

# Summary of Dental Plan Benefits

## SHAWNEE MISSION SCHOOL DISTRICT

### Group #02504

Effective for January 1, 2019

#### Maximum Contract Benefit 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 Dollars (\$1,000.00).

The Maximum Benefit for Orthodontic Services for each Enrollee is: One Thousand Dollars (\$1,000.00) during such person's lifetime. Payment for the Orthodontic Services shall not be included in determining the Maximum Benefit for each Calendar Year.

#### Deductible Limitations:

Coverage for Diagnostic and Preventive Services are 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 the end of the Calendar Year in which they turn age twenty-six (26).

Benefit % Paid			
Delta Dental Premier	Non-participating		
<b>DIAGNOSTIC &amp; PREVENTIVE</b> (Not Subject to Deductible or Maximum)			
100%	80%	<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 evaluations</u> - two (2) times per Calendar Year.</li> <li>• <u>Bitewing x-rays</u> - bitewings two (2) times per Calendar Year.</li> </ul>
100%	80%	<b>Preventive:</b>	Provides for the following: <ul style="list-style-type: none"> <li>• <u>Prophylaxis (Cleanings)</u> - two (2) times per Calendar Year.</li> <li>• <u>Topical Fluoride</u> - once (1) each Calendar Year for dependent children under age nineteen (19).</li> <li>• <u>Space Maintainers</u> - for dependent children under age fourteen (14) and only for premature loss of primary molars.</li> <li>• <u>Sealants</u> - limited to posterior teeth for children under age fourteen (14), one (1) treatment per tooth every three (3) Calendar Years.</li> </ul>
<b>BASIC</b> (Subject to Deductible)			
80%	50%	<b>Full Mouth X-Rays:</b>	Provides for one (1) panoramic or full mouth x-ray every thirty-six (36) months.
80%	50%	<b>Ancillary:</b>	Provides for one (1) emergency examination per Plan Year by the Dentist for the relief of pain.
80%	50%	<b>Regular Restorative:</b>	Provides amalgam (silver) restorations; composite (white) resin restorations on anterior (front) teeth only; and stainless steel crowns for dependents under age twelve (12).
80%	50%	<b>Periodontics:</b>	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%	50%		
<b>MAJOR</b> (Subject to Deductible)			
50%	40%	<b>Oral Surgery:</b>	Provides for extractions and other oral surgery including pre and post-operative care.
50%	40%	<b>Endodontics:</b>	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.
50%	40%	<b>Special Restorative:</b>	When teeth cannot be restored with a filling material listed in Regular Restorative Dentistry, provides for individual crowns.
50%	40%	<b>Prosthodontics:</b>	a. Includes bridges, partial and complete dentures. b. Repairs and adjustments of bridges and dentures.
50%	40%		
<b>ORTHODONTICS</b> (Subject to Deductible)			
50%	50%	<b>Orthodontics:</b>	Includes orthodontic appliances and treatment, interceptive and corrective, for dependent children under age nineteen (19).

*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 PPO<sup>SM</sup>** or **Delta Dental Premier<sup>®</sup>** 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](http://DeltaDentalKS.com), on the Delta Dental mobile app or by contacting customer service at 800.234.3375.

### MANAGING MY BENEFITS

At [DeltaDentalKS.com](http://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<sup>SM</sup>.

Have questions about your plan?

Call us at  
800.234.3375

1/18