

Welcome to Delta Dental of Kansas

Delta Dental of Kansas is a member of Delta Dental Plans Association, the leading and largest underwriter of group dental coverage in the United States. Together with your employer, we have designed a dental benefit plan to help protect the oral health of you and your covered dependents. Regular preventive dental care not only reduces the cost and the pain generally associated with extensive dental work, but a healthy mouth contributes to the overall well-being of every person.

You are free to go to any dentist of your choosing; however, there may be a difference in the amount of payment if the dentist is not a participating dentist with Delta Dental. Since over 75% of the dentists do contract with Delta Dental, the chances are excellent your dentist is already a member. If you have any questions about whether your dentist participates with Delta Dental, ask your dentist when making your appointment or contact the Customer Service staff at Delta Dental of Kansas by calling (316) 264-4511, or toll-free (800) 234-3375. You may also access our nationwide network through our website at www.deltadentalks.com.

It is our pleasure to be of service to you.

Check out our website: www.deltadentalks.com

From our website, you can:

- Locate a participating **Delta Dental Premier** dentist anywhere in the United States
 - Go to the above website
 - Click on *Searching for a Dentist?*
 - Click on Delta Dental Premier under #1. Product Selection
 - Type in city and state OR zipcode under #2. Your Location
 - Type in preferences under #3. Sorting, Distance and Number of Results
 - Drag and click on type of dental specialist under #4. Additional Criteria
 - Click on Search for a Dentist
- Estimate your out-of-pocket dental care costs with the Flexible Spending Account Estimator
- Learn about oral health and wellness
- Check your eligibility and plan information
- Print yourself an ID card
- Check claim status



Summary of Dental Plan Benefits PLAN 22996 (CC)

Maximum Contract Benefit Per Person:

The maximum benefit payment for all covered dental procedures for each Eligible Person in any one calendar year is: One Thousand Dollars (\$1,000.00).

Deductible Limitations

Coverage for diagnostic and preventive services is not subject to any deductible amount. For all other covered benefits, the calendar year deductible is:

\$25 x 3

Dependent Ages

Dependents are covered to age 24.

Benefit % Paid		
DIAGNOSTIC & PREVENTIVE (Not subject to deductible)		
100%	Diagnostic:	Includes the following procedures necessary to evaluate existing dental conditions and the dental care required: <ul style="list-style-type: none"> • <u>Oral examinations</u> – once each six (6) months. • <u>Diagnostic x-rays</u> – bitewings once each six (6) months for dependents under age 18 and once each twelve (12) months for adults age 18 and over. • <u>Full mouth x-rays</u> – once each five (5) years.
100%	Preventive:	Provides for the following: <ul style="list-style-type: none"> • <u>Prophylaxis</u> (Cleanings) - once each six (6) months. • <u>Topical Fluoride</u> – once each six (6) months for dependent children under age 19. • <u>Space Maintainers</u> – for dependent children under age 14 and only for premature loss of primary molars. • <u>Sealants</u> – once (1) per lifetime for dependent children under age 15 when applied only to permanent molars with no caries (decay) or restorations on any surface and with the occlusal surface intact.
BASIC		
80%	Ancillary:	Provides for one (1) emergency examination per plan year by the Dentist for the relief of pain.
80%	Oral Surgery:	Provides for extractions and other oral surgery including required anesthesia and pre and post-operative care.
80%	Regular Restorative:	Provides amalgam (silver) restorations; composite (white) resin restorations on all teeth; and stainless steel crowns for dependents under age 12.
80%	Endodontics:	Includes procedures for root canal treatments and root canal fillings.
80%	Periodontics:	Includes procedures for the treatment of diseases of the tissues supporting the teeth.
MAJOR		
50%	Special Restorative:	When teeth cannot be restored with a filling material listed in Regular Restorative Dentistry, provides for individual permanent crowns.
50%	Prosthodontics:	Includes bridges, partial and complete dentures, including repairs and adjustments.
ORTHODONTICS		
0%	Orthodontics:	Orthodontic appliances and treatment.

This is a summary of benefits only and does not bind Delta Dental of Kansas to any coverage. Please refer to the Description of Dental Care Coverage for complete coverage information, including exclusions and limitations. Coverage as described in the employer group's Agreement to Provide Dental Benefits (contract) is binding on all parties and supercedes all other written or oral communications.