

# Summary of Dental Plan Benefits

## MIDWEST PUBLIC RISK

Group #5226

Effective for July 1, 2011

### Benefit % Paid

#### Maximum Contract Benefit Per Person:

The Maximum Benefit for all Covered 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, 2011 through June 30, 2012.

\*Preventive Plus - Benefits for exams, cleanings, x-rays and fluoride treatments 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.deltadentalks.com](http://www.deltadentalks.com) or obtained by contacting Delta Dental of Kansas' customer service at 1-800-234-3375.

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

#### Dependent Ages

Dependents are covered to age twenty-six (26).

Delta Dental PPO	Premier	Non-participating		
100%	100%	100%	<b>DIAGNOSTIC &amp; PREVENTIVE</b> (Not subject to deductible)	
			<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>*<u>Oral examinations</u> – two (2) per Contract year.</li> <li>*<u>Diagnostic x-rays</u> – bitewing x-rays as required.</li> <li>*<u>Full mouth x-rays or panoramic x-rays</u> – 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>*<u>Prophylaxis</u> (Cleanings) - (all types including periodontal maintenance), two** (2) per Contract year.</li> <li>*<u>Topical Fluoride</u> – once (1) each Contract year for dependent children under age nineteen (19).</li> <li><u>Space Maintainers</u> – 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><u>Sealants</u> – 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 and surgical extractions.
85%	80%	80%	<b>Regular Restorative:</b>	Provides amalgam (silver) restorations on molars; composite (white) resin restorations on front teeth.
85%	80%	80%	<b>Endodontics:</b>	Includes procedures for root canal treatments and root canal fillings.
85%	80%	80%	<b>Periodontics:</b>	a. Includes procedures for the treatment of diseases of the tissues supporting the teeth. 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>	Includes bridges, partial and complete dentures, including repairs and adjustments. A replacement will be covered only once (1) in five (5) years, but not during the first twelve (12) months of coverage.
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.

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*

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 will be a difference in payment if the dentist is not a participating dentist with Delta Dental. If you receive services from a non-participating dentist, your out-of-pocket expenses may well increase. It is to your advantage to choose a Delta Dental PPO or Delta Dental Premier dentist. You may realize the maximum savings by seeing a Delta Dental PPO dentist. Since nearly 4 out of 5 dentists do contract with Delta Dental, throughout the United States, the chances are excellent your dentist is already a member. If you have any questions about whether your dentist participates as a Delta Dental PPO or Delta Dental Premier dentist, ask your dentist when making an 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 network, nationwide, through our website at [www.deltadentalks.com](http://www.deltadentalks.com).

It is our pleasure to be of service to you.

**Check out our website: [www.deltadentalks.com](http://www.deltadentalks.com)**

From our website, you can:

- Locate a participating **Delta Dental PPO or Delta Dental Premier** dentist anywhere in the United States
  - Go to the above website
  - Click on “Subscribers” at the top of the page
  - Under “Locate A Dentist” click on *Dentist Search*
  - Click on “Find a Dentist”
  - Under (#1) “Product Selection” click on *Delta Dental PPO or Delta Dental Premier*
  - Under (#2) “Your Location” type in either your city and state OR your zip code
  - Under (#3) “Sorting . . .” choose your preferences
  - Under (#4) “Additional Search Criteria” type name of dentist or name of practice and choose a practice specialty
  - 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 your ID card
- Check claim status