DELTA DENTAL®

Dental Benefits Summary

January 1 – December 31, 2027

Kansas Department of Administration
State Employee Health Plan

Your Dentist Network Options:	Delta Dental PPO™	Delta Dental Premier®	Non Network
BENEFIT PAID (% PLAN PAYS)			
ENHANCED BENEFIT *Applies when you **have received** at least one routine cleaning and/or preventive oral exam in the past 12 months.*			
Diagnostic & Preventive Services	100%	100%	100%*
Basic Restorative Services	80%	60%	60%*
Major Restorative Services	50%	50%	50%*
Implant Coverage	50%	50%	50%*
BASIC BENEFIT *Applies when you **have not received** at least one routine cleaning and/or preventive oral exam in the past 12 months.*			
Diagnostic & Preventive Services	100%	100%	100%*
Basic Restorative Services	50%	50%	50%*
Major Restorative Services	40%	30%	30%*
Implant Coverage	40%	30%	30%*
YOUR ANNUAL BENEFIT MAXIMUM			
$2,000 per Member			
YOUR DEDUCTIBLE			
$50 per person, per Plan Year (Not to exceed a yearly family maximum of $150) Deductible does not apply to Diagnostic & Preventive Services			
YOUR ORTHODONTIA LIFETIME BENEFIT MAXIMUM			
50% Coinsurance up to $1,500 per Member			

*When dentists agree to become part of Delta Dental's PPO or Premier network, they agree to accept established fees for services, and cannot charge you the difference between the agreed-upon fee and their usual fee. Non network dentists have not agreed to an established fee for service, therefore, any amounts in excess of Delta Dental's established fee for service is the member's responsibility when seeing a non network dentist.

This is a summary of benefits only and does not bind Delta Dental of Kansas to any coverage. Please refer to your Benefit Booklet for complete coverage information, including exclusions and limitations. Coverage as described in the employer group's agreement to provide dental benefits (contract) is binding on all parties and supersedes all other written or oral communications.