

## Summary of Benefits Pool Plans of 76-200 Enrolled Employees

### DENTAL SERVICES COVERED

Plan Designs	
Premier Network	
100/80/50	100/50/50
100/80/0	50/50/50
PPO Network	
In-Network	Out-of-Network
100/80/50	80/60/40
100/50/50	80/40/40
100/80/0	80/60/0
EPO Network	
In-Network	Out-of-Network
100/80/50	0/0/0
100/50/50	0/0/0
100/80/0	0/0/0
50/50/50	0/0/0
Maximum Benefit	
Options for the maximum payment for all covered dental procedures for each Eligible Person in any one calendar year are:	
<ul style="list-style-type: none"> <li>• \$1,000</li> <li>• \$1,500</li> </ul>	
<i>If orthodontics is covered, the lifetime maximum benefit is \$1,000 for each covered person.</i>	
Deductible	
Coverage for diagnostic and preventive services is not subject to any deductible amount. For all other covered benefits, the calendar year deductible options are:	
<ul style="list-style-type: none"> <li>• \$25 x 3</li> <li>• \$50 x 3</li> <li>• \$75 x 3</li> </ul>	
Dependent Ages	
Dependents are covered to age 24.	
Participation/Contribution	
<ul style="list-style-type: none"> <li>• 75% of eligible employees</li> <li>• 50% employer contribution</li> <li>• 80% of employees in Kansas</li> </ul>	

#### DIAGNOSTIC & PREVENTIVE (Not subject to deductible)

**Diagnostic:** Includes the following procedures necessary to evaluate existing dental conditions and the dental care required:

- Oral examinations – once each six (6) months.
- Diagnostic x-rays – bitewings once each six (6) months for dependents under age 18 and once each twelve (12) months for adults age 18 and over.
- Full mouth x-rays – once each five (5) years.

**Preventive:** Provides for the following:

- Prophylaxis (Cleanings) - once each six (6) months.
- Topical Fluoride – once each six (6) months for dependent children under age 19.
- Space Maintainers – for dependent children under age 14 and only for premature loss of primary molars.
- Sealants – 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

**Ancillary:** Provides for one (1) emergency examination per plan year by the Dentist for the relief of pain

**Oral Surgery:** Provides for extractions and other oral surgery including required anesthesia and pre- and post-operative care.

**Regular Restorative:** Provides amalgam (silver) restorations; composite (white) resin restorations on anterior (front) teeth\*; and stainless steel crowns for dependents under age 12  
*\*Composite (white) resin restorations on posterior (back) teeth are available as an optional benefit.*

**Endodontics:** Includes procedures for root canal treatments and root canal fillings.

**Periodontics:** Includes procedures for the treatment of diseases of the tissues supporting the teeth.

#### MAJOR

**Special Restorative:** When teeth cannot be restored with a filling material listed in Regular Restorative Dentistry, provides for individual permanent crowns.

**Prosthodontics:** Includes bridges, partial and complete dentures, including repairs and adjustments.

#### ORTHODONTICS

**Orthodontics:** Includes orthodontic appliances and treatment, interceptive and corrective, for dependent children under 19.

### Coinsurance percentages, options and rates are shown on the reverse side.

*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 (Benefits Booklet) for complete coverage information, including exclusions and limitations. Coverage as described in the employers group's Agreement to Provide Dental Benefits (contract) is binding on all parties and supercedes all other written or oral communications.*