

Summary of Dental Plan Benefits

UNIFIED SCHOOL DISTRICT No. 259, SEDGWICK COUNTY, STATE OF KANSAS (Base Plan)

Group #92703

Effective for January 1, 2023

Benefit % Paid

	Delta Dental PPO	Delta Dental Premier	Non-Participating		
DIAGNOSTIC & PREVENTIVE (Not Subject to Deductible)					
Monthly Rates:	100%	70%	60%	Diagnostic:	Includes the following procedures necessary to evaluate existing dental conditions and the dental care required:
Employee: \$0.00					<ul style="list-style-type: none"> • <u>Oral evaluations</u> - two (2) times per Calendar Year. • <u>Bitewing x-rays</u> - two (2) times per calendar year for dependents under age eighteen (18) and once (1) each twelve (12) months for adults age eighteen (18) and over. • <u>Full mouth or panoramic x-rays</u> - once (1) each five (5) years.
Employee+Spouse: \$0.00					
Employee+Child(ren): \$0.00					
Family: \$0.00					
Maximum Benefit(s) Per Person:	100%	70%	60%	Preventive:	Provides for the following:
The Maximum Benefit for all Covered Services for each Enrollee in any one Calendar Year is: One Thousand Five Hundred Dollars (\$1,500.00).					<ul style="list-style-type: none"> • <u>Prophylaxis</u> (Cleanings) - two (2) times per Calendar Year. • <u>Topical Fluoride</u> - two (2) times per Calendar Year for dependent children under age nineteen (19). • <u>Space Maintainers</u> - for dependent children under age fourteen (14) and only for premature loss of primary molars. • <u>Sealants</u> - once (1) per tooth per lifetime for dependent children under age sixteen (16) when applied only to permanent molars with no caries (decay) or restorations on the occlusal surface and with the occlusal surface intact.
BASIC (Not Subject to Deductible)					
Deductible Limitations:	None	None	None	Ancillary:	Provides for one (1) emergency examination per Plan year by the Dentist for the relief of pain.
No benefits covered hereunder are subject to any Deductible amount.	None	None	None	Oral Surgery:	Provides for extractions and other oral surgery including pre and post-operative care.
	None	None	None	Regular Restorative:	Provides amalgam (silver) restorations; composite (white) resin restorations on all teeth; and stainless steel crowns for dependents under age twelve (12).
	None	None	None	Endodontics:	Includes procedures for root canal treatments and root canal fillings. When covered, payment for root canal therapy is limited to only once (1) in any twenty-four (24) month period, per tooth.
	None	None	None	Periodontics:	a. Includes procedures for the treatment of diseases of the tissues supporting the teeth. Periodontal maintenance, including evaluation, is counted toward the frequency limitation for prophylaxis cleanings. b. Surgical periodontal procedures.
Eligible Children Ages:	None	None	None	MAJOR (Not Subject to Deductible)	
Dental Plan coverage is available for eligible dependents up to age twenty-six (26), regardless of whether they are full-time students, married, or have access to insurance through their own employer.	None	None	None	Special Restorative:	When teeth cannot be restored with a filling material listed in Regular Restorative Dentistry, provides for individual crowns.
	None	None	None	Prosthodontics:	a. Includes bridges, partial and complete dentures. b. Repairs and adjustments of bridges and dentures. c. Implants. Limitations may apply.
	None	None	None	Temporomandibular Joint Dysfunction (TMJ):	Includes specified non-surgical procedures, limitations may apply.
ORTHODONTICS (Not Subject to Deductible)					
	None	None	None	Orthodontics:	Orthodontic appliances and treatment.

This is a summary of benefits only and does not bind Delta Dental of Kansas to any coverage. Subscribers are encouraged to familiarize themselves with the details of their individual plan benefits. Subscribers are responsible for any required copayments, deductibles, or fees for services not covered by their plan at the time services are performed. Please refer to the Description of Dental Care Coverage ("Benefits Booklet") for complete coverage information, including but not limited to any applicable exclusions and limitations. Coverage as described in the employer group's dental benefits contract with Delta Dental of Kansas is binding on all parties and supersedes all other written or oral communications.

Welcome to Delta Dental of Kansas

We are the champions of your smile.

With Delta Dental of Kansas you receive the expertise of the largest, most experienced dental benefits carrier in the nation, paired with our unparalleled customer service. With your employer, we have designed a dental benefit plan to help protect you and your family's oral health. Regular preventive dental care not only reduces the cost and pain generally associated with extensive dental work, but a healthy mouth also contributes to your overall well-being.

CHOOSING A DENTIST

You are free to go to any dentist of your choice, but there may be a difference in the amount you pay if the dentist is not a Delta Dental participating dentist. It is to your advantage to choose a **Delta Dental PPOSM** or **Delta Dental Premier[®]** dentist. Nearly 4 out of 5 dentists nationwide contract with Delta Dental, so chances are excellent your dentist is already a member. You can search for an in-network dentist at DeltaDentalKS.com, on the Delta Dental mobile app or by contacting customer service at 800.234.3375.

MANAGING MY BENEFITS

At DeltaDentalKS.com, you can log in to your member account to:

- Print ID cards
- Check your eligibility and benefit information
- Check your claim status
- Sign-up to receive your Explanation of Benefits electronically
- And more!

Through Delta Dental's mobile app, you can:

- Use your mobile ID card
- Find a dentist
- Utilize the Dental Care Cost Estimator
- Schedule a dentist appointment*
- Check your coverage and claims
- And more!



*Availability may vary by geographic area and individual dentist participation. Appointment scheduling is powered by our partners at BrigherSM.



Have questions about your plan?

Call us at
800.234.3375

1/18