



# Delta Dental of Kansas COMMUNITY BENEFIT PLAN

Group #53391-0-1-0

## Summary of Dental Plan Benefits

|  | PPO or Premier                                | Out-of-Network |
|--|---|----------------|
| <b>Dentist Network:</b> In-Network Dentists (PPO or Premier) or Out-of-Network Dentists<br>Locate a Delta Dental PPO or Delta Dental Premier dentist by visiting <a href="http://DeltaDentalKS.com">DeltaDentalKS.com</a>  |   |                |
| <b>Deductible:</b><br>For all covered services, the benefit year** deductible is:  | \$5 per person, not to exceed \$10 per family |                |
| <b>Diagnostic &amp; Preventive Services*:</b><br>subject to deductible   no waiting period<br><br>Includes the following procedures necessary to evaluate existing dental conditions and the dental care required: <b>Exams and cleanings, X-rays, Topical Fluoride, Space Maintainers</b> (for premature loss of primary molars), and <b>Sealants</b> (applied only to permanent molars with no decay or restorations on the occlusal surface and with the occlusal surface intact.)  | 100%  | 0%             |
| <b>Basic Services*:</b><br>subject to deductible   no waiting period<br><br><b>Ancillary</b> (Emergency examinations for relief of pain)<br><b>Oral Surgery</b> (Extractions and other oral surgery including pre- and post-operative care)<br><b>Regular Restorative</b> (Amalgam/Silver restorations, composite/white resin restorations on all teeth, stainless steel crowns)<br><b>Endodontics</b> (Root canal treatments and root canal fillings)<br><b>Periodontics</b> (Treatment for diseases of the tissues supporting the teeth. Surgical periodontal treatments.) | 100%  | 0%             |
| <b>Major Services*:</b><br>Subject to deductible   no waiting period<br><br><b>Special Restorative</b> (When teeth cannot be restored with a filling material listed in Regular Restorative Dentistry, provides for individual crowns.)<br><b>Prosthodontics</b> (Includes partial and complete dentures. Repairs and adjustment of dentures.)   | 100%  | 0%             |
| <b>Not Covered:</b> Orthodontics (braces), TMJ, Implants, Occlusal Guards and Cosmetic Services  | 0%  | 0%             |
| <b>Annual Benefit Maximum:</b> Per person, per benefit year**  | \$3,000                                       |                |

Have questions?  
Call us at 800.234.3375

Delta Dental of Kansas | [DeltaDentalKS.com/UnitedWay](http://DeltaDentalKS.com/UnitedWay)

\* Percentages shown are what Delta Dental pays after deductible has been met.

\*\*Benefit Year is 12 months from your 1st date of coverage.

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 in the benefit booklet (certificate) provided to you.