

Summary of Dental Plan Benefits

U S D #234 - FORT SCOTT
Group #52698

Effective for January 1, 2019

Maximum Benefit(s) Per Person:

The Maximum Benefit payment for all Covered Services for each Enrollee 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:

\$50 x 3

Eligible Children Ages:

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

Monthly Rates:

Employee:	\$23.81
Employee + Spouse:	\$46.14
Employee + Child(ren):	\$56.66
Family:	\$89.22

*Using a non-participating provider may result in higher out of pocket expenses. Refer to your benefit booklet for further information.

Benefit %

*Delta Dental PPO/Premier

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 evaluations</u> - two (2) times per Calendar Year. • <u>Bitewing x-rays</u> - bitewings two (2) times per Calendar Year for dependents under age eighteen (18) and once each twelve (12) months for adults age eighteen (18) and over. • <u>Full mouth x-rays or panoramic x-rays</u> - once (1) each five (5) years.
100%	Preventive:	Provides for the following: <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 sixteen (16). • <u>Sealants</u> - once (1) per tooth every three (3) years 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 (Subject to Deductible)

50%	Space Maintainers:	Provided for dependent children under age sixteen (16) and only for premature loss of primary molars.
50%	Ancillary:	Provides for one (1) emergency examination per plan year by the Dentist for the relief of pain.
50%	Oral Surgery:	Provides for simple extractions.
50%	Regular Restorative:	Provides amalgam (silver) restorations; composite (white) resin restorations on all teeth; and stainless steel crowns for dependents under age twelve (12).
50%	Periodontics:	Includes procedures for the treatment of diseases of the tissues supporting the teeth. Periodontal maintenance, including evaluation, is counted towards the limitation for prophylaxis.

MAJOR (Subject to Deductible)

None	Oral Surgery:	Provides for complex extractions and other oral surgery including pre and post-operative care.
None	Special Restorative:	When teeth cannot be restored with a filling material listed in Regular Restorative Dentistry, provides for individual crowns.
None	Prosthodontics:	Includes bridges, partial and complete dentures, including repairs and adjustments.
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	Periodontics:	Includes surgical periodontal procedures.

ORTHODONTICS (Subject to Deductible)

None	Orthodontics:	Orthodontic appliances and treatment.
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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

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 Brigher™.

Have questions about
your plan?

Call us at
800.234.3375

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