DELTA DENTAL

Summary of Dental Plan Benefits

City of Prairie Village

Group # 6200 **High Plan**

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 Five Hundred Dollars ($1,500.00).

The maximum payment for orthodontic procedures for any Eligible Person is: One Thousand Five Hundred Dollars ($1,500.00) during such person's lifetime. Payment for the orthodontic procedures shall be included in determining the maximum benefit payment for each calendar year.

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 19 or to age 24 if a full-time student.

Benefit % Paid		
	DIAGNOSTIC & PREVENTIVE (Not subject to deductible)	
100%	**Diagnostic:**	Includes the following procedures necessary to evaluate existing dental conditions and the dental care required: • Oral examinations – once each six (6) months. • Diagnostic x-rays – bitewings once each six (6) months for dependents under age 18 and once each twelve (12) months for adults age 18 and over. • Full mouth x-rays – once each five (5) years.
100%	**Preventive:**	Provides for the following: • Prophylaxis (Cleanings) - once each six (6) months. • Topical Fluoride – once each six (6) months for dependent children under age 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 15 when applied only to permanent molars with no caries (decay) or restorations on any surface and with the occlusal surface intact.
	BASIC	
80%	**Ancillary:**	Provides for one (1) emergency examination per plan year by the Dentist for the relief of pain.
80%	**Oral Surgery:**	Provides for extractions and other oral surgery including required anesthesia and pre and post-operative care.
80%	**Regular Restorative:**	Provides amalgam (silver) restorations; composite (white) resin restorations on anterior (front) teeth; and stainless steel crowns for dependents under age 12.
80%	**Endodontics:**	Includes procedures for root canal treatments and root canal fillings.
80%	**Periodontics:**	Includes procedures for the treatment of diseases of the tissues supporting the teeth.
	MAJOR	
50%	**Special Restorative:**	When teeth cannot be restored with a filling material listed in Regular Restorative Dentistry, provides for individual permanent crowns.
50%	**Prosthodontics:**	Includes bridges, partial and complete dentures, including repairs and adjustments.
	ORTHODONTICS	
50%	**Orthodontics:**	Includes orthodontic appliances and treatment, interceptive and corrective, for dependent children under age 19.

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 supercedes all other written or oral communications.

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