DELTA DENTAL®

Summary of Dental Plan Benefits

SHAWNEE MISSION SCHOOL DISTRICT

Account Benefit Plan ID# 02504-01

Effective for January 1, 2026

Maximum 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 Oral Evaluations, Diagnostic X-Rays only (excludes Full-mouth/Pano X-rays), Prophylaxis, Flouride Treatments, Space Maintainers and Sealants are not subject to the Deductible. 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).

SPECIAL HEALTH CARE NEEDS BENEFIT:

Members of any age with qualifying special health care needs are eligible for additional oral exams prior to treatment, unlimited cleanings per benefit year and anesthesia and/or nitrous oxide treatment as needed. Code D9997 must be submitted to process expanded benefits.

Benefit % Paid			
Delta Dental Premier	Non-Participating		
		DIAGNOSTIC & PREVENTIVE (Not Subject to Deductible or Maximum)	
100%	80%	**Diagnostic:**	Includes the following procedures necessary to evaluate existing dental conditions and the dental care required: • Oral evaluations – two (2) times per Calendar Year. • Bitewing x-rays – two (2) times per Calendar Year.
100%	80%	**Preventive:**	Provides for the following: • Prophylaxis (Cleanings) –two (2) times per Calendar Year. • Topical Fluoride – once (1) each Calendar Year for dependent children under age nineteen (19). • Space Maintainers – for dependent children under age fourteen (14) and only for premature loss of primary molars. • Sealants – limited to posterior teeth for children under age fourteen (14), one (1) treatment per tooth every three (3) Calendar Years.
		BASIC (Subject to Deductible)	
80%	50%	**Full Mouth/Pano X-Rays:**	Provides for one (1) panoramic or full mouth x-ray every thirty-six (36) months.
80%	50%	**Ancillary:**	Provides for one (1) emergency examination per Plan Year by the Dentist for the relief of pain.
80%	50%	**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%	50%	**Periodontics:**	a. Includes procedures for the treatment of diseases of the gums and bone supporting the teeth. Periodontal maintenance, including evaluation, is counted towards the limitation of prophylaxis.
80%	50%		b. Surgical periodontal procedures.
		MAJOR (Subject to Deductible)	
50%	40%	**Oral Surgery:**	Provides for extractions and other oral surgery including pre and post-operative care.
50%	40%	**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.
50%	40%	**Special Restorative:**	When teeth cannot be restored with a filling material listed in Regular Restorative Dentistry, provides for individual crowns.
50%	40%	**Prosthodontics:**	a. Includes bridges, partial and complete dentures.
50%	40%		b. Repairs and adjustments of bridges and dentures.
		ORTHODONTICS (Subject to Deductible)	
50%	50%	**Orthodontics:**	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. Subscribers are encouraged to familiarize themselves with the details of their individual plan benefits. Subscribers are responsible for any required copayments, deductibles, or fees for services not covered by their plan at the time services are performed. Please refer to the Description of Dental Care Coverage ("Benefits Booklet") for complete coverage information, including but not limited to any applicable exclusions and limitations. Coverage as described in the employer group's dental benefits contract with Delta Dental of Kansas is binding on all parties and supersedes all other written or oral communications.

DELTA DENTAL®

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℠** or **Delta Dental Premier®** 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, on the Delta Dental mobile app or by contacting customer service at 800.234.3375.

MANAGING MY BENEFITS

At 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™.

Have questions about your plan?

Call us at 800.234.3375

1/18

DD3-006 (12/01/10)