

## 2022 Delta Dental Individual and Family™ Plans

Affordable individual dental plans designed for you and your family.

Delta Dental of Kansas offers fully insured dental plans for individuals and families! Four plan options with coverage for diagnostic and preventive services, such as cleanings and exams - combined with varying levels of coverage for major restorative services, such as fillings and crowns - this means you can choose the plan that's right for you.

PLAN NAME	PLATINUM			GOLD			SILVER			BRONZE		
Dentist Network*: PPO, Premier (Prmr) or Out-of-Network (OON)	PPO	Prmr	OON	PPO	Prmr	OON	PPO	Prmr	OON	PPO	Prmr	OON
Deductible: Per person, per contract year (up to \$150)	\$50			\$50			\$50			\$50		
<b>Right Start 4 Kids<sup>SM</sup> (RS4K)</b> - APPLIES TO KIDS 12 & UNDER (Not subject to deductible) No waiting period   Must see an in-network dentist** (PPO or Prmr)  Kids 12 and under receive coverage at 100% for all services covered under the plan. Subject to plan's Annual Maximum. <i>Frequencies and limitations apply.</i>	100%	100%	Does not apply	100%	100%	Does not apply	100%	100%	Does not apply	100%	100%	Does not apply
<b>Diagnostic &amp; Preventive:</b> (Not subject to deductible) No waiting period   <b>RS4K applies to covered services**</b>	100%	80%	80%	100%	80%	80%	100%	80%	80%	100%	80%	80%
<b>Exams and Cleanings</b> (two times per year), X-rays <b>Fluoride, Sealants, Space Maintainers</b> (age restrictions may apply)												
<b>Basic Services:</b> (Subject to deductible) 6-month waiting period   <b>RS4K applies to covered services**</b>	80%	70%	70%	80%	60%	60%	50%	40%	40%	80%	60%	60%
<b>Fillings, Non-Surgical Tooth Extractions</b> <b>Emergency exams</b> (no waiting period)												
<b>Major Services:</b> (Subject to deductible) 12-month waiting period   <b>RS4K applies to covered services**</b>	70%	50%	50%	50%	40%	40%	50%	40%	40%	Not Covered		
<b>Root Canals, Gum Disease Treatment, Crowns, Dentures, Bridges, Surgical Tooth Extractions</b>												
<b>Implants (artificial teeth secured to the jaw)</b> certain limitations may apply. <b>Night Guards (tooth grinding and jaw clenching prevention)</b>  (Subject to deductible) 12-month waiting period	70%	50%	50%	Not Covered			Not Covered			Not Covered		
<b>Annual Benefit Maximum***:</b> Per person, per contract year	\$2,500			\$1,500			\$1,000			\$1,000		

The information listed is not intended as a policy or agreement nor does it serve as evidence of coverage. Please review the Exclusion and Limitations section on the reverse side for more details.

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

\*\*If an out-of-network dentist is chosen, then the plan's out-of-network coinsurance applies for covered services.

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

### Exclusions & Limitations:

For a complete list of exclusions and limitations, refer to your contract. Common non-covered services (exclusions) include the following: 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; 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. Common limitations include: the least costly professionally accepted treatment to achieve reasonable functionality; costs of 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 periodontal procedures as identified within the contract; and other frequency, age or contractual limitations as specified. Additionally, for implant procedures, benefits are allowed for a bilateral partial if teeth are missing in both quadrants of the same arch. See Benefit Booklet for additional details on exclusions and 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.

## There are **two** ways to enroll:

- 1 Enroll online. Set up automatic monthly payments via a credit/debit card or by automatic withdrawal from a bank account. **Your broker's online enrollment site is:**
- 2 Download and print a paper application from **DeltaDentalKS.com/shop** and write your broker's number at the bottom of page 2. **Your broker's number is:**

## Things to Know:

### ELIGIBILITY

Your plan's primary enrollee must be a Kansas resident, age 18 or older. Plan participants may not be covered by another Delta Dental of Kansas plan. Acceptance is guaranteed regardless of dental history or pre-existing conditions. Unmarried dependents are covered through the end of the month in which they turn 26.

### COVERAGE

There are no waiting periods for diagnostic and preventive services, and the deductible does not apply. There is a 6-month waiting period for basic services, and a 12-month waiting period under the Platinum, Gold and Silver Plans for major restorative services (see plan comparison chart on first page).

Coverage will start the first of the month following receipt of your application when the application and payment are received on or before the 25th of the month. If your application and payment are received after the 25th of the month, coverage will start the first of the following month (i.e. if your application is received April 19, your coverage will begin May 1; if your application is received April 28, your coverage will begin June 1).

With your Delta Dental Individual and Family plan, you are free to see the dentist of your choice, whether he or she is in the Delta Dental PPO™ network, the broader Delta Dental Premier® network or is out-of-network. However, you will generally experience the lowest out-of-pocket cost when visiting a Delta Dental PPO provider.

### PAYMENT

Payment is due at the time of enrollment. If you enroll online, you may choose to pay by credit/debit card or by automatic withdrawal from a checking or savings account. Monthly payments will be charged on or around the 5th business day of each month. If you enroll by sending in a paper application, you must submit a check for one year of coverage at the time of application.

		Platinum	Gold	Silver	Bronze
Monthly Premiums	Individual	\$72.99	\$45.95	\$38.33	\$33.05
	Individual +1	\$140.92	\$88.71	\$74.22	\$66.05
	Family	\$200.81	\$126.42	\$105.75	\$94.12
Yearly Premiums	Individual	\$875.88	\$551.40	\$459.96	\$396.60
	Individual +1	\$1,691.04	\$1,064.52	\$890.64	\$792.60
	Family	\$2,409.72	\$1,517.04	\$1,269.00	\$1,129.44

*Delta Dental of Kansas reserves the right to change rates upon the rates being placed on file by the Kansas Insurance Department. Visit [DeltaDentalKS.com](http://DeltaDentalKS.com) or call 800.234.3375 to confirm current rates.*

**For all Delta Dental Individual and Family plans:** Some benefits are subject to limitations, such as age of patient or frequency of procedure, or may be excluded in some instances. Rates are guaranteed for one year following enrollment; subsequent rate changes will be reviewed annually subject to a 60-day notification. Applications and premiums received on or before the 25th of the month will be effective the first of the concurrent month. For applications and premiums received after the 25th of the month, coverage will not commence until the first of the following month. To cancel coverage, subscribers must notify Delta Dental of Kansas in writing at least 5 days prior to the requested termination date. For specific questions, contact Delta Dental of Kansas Customer Service at 800.234.3375. The information contained in this flyer is not intended as policy, nor does it serve as evidence of coverage.

**Questions? Call 800.234.3375 or email [moreinfo@deltadentalks.com](mailto:moreinfo@deltadentalks.com).**

## 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၍ သင့်သူ ဂျပန်စကားကို ဝေဟပါက၊ ဘာသာစကား အကူအညီ၊ အခမဲ့၊ သင့်အကြံပေးစီမံခန့်ခွဲမှုကိုပေးပါမည်။ ဖုန်းနံပါတ် 1-800-234-3375 (TTY: 1-800-234-3375) သို့မူ ခေါ်ဆိုပါ။

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 (TTY: 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).