

Summary of Dental Plan Benefits

U S D #437 - AUBURN WASHBURN Group #06402

Effective for January 1, 2019

Benefit % Paid

months for adults age eighteen (8) and over. Full mouth or panoramic x-rays - once (1) each five (5) years, Preventive: Provides for the following: - Prophylaxis (Cleanings) - two (2) times per Contract Year. - Topical Fluoride - two (2) times per Contract Year for dependent children under age inheteen (9). - Space Maintainers - for dependent children under age inheteen (9). - Space Maintainers - for dependent children under age inheteen (9). - Space Maintainers - for dependent children under age inheteen (9). - Space Maintainers - for dependent children under age fourteen (14) and only for premature loss of primary molars. - Space Maintainers - for dependent children under age sixteen (16) when applied only to permanent molars with no carries (decay) or restorations on the occlusal surface and with the occlusal surface intact. - Space Maintainers - for dependent children under age sixteen (16) when applied only to permanent molars with no carries (decay) or restorations on the occlusal surface and with the occlusal surface intact. - Space Maintainers - for dependent children under age sixteen (16) when applied only to permanent molars with no carries (decay) or restorations on the occlusal surface and with the occlusal surface intact. - Space Maintainers - for dependent children under age sixteen (16) when applied only to permanent molars with no carries (decay) or restorations on the occlusal surface and with the occlusal surface intact. - Space Maintainers - for dependent children under age sixteen (16) when applied only to permanent molars with no carries (decay) or restorations on the occlusal surface and with the occlusal surface and with the occlusal surface and with the occlusal surface intact. - Space Maintainers - for dependent children under age sixteen (16) when applied only to permanent molars are the occlusal surface and with the occlusal surface and the occlusal surface and with the occlusal s	Benefit % Paid							
Deductible Limitations: Deductible Limitations: Doubt Deductible Limitations: Deductible Limitations: Deductible Limitations: Deductible Limitations: Doubt Deductible Limitations: Deduct	Maximum Benefit	(s) Per						
Diagnostic Dia			Delta		Non-			
Includes in any one Contract Vear its Char Dhousand Five Hundred Dollars (\$1,500.00). Includes the following procedures necessary to evaluate existing dental conditions and the conditions are conditions and the conditions and the conditions are conditions and the conditions and the conditions are conditions and the conditions and the conditions and the conditions and the conditions are conditions and the						DIAGNOSTIC &	PREVENTIVE (Not Subject to Deductible)	
Preventive Provides for the following: Provides for extractions and other oral surface and preventive services is not subject to any Deductible amount. For all other covered benefits, the Contract Vear for dependents under age eighteen (18) and once (1) each five (5) years.	Enrollee in any one Contract Year is: One Thousand Five		100%	100%	100%	Diagnostic:		
dependents under age eligible en (8) and once (1) each twelve (12 mouth or panoramic x-rays - once (1) each twelve (12 mouth or panoramic x-rays - once (1) each twelve (12 mouth or panoramic x-rays - once (1) each twelve (12 mouth or panoramic x-rays - once (1) each twelve (12 mouth or panoramic x-rays - once (1) each twelve (12 mouth or panoramic x-rays - once (1) each twelve (12 mouth or panoramic x-rays - once (1) each twelve (12 mouth or panoramic x-rays - once (1) each twelve (12 mouth or panoramic x-rays - once (1) each twelve (13 mouth or panoramic x-rays - once (1) each twelve (13 mouth or panoramic x-rays - once (1) each twelve (13 mouth or panoramic x-rays - once (1) each twelve (13 mouth or panoramic x-rays - once (1) each twelve (13 mouth or panoramic x-rays - once (1) each twelve (13 mouth or panoramic x-rays - once (1) each twelve (13 mouth or panoramic x-rays - once (1) each twelve (13 mouth or panoramic x-rays - once (1) each twelve (13 mouth or panoramic x-rays - once (1) each twelve (13 mouth or panoramic x-rays - once (1) each twelve (13 mouth or panoramic x-rays - once (1) each twelve (13 mouth or panoramic x-rays - once (1) each twelve (13 mouth or panoramic x-rays - once (1) each twelve x-rays -							• Oral evaluations - two (2) times per Contract Year.	
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 \$25 x 3\$ BASIC (Subject to Deductible on the color of the relief of pain. 50% 50% 50% 50% Ancillary: Deductible Children Ages: Children are eligible for coverage to age twenty-six (26). Eligible Children are eligible for coverage to age twenty-six (26). 50% 50% 50% 50% Endodntics: Eligible Children are eligible for coverage to age twenty-six (26). 50% 50% 50% 50% Endodntics: Endoverage to age twenty-six (26). 50% 50% 50% 50% Endodntics: Endoverage to age twenty-six (26). 50% 50% 50% 50% Endodntics: Endoverage to age twenty-six (26). 50% 50% 50% 50% Endodntics: Endoverage to age twenty-six (26). 50% 50% 50% 50% Endodntics: Endoverage to age twenty-six (26). 50% 50% 50% 50% Endodntics: Endoverage to age twenty-six (26). 50% 50% 50% 50% Endodntics: Endoverage to age twenty-six (26). 50% 50% 50% 50% Endodntics: Endoverage to age twenty-six (26). 50% 50% 50% 50% Endodntics: Endoverage to age twenty-six (26). 50% 50% 50% 50% Endodntics: Endoverage to age twenty-six (26). 50% 50% 50% 50% Endodntics: Endoverage to age twenty-six (26). 50% 50% 50% 50% Endodntics: Endoverage to age twenty-six (26). 50% 50% 50% 50% Endodntics: Endoverage to age twenty-six (26). 50% 50% 50% 50% Endodntics: Endoverage to age twenty-six (26). 50% 50% 50% Endodntics: Endoverage the six the following evaluation of the prophylaxis cleanings. When covered, payment for root canal therapy is limited to only once (10) and y twenty-four (24) month period, per tooth. MAJOR (Subject to Deductible) Employee: \$40.45 50% 50% 50% 50% 50% 50% 50% 50% 50% 50							dependents under age eighteen (18) and once (1) each twelve (12)	
Deductible Limitations: Coverage for diagnostic and preventive services is not subject to any Deductible anomal preventive services is not subject to any Deductible anomal. For all other covered benefits, the Contract Year Deductible is: \$25 x 3 BASIC (Subject to Deductible anomal Provides for one (1) per tooth per lifetime for dependent children under age sixteen (16) when applied only to permanent molars with the occlusal surface and with the occ							• Full mouth or panoramic x-rays - once (1) each five (5) years.	
Coverage for diagnostic and preventive services is not subject to any Deductible amount. For all other covered benefits, the Contract Year Deductible is: \$25 x 3 Sabelants - once (1) per tooth per lifetime for dependent children under age fourteen (14) and only for premature loss of primary molars. Sablants - once (1) per tooth per lifetime for dependent children under age sixteen (16) when applied only to permanent molars with the occlusal surface and with the occlusal surface intact. Sablants - once (1) per tooth per lifetime for dependent children under age sixteen (16) when applied only to permanent molars with the occlusal surface intact. Sablants - once (1) per tooth per lifetime for dependent children under age twelve (1) per tooth per lifetime for dependent children under age twelve (1) per tooth per lifetime for dependent children under age twelve (1) per tooth per lifetime for dependent on the occlusal surface and with the occlusal surface intact. BASIC (Subject to Deductible) Sow			100%	100%	100%	Preventive:		
preventive services is not subject to any Deductible amount. For all other covered benefits, the Contract Year Deductible is: \$25 x 3 BASIC (Subject to Deductible)	Deductible Limitations:						• <u>Topical Fluoride</u> - two (2) times per Contract Year for dependent children under age nineteen (19).	
amount. For all other covered benefits, the Contract Year Deductible is: \$25 x 3 BASIC (Subject to Deductible)	preventive services is r					•		
BASIC (Subject to Deductible) 50% 50% 50% Ancillary: Provides for one (1) emergency examination per Plan year by the Dentist for the relief of pain. 50% 50% 50% Oral Surgery: Provides for extractions and other oral surgery including pre and post operative care. Eligible Children Ages: Children are eligible for coverage to age twenty-six (26). 50% 50% 50% 50% 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% 50% 50% Periodontics: 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. Monthly Rates: 50% 50% 50% 50% 50% b. Surgical periodontal procedures. MAJOR (Subject to Deductible) Employee: \$32.58 Employee + Spouse: \$64.00 Employee + Child(ren): \$61.56 50% 50% 50% 50% Prosthodontics: a. Includes bridges, partial and complete dentures. Employee + Child(ren): \$104.45 50% 50% 50% 50% 50% DRTHODONTICS (Subject to Deductible)	amount. For all other covered benefits, the Contract Year Deductible is:						under age sixteen (16) when applied only to permanent molars with no caries (decay) or restorations on the occlusal surface and	
Eligible Children Ages: Children are eligible for coverage to age twenty-six (26). 50% 50% 50% 50% Endodontics: Endodontics: Monthly Rates: 50% 50% 50% 50% 50% 50% 50% 50% 50% 50%	\$23 × 3		BASIC (Subject to Deductible)					
Eligible Children Ages: Children are eligible for coverage to age twenty-six (26). 50% 50% 50% 50% Endodontics: Endodontics: 50% 50% 50% 50% 50% Endodontics: 50% 50% 50% 50% 50% Endodontics: 50% 50% 50% 50% Endodontics: 50% 50% 50% 50% 50% Endodontics: 50% 50% 50% Endodontics: 50% 50% 50% 50% 50% Endodontics: 50% 50% 50% 50% 50% 50% 50% 50% 50% 50%								
Eligible Children Ages: Children are eligible for coverage to age twenty-six (26). 50% 50% 50% Endodontics: Endodontics: Endodontics: Derivides amalgam (silver) restorations; composite (white) resin restorations on all teeth; and stainless steel crowns for dependents under age twelve (12). 50% 50% 50% 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% 50% 50% 50% Derivides amalgam (silver) restorations; composite (white) resin restorations on all teeth; and stainless steel crowns for dependents under age twelve (12). 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% 50% 50% 50% 50% 50% Derivides amalgam (silver) restorations; composite (white) resin restorations on all teeth; and stainless steel crowns for dependents under age twelve (12). Includes procedures for root canal treatments and root canal fillings. When teeth. Periodontal maintenance, including evaluation, is counted toward the frequency limitation for prophylaxis cleanings. MAJOR (Subject to Deductible) MAJOR (Subject to Deductible) When teeth cannot be restored with a filling material listed in Regular Restorative: Restorative Dentistry, provides for individual crowns. Employee + Child(ren): \$61.56 50% 50% 50% Prosthodontics: a. Includes bridges, partial and complete dentures. DRTHODONTICS (Subject to Deductible)			50%	50%	50%	Ancillary:		
Children are eligible for coverage to age twenty-six (26). 50% 50% 50% 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% 50% 50% Periodontics: 50% 50% 50% Periodontics: 50% 50% 50% Deriodontics: 50% 50% 50% Deficit to Deductible) 50% 50% 50% Special Restorative: 50% 50% 50% Prosthodontics: 60% 50% 50% Deriodontics: 60% 50% 50% Deriodontics: 60% 50% 50% Special Restorative: 60% 50% 50% Deriodontics: 60% 50% 50% Deriodontics: 60% 50% 50% Deriodontics: 60% 50% Special Restorative: 60% 50% Deriodontics: 60% 50% Special Restorative: 60% 50% Deriodontics: 60% 50% Deriodontics: 60% 50% Special Restorative: 60% 50% Deriodontics: 60% 50% Deriodontics: 60% 50% Deriodontics: 60% 50% Special Restorative: 60% 50% Deriodontics: 60% 50% Special Restorative: 60% 50% Deriodontics: 60% 50			50%	50%	50%	Oral Surgery:	Provides for extractions and other oral surgery including pre and post-operative care.	
50% 50% 50% 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.	Children are eligible for coverage to age twenty-six		50%	50%	50%	_	restorations on all teeth; and stainless steel crowns for dependents	
supporting the teeth. Periodontal maintenance, including evaluation, is counted toward the frequency limitation for prophylaxis cleanings. Monthly Rates: 50% 50% 50% 50% MAJOR (Subject to Deductible) Employee: \$32.58 Employee + Spouse: \$64.00 Employee + Child(ren): \$61.56 Employee + Child(ren): \$61.56 Family: \$104.45 MAJOR (Subject to Deductible) When teeth cannot be restored with a filling material listed in Regular Restorative: Restorative Dentistry, provides for individual crowns. Prosthodontics: a. Includes bridges, partial and complete dentures. DRTHODONTICS (Subject to Deductible)			50%	50%	50%	Endodontics:	When covered, payment for root canal therapy is limited to only once	
12 MONTH: Employee: \$32.58			50%	50%	50%	Periodontics:	supporting the teeth. Periodontal maintenance, including evaluation,	
MAJOR (Subject to Deductible) Employee: \$32.58 Employee + Spouse: \$64.00 Employee + Child(ren): \$61.56 Family: \$104.45 MAJOR (Subject to Deductible) Special Restorative: Restorative Dentistry, provides for individual crowns. Prosthodontics: a. Includes bridges, partial and complete dentures. b. Repairs and adjustments of bridges and dentures. ORTHODONTICS (Subject to Deductible)	Monthly Rates:		50%	50%	50%		b. Surgical periodontal procedures.	
Employee: \$32.58 Employee + Spouse: \$64.00 Employee + Child(ren): \$61.56 Family: \$104.45 Ment teeth cannot be restored with a filling material listed in Regular Restorative: Restorative Dentistry, provides for individual crowns. Prosthodontics: a. Includes bridges, partial and complete dentures. b. Repairs and adjustments of bridges and dentures. ORTHODONTICS (Subject to Deductible)	12 MONTH:					MAJOR (Subject to Deductible)		
Employee + Child(ren): \$61.56	Employee:		50%	50%	50%	Special	When teeth cannot be restored with a filling material listed in Regular	
Family: \$104.45 50% 50% 50% b. Repairs and adjustments of bridges and dentures. ORTHODONTICS (Subject to Deductible)			50%	50%	50%		a. Includes bridges, partial and complete dentures	
9 MONTH: ORTHODONTICS (Subject to Deductible)						i rostriodontics.		
	-		30%	30%	30%	ORTHODONTIC		
			None	None	None			
Employee: \$43.44 Note Note Note Offnodoffics: Orthodoffic appliances and treatment. Employee + Spouse: \$85.34 Employee + Child(ren): \$82.08 Family: \$139.26	Employee + Child(ren):	\$82.08	None	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.

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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**SM 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

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