

**Summary of Dental Plan Benefits**  
**CITY OF WICHITA**  
**Group #60100**  
**Effective for January 1, 2025**

**\*\*NOTE:** In order to receive benefits under this program, you must use a participating Delta Dental PPO dentist. If an Out of Network dentist is used, no benefits will be paid.

**Maximum Benefit(s)  
Per Person:**

The Maximum Benefit for all Covered Services, excluding Diagnostic and Preventive Services, for each Enrollee in any one Contract Year is: One Thousand Dollars (\$1,000.00).

**\* Benefits will increase from the Base Level to the Incentive Level if the member receives an exam and/or cleaning at least one (1) time in twelve (12) months. Benefits will increase to the Incentive Level ninety (90) days after a cleaning and/or exam. Benefits for new members will begin at the Incentive Level. After twelve (12) months, benefit levels will be determined by the date of the last Diagnostic or Preventive treatment.**

**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:  
 \$50 x 3

**Eligible Children Ages:**

Children are eligible for coverage to age twenty-six (26).

**Right Start 4 Kids (RS4K)**

Children, age twelve (12) and under, receive coverage at 100% for all services covered under the plan. Not subject to deductible, but plan's annual maximum and frequencies/limitations apply. Excludes orthodontics. Must see a Participating Premier or PPO Dentist or the plan's underlying contract applies including waiting periods, deductibles and coinsurance levels.

Benefit % Paid		Delta Dental PPO Network			
Base Level	Incentive Level			<b>DIAGNOSTIC &amp; PREVENTIVE</b> (Not Subject to Deductible or Maximum)	
100%	100%	<b>Diagnostic:</b>		Includes the following procedures necessary to evaluate existing dental conditions and the dental care required:	
				<ul style="list-style-type: none"> <li>* <u>Oral evaluations</u> - two (2) times per Contract Year.</li> <li>* <u>Bitewing x-rays</u> - two (2) times per Contract Year for dependents under age eighteen (18) and once (1) each twelve (12) months for adults age eighteen (18) and over.</li> <li>* <u>Full mouth or panoramic x-rays</u> - once (1) each five (5) years.</li> </ul>	
100%	100%	<b>Preventive:</b>		Provides for the following:	
				<ul style="list-style-type: none"> <li>* <u>Prophylaxis</u> (Cleanings) - two (2) times per Contract Year.</li> <li>* <u>Topical Fluoride</u> - two (2) times per Contract Year for dependent children under age nineteen (19).</li> <li>* <u>Space Maintainers</u> - for dependent children under age (14) and only for premature loss of primary molars.</li> <li>* <u>Sealants</u> - once (1) per lifetime for dependent children under age sixteen (16) when applied only to permanent molars with no caries (decay) or restorations on the occlusal surface and with the occlusal surface intact.</li> </ul>	
<b>BASIC</b> (Subject to Deductible)					
60%	80%	<b>Ancillary:</b>		Provides for one (1) emergency examination per Plan year by the Dentist for the relief of pain.	
60%	80%	<b>Oral Surgery:</b>		Provides for extractions and other oral surgery including pre and post-operative care.	
60%	80%	<b>Regular Restorative:</b>		Provides amalgam (silver) restorations; composite (white) resin restorations on all teeth; and stainless steel crowns for dependents under age 12.	
60%	80%	<b>Endodontics:</b>		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.	
60%	80%	<b>Periodontics:</b>		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.	
60%	80%			b. Surgical periodontal procedures.	
<b>MAJOR</b> (Subject to Deductible)					
40%	50%	<b>Special Restorative:</b>		When teeth cannot be restored with a filling material listed in Regular Restorative Dentistry, provides for individual crowns.	
40%	50%	<b>Prosthodontics:</b>		a. Includes bridges, partial and complete dentures.	
40%	50%			b. Repairs and adjustments of bridges and dentures.	
<b>ORTHODONTICS</b> (Subject to Deductible)					
None	None	<b>Orthodontics:</b>		Orthodontic appliances and treatment.	

*This is a summary of benefits only and does not bind Delta Dental of Kansas to any coverage. Subscribers are encouraged to familiarize themselves with the details of their individual plan benefits. Subscribers are responsible for any required copayments, deductibles, or fees for services not covered by their plan at the time services are performed. Please refer to the Description of Dental Care Coverage ("Benefits Booklet") for complete coverage information, including but not limited to any applicable exclusions and limitations. Coverage as described in the employer group's dental benefits contract with Delta Dental of Kansas is binding on all parties and supersedes all other written or oral communications.*

# 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

In order to receive benefits under your plan, you must visit a participating **Delta Dental PPO<sup>SM</sup>** dentist. You can search for a **Delta Dental PPO** dentist online at [DeltaDentalKS.com](http://DeltaDentalKS.com), on the Delta Dental mobile app or by contacting customer service at 800.234.3375.

## MANAGING MY BENEFITS

At [DeltaDentalKS.com](http://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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