the medical information is for that plan's or provider's healthcare quality assessment and improvement activities, competence and qualification evaluation and review activities, or fraud and abuse detection and prevention.

Your Authorization: You may give us written authorization to use your medical information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosure permitted by your authorization while it was in effect. Unless you give us a written authorization, we will not use or disclose your medical information for any purpose other than those described in this notice.

Family, Friends and Others Involved in Your Care or Payment for Care: We may disclose your medical information to a family member, friend or any other person you involve in your care or payment for your healthcare. We will disclose only the medical information that is relevant to the person's involvement.

We may use or disclose your name, location and general condition to notify, or to assist an appropriate public or private agency to locate and notify, a person responsible for your care in appropriate situations, such as a medical emergency or during disaster relief efforts.

We will provide you with an opportunity to object to these disclosures, unless you are not present or are incapacitated or it is an emergency or disaster relief situation. In those situations, we will use our professional judgment to determine whether disclosing your medical information is in your best interest under the circumstances.

Your Employer: We may disclose to your employer whether you are enrolled or disenrolled in a health plan that your employer sponsors.

We may disclose summary health information to your employer to use to obtain premium bids for the health insurance coverage offered under the group health plan in which you participate or to decide whether to modify, amend or terminate that group health plan. Summary health information is aggregated claims history, claims expenses or types of claims experienced by the enrollees in your group health plan. Although summary health information will be stripped of all direct identifiers of these enrollees, it still may be possible to identify medical information contained in the summary health information as yours.

We may disclose your medical information and the medical information of others enrolled in your group health plan to your employer to administer your group health plan. Before we may do that, your employer must amend the plan document for your group health plan to establish the limited uses and disclosures it may make of your medical information. Please see your group health plan document for a full explanation of those limitations.

Health-Related Products and Services: We may use your medical information to communicate with you about health-related products, benefits and services, and payment for those products, benefits and services that we provide or include in our benefits plan. We may use your medical information to communicate with you about treatment alternatives that may be of interest to you.

These communications may include information about the healthcare providers in our networks, about replacement of or enhancements to your health plan and about health-related products or services that are available only to our enrollees that add value to our benefits plans.

Public Health and Benefit Activities: We may use and disclose your medical information, without your permission, when required by law, and when authorized by law for the following kinds of public health and public benefit activities:

- for public health, including to report disease and vital statistics, child abuse and adult abuse, neglect or domestic violence;
- to avert a serious and imminent threat to health or safety;
- for healthcare oversight, such as activities of state insurance commissioners, licensing and peer review authorities, and fraud prevention agencies;
- for research;
- in response to court and administrative orders and other lawful process;
- to law enforcement officials with regard to crime victims and criminal activities;
- to coroners, medical examiners, funeral directors and organ procurement organizations;
- to the military, to federal officials for lawful intelligence, counterintelligence and national security activities, and to correctional institutions and law enforcement regarding persons in lawful custody; and
- as authorized by state worker's compensation laws.

Your Rights

If you wish to exercise any of the rights set out in this section, you should submit your request in writing to our Privacy Office. You may obtain a form by calling Customer Service at the phone number on the back of your ID card to make your request.

Access: You have the right to examine and to receive a copy of your medical information, with limited exceptions.

We may charge you reasonable, cost-based fees for a copy of your medical information, for mailing the copy to you and for preparing any summary or explanation of your medical information you request. Contact our Privacy Office for information about our fees.

Disclosure Accounting: You have the right to a list of instances after April 13, 2003, in which we disclose your medical information for purposes other than treatment, payment, healthcare operations, as authorized by you, and for certain other activities.

We will provide you with information about each accountable disclosure that we made during the period for which you request the accounting, except we are not obligated to account for a disclosure that occurred more than 6 years before the date of your request and never for a disclosure that occurred before April 14, 2003. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to your additional requests. Contact our Privacy Office for information about our fees.

Amendment: You have the right to request that we amend your medical information.

We may deny your request only for certain reasons. If we deny your request, we will provide you a written explanation. If we accept your request, we will make your amendment part of your medical information and use reasonable efforts to inform others of the amendment who we know may have and rely on the unamended information to your detriment, as well as persons you want to receive the amendment.

Restriction: You have the right to request that we restrict our use or disclosure of your medical information for treatment, payment or healthcare operations, or with family, friends or others you identify. We are not required to agree to your request. If we do agree, we will abide by our agreement, except in a medical emergency or as required or authorized by law. Any agreement we may make to a request for restriction must be in writing signed by a person authorized to bind us to such an agreement.

Confidential Communication: You have the right to request that we communicate with you about your medical information in confidence by means or to locations that you specify. You must make your request in writing, and your request must represent that the information could endanger you if it is not communicated in confidence as you request.

We will accommodate your request if it is reasonable, specifies the means or location for communicating with you, and continues to permit us to collect premiums and pay claims under your health plan. Please note that an explanation of benefits and other information that we issue to the subscriber about healthcare that you received for which you did not request confidential communications, or about healthcare received by the subscriber or by others covered by the health plan in which you participate, may contain sufficient information to reveal that you obtained healthcare for which we paid, even though you requested that we communicate with you about that healthcare in confidence.

Electronic Notice: If you receive this notice on our Web site or by electronic mail (e-mail), you are entitled to receive this notice in written form. Please contact our Privacy Office to obtain this notice in written form.

Complaints

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your medical information, about amending your medical information, about restricting our use or disclosure of your medical information, or about how we communicate with you about your medical information, you may complain to our Privacy Office.

You also may submit a written complaint to the Office for Civil Rights of the United States Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, Washington, D.C. 20201. You may contact the Office for Civil Rights' Hotline at 1-800-368-1019.

We support your right to the privacy of your medical information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Enrollment

You must complete the application. Please list all of your eligible dependents (e.g. legal spouse, your or your spouse's unmarried children) for whom you are applying for coverage. Unmarried children are covered through the end of the year in which they turn 25 or until they are no longer eligible dependents, whichever comes first.

When enrolling only your child, list his or her name as an "applicant." Complete a separate application for each child you want covered. A parent or guardian must sign applications for all children under 18 years of age. You must include a social security number for each person applying for coverage. Approved family members also receive identification cards displaying their name and identification number.

If Blue Cross and Blue Shield of Kansas City approves your application, you will receive plan documents outlining your benefits in detail. Acceptance to the program is not guaranteed. So, it's vital that you do not cancel any health insurance coverage you have now until Blue Cross and Blue Shield of Kansas City confirms your coverage.

Eliminate the hassle of writing a check each month for your healthcare premium. With Tech-No-Check electronic funds transfer, your monthly premium is automatically deducted from your checking account. Your premium will be paid automatically, on time, each and every month. Your account will be drafted on the 5th of each month or next business day. You will be notified when Tech-No-Check is activated.

You can also submit payments by credit card online at bcbskc.com. Simply log on to the member section of our Web site and click the "My Bill" link on the left-hand side of the member homepage. In this section you can securely enter your credit card information to pay your health insurance premium online.

For the fastest response, enroll online @ buyblueKC.com.

Blue Cross and Blue Shield of Kansas City makes it fast and convenient for you to enroll for any of the plans described here. Go online and choose the method that is best for you:

- You can apply online by going to:

buyblueKC.com

- Or you can print out your application, fill it out and mail it to:
Blue Cross and Blue Shield of Kansas City
2301 Main
Kansas City, MO 64108
ATTN: Manager, Consumer Sales

If you have questions, you can call our customer service department between 8:00 a.m. and 4:30 p.m. weekdays at 816-395-2583 or 800-645-8346. A representative will gladly provide the information you need or help you with your enrollment application.

You can also e-mail questions to our customer service representatives on our Web site by clicking "Talk to Us" at the top of your screen. You will receive an answer to your question within 24 hours.

Apply Online

buyblueKC.com

- All applications are subject to underwriting approval.
- Premiums shown in this book are not final until after underwriting review.
- Premiums are billed on a monthly basis except for Dental and Short-Term Security. The first three months' premium payment for the Dental plan is due at the time of application. For Short-Term Security, based on the length of coverage you choose, the entire premium payment is due at the time of application. For example, if you choose a six-month coverage plan, six months' premium will be due upon application.
- Premiums are subject to increase with 30 days' advance notice.
- 24-month waiting period for maternity coverage applies to both Kansas and Missouri Preferred-Care Blue Premium and BlueSaver plans.
- Premiums are determined by the age and sex of the contract holder (except for child premiums which are not sex-rated).
- All programs assume a 12-month exclusion period for coverage of pre-existing conditions.
- Rates are based on the contract holder's age as of January 1st of the current year. Rate changes based on change of age category will occur January 1st of the following year.
- Written notification of final premiums will be mailed to you upon approval of coverage.
- Acceptance is not guaranteed. It is vital that you don't cancel the health insurance coverage you currently have until Blue Cross and Blue Shield of Kansas City confirms your coverage in writing.

