

# Summary of Dental Plan Benefits

DCCCA INC

Group #50565

Effective for January 1, 2010

## Maximum Contract Benefit Per Person:

The maximum benefit payment for all covered dental procedures for each Eligible Person in any one calendar year is: One Thousand Dollars (\$1,000.00).

## 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:

\$50 x 3

## Dependent Ages

Dependents are covered to age nineteen (19) or to age twenty-five (25) if a full-time student.

### Benefit % Paid

Delta Dental PPO	Delta Dental Premier	Non-participating		
100%	100%	100%	<b>DIAGNOSTIC &amp; PREVENTIVE</b> (Not subject to deductible)	
			<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 examinations</u> – once each six (6) months.</li> <li>• <u>Diagnostic x-rays</u> – 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.</li> <li>• <u>Full mouth x-rays or panoramic x-rays</u> – once each five (5) years.</li> </ul>
100%	100%	100%	<b>Preventive:</b>	Provides for the following: <ul style="list-style-type: none"> <li>• <u>Prophylaxis</u> (Cleanings) - once each six (6) months.</li> <li>• <u>Topical Fluoride</u> – once each six (6) months 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> – once (1) per lifetime for dependent children under age fifteen (15) when applied only to permanent molars with no caries (decay) or restorations on the occlusal surface and with the occlusal surface intact.</li> </ul>
			<b>BASIC</b> (Subject to Deductible)	
80%	80%	80%	<b>Ancillary:</b>	Provides for one (1) emergency examination per plan year by the Dentist for the relief of pain.
80%	80%	80%	<b>Oral Surgery:</b>	Provides for extractions and other oral surgery including pre and post-operative care.
80%	80%	80%	<b>Regular Restorative:</b>	Provides amalgam (silver) restorations; composite (white) resin restorations on anterior (front) teeth; and stainless steel crowns for dependents under age twelve (12).
80%	80%	80%	<b>Endodontics:</b>	Includes procedures for root canal treatments and root canal fillings.
80%	80%	80%	<b>Periodontics:</b>	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.
			<b>MAJOR</b> (Subject to Deductible)	
50%	50%	50%	<b>Special Restorative:</b>	When teeth cannot be restored with a filling material listed in Regular Restorative Dentistry, provides for individual crowns.
50%	50%	50%	<b>Prosthodontics:</b>	Includes bridges, partial and complete dentures, including repairs and adjustments.
			<b>ORTHODONTICS</b> (Subject to Deductible)	
0%	0%	0%	<b>Orthodontics:</b>	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*

Delta Dental of Kansas is a member of Delta Dental Plans Association, the leading and largest underwriter of group dental coverage in the United States. 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 the overall well-being of every person.

You are free to go to any dentist of your choosing; however, there will be a difference in payment if the dentist is not a participating dentist with Delta Dental. If you receive services from a non-participating dentist, your out-of-pocket expenses may well increase. It is to your advantage to choose a Delta Dental PPO or Delta Dental Premier dentist. You may realize the maximum savings by seeing a Delta Dental PPO dentist. Since nearly 4 out of 5 dentists do contract with Delta Dental, throughout the United States, the chances are excellent your dentist is already a member. If you have any questions about whether your dentist participates as a Delta Dental PPO or Delta Dental Premier dentist, ask your dentist when making an appointment or contact the Customer Service staff at Delta Dental of Kansas by calling (316) 264-4511 or toll free (800) 234-3375. You may also access our network, nationwide, through our website at [www.deltadentalks.com](http://www.deltadentalks.com).

It is our pleasure to be of service to you.

### **Provider Look-Up Assistance: (800)-234-3375**

**or check out our website: [www.deltadentalks.com](http://www.deltadentalks.com)**

From our website, you can

- Check your eligibility and plan information
- Print yourself an ID card
- Locate a participating **Delta Dental PPO** or **Delta Dental Premier** dentist anywhere in the United States
- Estimate your out-of-pocket dental care costs with the Flexible Spending Account Estimator
- Learn about oral health and wellness