

# Summary of Dental Plan Benefits

## MIDWEST PUBLIC RISK

### Group #5226

Effective for July 1, 2017

#### Maximum Benefit(s) Per Person:

The Maximum Benefit for all Covered Services, including Implant Services, for each Enrollee in any one Contract Year is: One Thousand Two Hundred Fifty Dollars (\$1,250.00). The Contract Year is July 1, 2017 through June 30, 2018.

The Maximum Benefit for Orthodontic Services for each Enrollee is: One Thousand Two Hundred Fifty Dollars (\$1,250.00) during such person's lifetime. Payment for the Orthodontic Services shall not be included in determining the Maximum Benefit for each Contract Year.

#### Deductible Limitations

Coverage for diagnostic and preventive services is not subject to any deductible amount. For all other covered benefits, the Contract Year deductible is:  
\$50 x 3

#### Eligible Children Ages

Children are eligible for coverage to age twenty-six (26).

*\* **Preventive Plus** - Benefits for exams, regular & periodontal cleanings, x-rays, fluoride treatments and ancillary services do not apply to your individual benefit maximum.*

*\*\* **Healthy Benefits, Healthy Smile, Healthy You** Patients who are pregnant, diabetic, have a suppressed immune system, have kidney failure or are undergoing dialysis, or have a history of periodontal therapy are eligible for up to two (2) additional cleanings per Contract year. To be eligible for the additional benefits you must complete a Self-Report form which can be found within the Subscriber Connection at [www.deltadentaltalks.com](http://www.deltadentaltalks.com) or obtained by contacting Delta Dental of Kansas' customer service at 1-800-234-3375.*

Benefit % Paid				
Delta Dental PPO	Delta Dental Premier	Non-participating		
			<b>DIAGNOSTIC &amp; PREVENTIVE</b> (Not subject to deductible or maximum)	
100%	100%	100%	<b>Diagnostic:</b>	Includes the following procedures necessary to evaluate existing dental conditions and the dental care required: <ul style="list-style-type: none"> <li>*<b>Oral evaluations</b> – two (2) times per Contract year.</li> <li>*<b>Bitewing x-rays</b> – bitewing x-rays as required.</li> <li>*<b>Full mouth x-rays or panoramic x-rays</b> – once (1) in any thirty-six (36) consecutive months.</li> </ul>
100%	100%	100%	<b>Preventive:</b>	Provides for the following: <ul style="list-style-type: none"> <li>*<b>Prophylaxis</b> (Cleanings) - (all types including periodontal maintenance), **two (2) times per Contract year.</li> <li>*<b>Topical Fluoride</b> – once (1) each Contract year for dependent children under age nineteen (19).</li> <li>*<b>Space Maintainers</b> – once (1) in five (5) years for dependent children under age sixteen (16) and only for premature loss of primary molars (except for accidental injuries).</li> <li>*<b>Sealants</b> – once (1) per tooth every five (5) years when applied only to permanent molars with no caries (decay) or restorations on the occlusal surface and with the occlusal surface intact.</li> </ul>
100%	100%	100%	<b>*Ancillary:</b>	Provides for emergency examinations by the Dentist for the relief of pain as needed.
100%	100%	100%	<b>Brush Biopsy:</b>	To detect oral cancer.
			<b>BASIC</b> (Subject to Deductible)	
85%	80%	80%	<b>Oral Surgery:</b>	Provides for simple surgical extractions.
85%	80%	80%	<b>Regular Restorative:</b>	Provides amalgam (silver) restorations on molars; composite (white) resin restorations on all teeth.
85%	80%	80%	<b>Endodontics:</b>	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.
85%	80%	80%	<b>Periodontics:</b>	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.
			<b>MAJOR</b> (Subject to Deductible)	
55%	50%	50%	<b>Special Restorative:</b>	Crowns, jackets, labial veneers, inlays and onlays when required for restorative purposes, once (1) in five (5) years.
55%	50%	50%	<b>Prosthodontics:</b>	a. Includes bridges, partial and complete dentures, including b. Repairs and adjustments of bridges and dentures. A replacement will be covered only once (1) in five (5) years, but not during the first twelve (12) months of coverage. c. Implants.
55%	50%	50%	<b>Oral Surgery:</b>	Provides for oral surgery including pre and post-operative care, except for extractions covered under Basic Services.
			<b>ORTHODONTICS</b> (Subject to Deductible)	
50%	50%	50%	<b>Orthodontics:</b>	Includes orthodontic appliances and treatment, interceptive and corrective, for adults and dependent children under age 26.

*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 supersedes all other written or oral communications.*



## Welcome to Delta Dental of Kansas



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. 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 your overall well-being.

### Network Strength

You are free to go to any dentist of your choice; however, there may be a difference in the amount of payment if the dentist is not a Delta Dental participating dentist. It is to your advantage to choose a **Delta Dental PPO** or **Delta Dental Premier** dentist. Since nearly 4 out of 5 dentists nationwide 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, contact Customer Service at **(316) 264-4511** or toll-free at **(800) 234-3375**. You may also locate a dentist using the 'Locate a Dentist' link at [www.deltadentalks.com](http://www.deltadentalks.com).

### Website Capabilities

From our website, [www.deltadentalks.com](http://www.deltadentalks.com), you can:

- Locate a participating **Delta Dental PPO** or **Delta Dental Premier** dentist anywhere in the United States
  - Go to [www.deltadentalks.com](http://www.deltadentalks.com)
  - Click on 'Subscribers' across the top of the page
  - Under 'Locate a Dentist', click on 'Dentist Search' then 'Find a Dentist'
  - #1 - 'Product Selection', click on '**Delta Dental PPO**' or '**Delta Dental Premier**'
  - #2 - 'Your Location', type in either your city and state OR your zip code
  - You may also sort the number of results, enter your dentist's name or choose by specialty
  - Click on 'Search for a Dentist'
- Check your eligibility and plan information
- Print an ID card
- Check claim status
- Estimate your out-of-pocket dental care costs with the Flexible Spending Account Estimator
- Sign-up to receive your Explanation of Benefits electronically
- Learn about oral health and wellness