

Summary of Dental Plan Benefits

DESOTO SCHOOL DISTRICT

Group #05103

Effective January 1, 2019

Maximum Benefit(s) Per Person:

The Maximum Benefit for all Covered Services, excluding Diagnostic and Preventive Services, for each Enrollee in any one Calendar Year is: One Thousand Five Hundred Dollars (\$1,500.00).

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:

\$25 x 3

Eligible Children Ages:

Children are eligible for coverage to the end of the calendar year in which they turn age twenty-six (26).

Per Month Premiums

Employee Only	\$0.00
Empl + Spouse	\$40.92
Empl + Child(ren)	\$18.92
Empl + Family	\$59.84

Benefit % Paid				
Delta Dental PPO	Delta Dental Premier	Non-participating		
100%	100%	100%	DIAGNOSTIC & PREVENTIVE (Not Subject to Deductible or Maximum)	
			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>Biteewing x-rays</u> – bitewings two (2) times per Calendar year for dependents under age eighteen (18) and once (1) each twelve (12) months for adults age eighteen (18) and over. • <u>Full mouth or panoramic x-rays</u> – once (1) each five (5) years.
100%	100%	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 nineteen (19). • <u>Space Maintainers</u> – for dependent children under age fourteen (14) and only for premature loss of primary molars. • <u>Sealants</u> – once (1) per tooth per lifetime 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.
80%	80%	80%	BASIC (Subject to Deductible)	
			Ancillary:	Provides for one (1) emergency examination per Plan year by the Dentist for the relief of pain.
80%	80%	80%	Oral Surgery:	Provides for extractions and other oral surgery including pre and post-operative care.
80%	80%	80%	Regular Restorative:	Provides amalgam (silver) restorations; composite (white) resin restorations on anterior (front) teeth only; and stainless steel crowns for dependents under age twelve (12).
80%	80%	80%	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.
80%	80%	80%	Periodontics:	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.
80%	80%	80%	MAJOR (Subject to Deductible)	
50%	50%	50%	Special Restorative:	When teeth cannot be restored with a filling material listed in Regular Restorative Dentistry, provides for individual crowns.
50%	50%	50%	Prosthodontics:	a. Includes bridges, partial and complete dentures. b. Repairs and adjustments of bridges and dentures.
None	None	None	ORTHODONTICS (Subject to Deductible)	
			Orthodontics:	Orthodontic appliances and treatment.

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.

Website Capabilities

From our website, 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
 - 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