

# Using Your Plan

Using your plan is easy with Delta Dental of Kansas



Your plan will utilize the Delta Dental PPO™ network, the Delta Dental Premier® network, or both - Delta Dental PPO Plus Premier™. You can check your plan type by looking at the top right corner of your member ID card, or by logging in to your online member account.

Easily search for an in-network dentist at **DeltaDentalKS.com**. Dentists in our networks submit claims for your exams/services to us, and we pay them directly - which means no hassle for you.

If you choose to use an out-of-network dentist, you will need to submit a dental claim form to us, and we will pay you back directly. Claim forms can be accessed by logging in to your member account at **DeltaDentalKS.com**.

## What is covered?

Your plan covers Diagnostic & Preventive Services, Basic Services and Major Services at different coverage levels. Check your benefit summary or benefit booklet for your plan specifics on services that are covered and coinsurance amounts.

**Diagnostic & Preventive Services** - these include services like cleanings and exams, X-rays, sealants and fluoride.

**Basic Services** - these include services like cavity fillings, root canals, and gum disease treatment.

**Major Services** - these include services like crowns, bridges and dentures.

## What will I pay?

Your dental plan helps you pay for dental services & procedures. Similar to medical insurance, deductibles, coinsurance and annual maximums are all ways that the cost is shared between you and your plan, making care more affordable.

**Deductible** - the amount you must pay out-of-pocket before your plan begins to pay.

**Coinsurance** - the fixed percentage you pay as your share of the cost of a covered service. Coinsurance kicks in after you meet any required deductible.

**Annual Maximum** - the most money your dental plan will pay for claims over a 12-month period. Your plan pays a coinsurance up until you've hit your Annual Maximum for the year. Once your Annual Maximum has been reached, any services after that are 100% your responsibility.

## Discrimination is Against the Law

Delta Dental of Kansas complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Delta Dental of Kansas does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

### Delta Dental of Kansas:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Delta Dental of Kansas' Compliance Officer.

If you believe that Delta Dental of Kansas has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Compliance Officer  
1619 N. Waterfront Pkwy  
Wichita, KS 67206  
1-800-234-3375  
316-264-1099  
[legal@deltadentalks.com](mailto:legal@deltadentalks.com)

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Delta Dental of Kansas' Compliance Officer is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)  
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

### Language Assistance Services

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-234-3375 (TTY: 1-800-234-3375).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-234-3375 (TTY: 1-800-234-3375).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-800-234-3375 (TTY: 1-800-234-3375)。

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-234-3375 (TTY: 1-800-234-3375).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-234-3375 (TTY: 1-800-234-3375) 번으로 전화해 주십시오.

ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-800-234-3375 (TTY: 1-800-234-3375).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-234-3375 (رقم هاتف الصم والبكم: 1-800-234-3375).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-234-3375 (TTY: 1-800-234-3375).

သတိပြုရန် - အကယ်၍ သင့်သူ့ ဂျပန်စကားကို ဝေဖန်ပါက၊ ဘာသာစကား အကူအညီ၊ အခမဲ့၊ သင့်အကြံပေးစီမံခန့်ခွဲရေးဝန်ထမ်းများပါမည့်။ ဖုန်းနံပါတ် 1-800-234-3375 (TTY: 1-800-234-3375) သို့မဟုတ် ဝေဖန်ခံပါ။

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-234-3375 (TTY: 1-800-234-3375).

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-234-3375 (TTY: 1-800-234-3375) まで、お電話にてご連絡ください。

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-234-3375 (телетайп: 1-800-234-3375).

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-234-3375 (TTY: 1-800-234-3375).

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-800-234-3375 تماس بگیرید.

KUMBUKA: Ikiwa unazungumza Kiswahili, unaweza kupata, huduma za lugha, bila malipo. Piga simu 1-800-234-3375 (TTY: 1-800-234-3375).