

Dentist Network*: PPO, Premier (Prmr) or Out-of-Network (OON)	PPO	Prmr	OON
Deductible: Per person, per contract year (up to \$150)	\$50		
Diagnostic & Preventive: (Not subject to deductible) no waiting period Exams and cleanings, X-rays, Fluoride, Sealants, Space Maintainers (age restrictions may apply)	100%	80%	80%
Basic Services: (Subject to deductible) 6-month waiting period Fillings, Non-Surgical Extractions Platinum, Gold, Silver only- Emergency exams (no waiting period)	80%	60%	60%
Major Services: (Subject to deductible) 12-month waiting period Root Canals, Gum Disease Treatment, Crowns, Dentures, Bridges, Surgical Tooth Extractions	Not Covered		
Implants (artificial teeth secured to the jaw) coverage must be pre-determined and certain limitations may apply. Occlusal Guards (tooth grinding and jaw clenching prevention)	Not Covered		
Annual Benefit Maximum**: Per person, per contract year	\$1,000		
Monthly Premiums			
Individual	\$32.59		
Individual +1	\$65.14		
Family	\$92.82		
Yearly Premiums			
Individual	\$391.08		
Individual +1	\$781.68		
Family	\$1,113.84		

How to Enroll

Choose Your Payment Option/ Enrollment Method:

PAY MONTHLY

Easily enroll online at DeltaDentalKS.com.

By enrolling online you may choose to pay by automatic monthly payments via **debit/credit card** or **bank withdrawal**. Charges will be made within the first five business days of each month.

PAY YEARLY

Enroll via paper application. Download, print and mail in your paper application. Paper applications can be found online at DeltaDentalKS.com or by calling customer service at 800.234.3375 to request an application be mailed directly to you.

Payment submitted with a paper application must be in the form of a **check** made out to Delta Dental of Kansas in the amount of **one year's payment**.

Please note: applications must be received on or before the 25th of the month for coverage to start the first of the following month.

Have questions?
Call us at 800.234.3375

* Percentages shown are what Delta Dental pays after deductible has been met.

** Diagnostic and Preventive Services do not apply to the **Annual Maximum Benefit**.



Delta Dental Individual and FamilySM Plans BRONZE PLAN

Exclusions & Limitations:

Following is a list of common non-covered services. For a complete list of exclusions and limitations, refer to your contract. Services which are available from any Federal or State government agency, or similar entity; services for injuries compensable under an automobile policy or worker's compensation or similar employer coverage; cosmetic services (unless stated otherwise); services started prior to coverage; services that are not completed; administrative fees such as missed appointments; temporary services and procedures; duplicate dentures; prescription drugs, premedications and relative analgesia, including hospital, healthcare facility or medical emergency room charges; laboratory charges; anesthesia for restorative dentistry; preventive control programs; injuries or disease intentionally self inflicted or occurring during or as a result of participation in riots or civil disobedience of any form, acts of war, or criminal activity; appliances or restorations to restore occlusion, splinting, equilibration, or replace tooth structure lost by attrition; restorations in conjunction with overdenture; inlays and onlays; non-medically necessary orthodontic services; services provided outside of the United States or Canada; dental implants (except for the Platinum plan); services related to TMJ; and services, supplies or treatments not specifically listed as covered in the member's contract. Limitations: Services are limited to the least costly professionally accepted treatment to achieve reasonable functionality; costs of the procedures necessary to prevent or eliminate oral disease and for appliances or restorations to replace missing teeth as allowed by the plan; frequency and combined service limitations related to restorations, individual crowns, prosthetic appliances, and periodontic procedures as identified within the contract; and other frequency, age or contractual limitations as specified. Benefits are allowed for a bilateral partial if teeth are missing in both quadrants of the same arch. See benefit booklet for further limitations.

To cancel coverage, you must notify Delta Dental of Kansas in writing at least 30 days prior to your requested termination date. For specific questions, consult your agreement or call our Customer Service team at 800.234.3375.