

# NORTH KANSAS CITY SCHOOL DISTRICT No. 74

Group #: 6943-1000

Delta Dental PPO <sup>SM</sup> Benefit Plan Highlights <sup>1</sup>	Delta Dental PPO <sup>SM</sup> Dentist	Delta Dental Premier <sup>®</sup> Dentist	Non- Participating Dentist
	Based on applicable PPO <sup>SM</sup> Maximum Plan Allowance -- No Balance Billing	Based on applicable Premier <sup>®</sup> Maximum Plan Allowance -- No Balance Billing	Based on applicable Maximum Plan allowance for Non- Participating Dentist -- Dentist Balance Bills
<b>Diagnostic and Preventive Services</b> <ul style="list-style-type: none"> <li>• Oral exams (all types), twice per calendar year</li> <li>• Cleanings (all types including periodontal maintenance), twice per calendar year</li> <li>• Fluoride, once per calendar year for dependents under age 19</li> <li>• Space maintainers, once in 5 years, to age 16</li> <li>• Periapical x-rays as required</li> <li>• Bitewing x-rays as required</li> <li>• Full-mouth x-rays, once in any 36 month period</li> </ul>	<b>100%</b>	<b>80%</b>	<b>80%</b>
<b>Basic Services</b> <ul style="list-style-type: none"> <li>• Sealants for dependent children under 19, once per tooth every 5 years, limited to caries-free first and second permanent molars</li> <li>• Restorative services using synthetic porcelain, and plastic (white) filling material on front teeth and amalgam (silver) on back teeth</li> <li>• Simple and surgical extractions</li> <li>• Endodontics: root canal filling and pulpal therapy (same tooth once in 24 month period)</li> <li>• Periodontics: treatment for diseases of gums and bone supporting the teeth (Periodontal surgery is covered once in a 3 year period for the same site) (Scaling and root planning is covered once in a 2 year period for the same site)</li> </ul>	<b>100%</b>	<b>80%</b>	<b>80%</b>
<b>Major Services</b> <ul style="list-style-type: none"> <li>• Prosthetics: bridges and dentures, replacements are covered once in 5 years but not during the first 12 months of coverage</li> <li>• Crowns, jackets, labial veneers, inlays and onlays when required for restorative purposes, once in 5 years</li> <li>• Other oral surgery, except for extractions covered under Basic Services</li> </ul>	<b>50%</b>	<b>50%</b>	<b>50%</b>
<b>Orthodontic Services</b> <ul style="list-style-type: none"> <li>• For dependent children to age 19 that begin treatment while covered by this plan</li> </ul>	<b>50%</b>	<b>50%</b>	<b>50%</b>
<b>Calendar Year Deductible</b> (applies to Basic and Major Services only)	<b>\$50 per person</b>		
<b>Calendar Year Benefit Maximum</b>	<b>\$1,000 per person</b>		
<b>Orthodontic Lifetime Maximum</b>	<b>\$1,000 per eligible dependent</b>		
<b>Dependent Age Limit: End of calendar year following 26<sup>th</sup> birthday</b>			

<sup>1</sup> This is intended to be a summary only. Please refer to your Summary Plan Description (SPD) for a more complete listing of services, including plan limitations and exclusions. If a discrepancy occurs, the SPD will govern.

## About Delta Dental...

Delta Dental is a not-for-profit corporation and the largest and most experienced provider of dental benefits in the nation. Delta Dental covers one out of every four Americans who have dental insurance.

Delta Dental gives you the freedom to visit the dentist of your choice and to select any dentist on a treatment by treatment basis. It is important to remember your out-of-pocket costs may vary depending on your choice. You have three options and the information below describes what you can expect depending on whether you receive services from a Delta Dental PPO<sup>SM</sup> dentist, a Delta Dental Premier<sup>®</sup> dentist or a non-participating dentist.

### DELTA DENTAL PPO<sup>SM</sup> NETWORK

Comprised of a select panel of dentists, over 249,800 dental offices participate in the Delta Dental PPO<sup>SM</sup> program. Delta Dental will provide the highest level of benefits (see benefit highlights) for covered services when care is received from a Delta Dental PPO<sup>SM</sup> dentist. These dentists agree to:

- **Accept payment based on the applicable PPO<sup>SM</sup> Maximum Plan Allowance** – reducing your out-of-pocket expenses.
- Submit dental claims for members and abide by Delta Dental's policies.
- Charge members only their deductible, co-insurance, and costs for non-covered services at the time of visit because Delta Dental pays the dentist directly.

**Your out-of-pocket expenses will be lowest when you see a Delta Dental PPO<sup>SM</sup> dentist.**

### DELTA DENTAL PREMIER<sup>®</sup> NETWORK

Comprised of over 327,500 participating dental offices, Delta Dental Premier<sup>®</sup> offers you greater access to dentists while still offering the advantages of a network. These dentists have participating agreements with Delta Dental which require them to:

- **Accept payment based on the applicable Premier<sup>®</sup> Maximum Plan Allowance** – which means no balance billing on any charges that exceed Delta Dental's contracted amount.
- Submit dental claims for members and abide by Delta Dental's policies.
- Charge members only their deductible, co-insurance, and costs for non-covered services at the time of visit because Delta Dental pays the dentist directly.

**The Delta Dental Premier<sup>®</sup> Network offers you cost control and claims filing advantages as noted above. However, your out-of-pocket expenses (deductibles and coinsurance amounts) may be higher with a Premier<sup>®</sup> dentist, based upon your plan design.**

### NON-PARTICIPATING DENTIST

If you receive services from a non-participating dentist (does not participate in either Delta Dental network) benefits for covered services are based on the applicable Maximum Plan Allowance for non-participating dentists:

- You will be responsible for filing your own claim forms.
- Delta Dental's benefit payment will be made directly to you.
- Benefit payments will be based on Delta Dental's Maximum Plan Allowance.
- You will be responsible for the difference between the dentist's charge and Delta Dental's Maximum Plan Allowance.

**Your out-of-pocket expenses may be more when you use a non-participating dentist.**

## Locating a Participating Dentist...

To determine if your dentist participates with Delta Dental or to select a participating dentist in your area:

- Ask your dentist if he or she participates in the **Delta Dental PPO<sup>SM</sup>** or **Delta Dental Premier<sup>®</sup>** network
- Search on-line at [www.deltadentalmo.com](http://www.deltadentalmo.com), or
- Call Delta Dental Customer Service at **1-800-335-8266**