

Summary of Dental Plan Benefits

CITY OF WICHITA

Group #60100

Effective for January 1, 2012

****NOTE: In order to receive benefits under this program, you must use a participating Delta Dental Kansas PPO dentist. If an Out of Network dentist is used, no benefits will be paid.**

Maximum Contract Benefit Per Person:

The Maximum Benefit for all Covered Services for each Enrollee in any one Contract Year is: One Thousand Dollars (\$1,000.00).

*** Benefits will increase from the Base Level to the Incentive Level if the member receives an exam and/or cleaning at least one (1) time in twelve (12) months. Benefits will increase to the Incentive Level ninety (90) days after a cleaning and/or exam. Benefits for new members will begin at the Incentive Level. After twelve (12) months, benefit levels will be determined by the date of the last Diagnostic or Preventive treatment.**

Deductible Limitations:

Coverage for diagnostic and preventive services is not subject to any deductible amount. For all other covered benefits, the Contract Year deductible is:

\$50 x 3

Dependent Ages:

Dependents are covered to age nineteen (19) or to age twenty-three (23) if a full-time student.

Monthly Rates:

Employee:	\$19.50
Employee+1:	\$37.06
Family:	\$64.54

Benefit % Paid

Delta Dental PPO Network

Base Level	Incentive Level	<u>DIAGNOSTIC & PREVENTIVE</u> (Not subject to deductible)	
100%	100%	Diagnostic:	Includes the following procedures necessary to evaluate existing dental conditions and the dental care required: <ul style="list-style-type: none"> * Oral examinations – once each six (6) months. * Diagnostic x-rays – bitewings once each six (6) months for dependents under age eighteen (18) and once each twelve (12) months for adults age eighteen (18) and over. * Full mouth x-rays or panoramic x-rays – once each five (5) years.
100%	100%	Preventive:	Provides for the following: <ul style="list-style-type: none"> * Prophylaxis (Cleanings) - once each six (6) months. * Topical Fluoride – once each six (6) months for dependent children under age nineteen (19). * Space Maintainers – for dependent children under age 14 and only for premature loss of primary molars. * Sealants – once (1) 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.
<u>BASIC</u> (Subject to Deductible)			
60%	80%	Ancillary:	Provides for one (1) emergency examination per plan year by the Dentist for the relief of pain.
60%	80%	Oral Surgery:	Provides for extractions and other oral surgery including pre and post-operative care.
60%	80%	Regular Restorative:	Provides amalgam (silver) restorations; composite (white) resin restorations on all teeth; and stainless steel crowns for dependents under age 12.
60%	80%	Endodontics:	Includes procedures for root canal treatments and root canal fillings.
60%	80%	Periodontics:	a. Includes procedures for the treatment of diseases of the tissues supporting the teeth. Periodontal maintenance, including evaluation, is counted towards the limitation for prophylaxis. b. Surgical periodontal procedures.
<u>MAJOR</u> (Subject to Deductible)			
40%	50%	Special Restorative:	When teeth cannot be restored with a filling material listed in Regular Restorative Dentistry, provides for individual crowns.
40%	50%	Prosthodontics:	Includes bridges, partial and complete dentures, including repairs and adjustments.
<u>ORTHODONTICS</u> (Subject to Deductible)			
None	None	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

In order to receive benefits under your plan, you must use a participating **Delta Dental PPO** dentist. If you have any questions about whether your dentist participates with **Delta Dental PPO**, 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** 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**'
 - #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