

Full Benefits Information Download

Online Dentist Account



★ Understanding a Patient's Full Benefits Information Download

Follow these easy steps to understand a patient's Full Benefits Information Download:

- 1 The first page of the **Full Benefits Information Download** includes general group (account) information.
- 2 The next section highlights effective dates, plan benefit period, and plan type.

DELTA DENTAL Benefit Summary Report

Delta Dental of Kansas
PO Box 70201
London, KY 40742
Customer Service: 1-800-234-3375
Customer Service Fax: 316-462-3392
DeltaDentalKS.com
Electronic Payor ID#: E3960

Benefit Summary for: _____ as of: _____

This document is NOT a guarantee of benefits or payment and does NOT cover all plan details. Benefits described in this document are subject to Processing Policies and Professional Review. If there are differences between the information provided on this summary and the group contract, the group contract will govern. All benefits are subject to deductibles, contract maximums and the member's eligibility on the date of service.

Subscriber:
Subscriber ID:
Patient Name:
Patient DOB:
Relationship:
Account Number:
Account Name:

Original Effective Date:
Member Effective Date:
Current Benefit Period:
Termination Date:

Product/Network: Delta Dental PPO plus Premier™
Plan Description: Delta Dental PPO plus Premier
Coverage: FAMILY
Coordination of Benefits: Allowed
File Covered Impactions with Medical Carrier First: N

For Dependent Children Only:
Dependent Age Limit: Dependent 26 EOM
Student Age Limit:
Orthodontic Age Min/Max: Ortho - Adults and Dependent Children to age 2f

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Plan Benefit	Type	Benefit Deductible Information								
		Required			Met			Remaining		
		PPO	Premier	OON	PPO	Premier	OON	PPO	Premier	OON
Family Plan Year Deductible	Family Coverage amount	\$100.0	\$100.0	\$100.0	\$50.0	\$50.0	\$50.0	\$50.0	\$50.0	\$50.0
Individual Plan Year Deductible	Individual Coverage amount	\$50.0	\$50.0	\$50.0	\$0.0	\$0.0	\$0.0	\$50.0	\$50.0	\$50.0

3 This page highlights **Benefit Deductible Information**. You can find the full deductible amount for the plan in the **Required Column**. The **Met Column** lists the amount of the deductible that has been met so far that plan year. The **Remaining Column** shows the amount of the deductible that has NOT been met for that plan year.

4 The top row has the **Deductible** for the family. The bottom row of this section lists the **Deductible** for this individual.

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5 In the **Benefit Maximum Information** section, you'll find the **Required Column** that shows the full benefit maximum. The **Met Column** lists the amount of benefit the patient has used so far in the plan year. The **Remaining Column** provides the amount of benefits remaining on the plan for the remainder of the plan year. The rows in the **Benefit Maximum** section will list if there are separate benefit maximums for different types of coverages, such as a separate ortho maximum, when applicable.

Benefit Maximum Information										
Maximums apply if the member meets the age requirement of the Covered Service.										
Plan Benefit	Type	Required			Met			Remaining		
		PPO	Premier	OON	PPO	Premier	OON	PPO	Premier	OON
Preventive Plus Individual Plan Year Maximum	Individual Coverage amount	\$2500.0	\$2500.0	\$2500.0	\$0.0	\$0.0	\$0.0	\$2500.0	\$2500.0	\$2500.0

6 The **Covered Benefits** page provides the group coverage by benefit classes. This lists the plan coverage percentage, if the deductible applies for the benefit coverage class, and, if a waiting period applies, it will list if it's been satisfied.



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as of:

Plan Benefit	We Pay			Deductible flag			Waiting Period Satisfied
	PPO	Premier	OON	PPO	Premier	OON	
Crown Services	50%	50%	50%	Yes	Yes	Yes	N/A
Simple Extraction Services (RS4K)	100%	100%	80%	No	No	Yes	N/A
Complex Oral Surgery Services	100%	100%	80%	No	No	Yes	N/A
Diagnostic & Preventive Services	100%	100%	100%	No	No	Yes	N/A
Endodontic Services	100%	100%	80%	No	No	Yes	N/A
Denture Repair Services	50%	50%	50%	Yes	Yes	Yes	N/A
Orthodontic Services	50%	50%	50%	Yes	Yes	Yes	N/A
Biopsy of Oral Tissue Services	80%	80%	80%	Yes	Yes	Yes	N/A
Emergency Exam or Treatment Services	100%	100%	80%	No	No	Yes	N/A
Occlusal Guards, Repair and/or Reline, Adjustment Services	50%	50%	50%	Yes	Yes	Yes	N/A
Periodontic Services	100%	100%	80%	No	No	Yes	N/A
Restorative Services	100%	100%	80%	No	No	Yes	N/A
Prosthodontic Services (RS4K)	100%	100%	50%	No	No	Yes	N/A

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7 This page lists the most **Commonly Requested Frequencies and Limitations** for this plan.

8 These are broken down by **Procedure** groups. When applicable, it will list the **Frequency Limitation, Age Limit, and Next Available**.

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Commonly Requested Frequencies and Limitations

The following table includes some of the frequency and age limits for the plan's most commonly requested procedures. Additional limitations may apply. For information about copay and deductible information for these procedures, access the patient's record on our website at DeltaDentalKS.com. If you have questions, please contact Delta Dental of Kansas at 800-234-3375 to verify benefits.

Procedure	Frequency	Age Limit	Next Available
Exams	2/plan year	N/A	02/19/2024
All Exams (Periodic and Problem-Focused)	3/plan year	N/A	02/19/2024
Full Mouth/Panoramic X-Rays	1/60 rolling month	N/A	02/19/2024
Biteewing X-Rays	2/plan year	N/A	02/19/2024
Fluoride	1/plan year	Fluoride 0 - 18	01/01/2025
Sealants	1/lifetime	Sealants 3 - 15	per tooth
Space Maintainers		Space Maintainers 3 - 13	per quadrant
Crowns	1/60 rolling month	Crown 12+	per tooth
Periodontal Scaling		N/A	per quadrant; allows 4 quadrants per visit
Periodontal Surgery		N/A	Predetermination suggested; subject to consultant review
Cleanings/Periodontal Maintenance	2/plan year	N/A	02/19/2024
Prostodontics	0/60 rolling month	Prostodontics 16+	per tooth; no missing tooth clause
Implants	1/60 rolling month	Implant & Implant Supported Prosthetics 16+	per tooth
Orthodontics		Ortho - Adults and Dependent Children to age 25	N/A

9 On the top left of each page, you will find our claims mailing address, customer service phone and fax numbers, website, and electronic payer ID number.

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10 On the top right of each page, you will find the patient's name and the date the full benefits information download was run.

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