

Lee's Summit R-7 School District BASIC PLAN	Delta Dental PPO™ Network	Delta Dental Premier® Network	Out-of-Network
<p>Preventive services</p> <ul style="list-style-type: none">● Oral exams, all types, twice per calendar year● Prophylaxis (cleanings) all types, twice per calendar year*● Bitewing x-rays, two sets per calendar year● Full mouth x-rays, once every 36 months● Periapical x-rays, as needed● Sealants for dependents under age 14, limited to once every 3 years per tooth● Space maintainers under age 16● Topical fluoride treatments for dependents under age 19, once per calendar year <p><i>*Healthy Smiles Healthy Lives - members who are pregnant, diabetic, have suppressed immune, or have a history of periodontal therapy are eligible to receive two additional cleanings each calendar year.</i></p>	100%	100%	100%
<p>Basic services</p> <ul style="list-style-type: none">● Emergency palliative treatment● Emergency palliative treatment● Endodontics● Fillings● Non-surgical and surgical periodontics● Oral surgery● Simple and surgical extractions, including impacted teeth● Stainless steel crowns● General anesthesia in conjunction with a covered surgical procedure● Bridge repairs & recement● Crown repairs & recement● Denture repairs & adjustments	60%	50%	50%
<p>Major services</p> <p>Not covered</p>	N/A	N/A	N/A
<p>Orthodontia</p> <p>Not covered</p>	N/A	N/A	N/A
<p>Calendar year deductible (Applied to Basic and Major services)</p>	None		
<p>Annual maximum (Applied to Preventive, Basic and Major services)</p>	\$1,000 per person		
<p>Dependent age limit: 26, end of month</p>			

About Delta Dental networks

Delta Dental PPO™ Providers: agree to accept contractual reimbursement as payment in full and will not balance bill.

Delta Dental Premier® Providers: agree to accept contractual reimbursement as payment in full and will not balance bill.

Out-of-Network Providers: are not contracted with Delta Dental and therefore may balance bill the difference between Delta Dental's out-of-network payment and billed charges.

Delta Dental PPO™ Providers typically offer the greatest discounts.

This is intended to be a summary only. If a discrepancy occurs the Summary Plan Document will govern. Please refer to your Summary Plan Description (SPD) for a more complete listing of services including plan limitations and exclusions. Orthodontic treatment in progress may be covered. Benefits provided by the prior carrier will be subtracted from the lifetime maximum available from Delta Dental.