



Individual & Family Dental Insurance



Delta Dental of Kansas

deltadentalks.com | 800.234.3375

Delta Dental Individual and Family *an affordable individual dental product designed with you and your family in mind*

Delta Dental of Kansas, the state's oldest, largest and leading dental benefits company, now offers an individual product for Kansas residents! You have four flexible plan options and the freedom to visit the dentist of your choice. You will also receive Delta Dental of Kansas' excellent customer service.

Four Flexible Plan Options *flexible coverage options means you can choose a dental plan that fits your needs*

Individual plans focus on preventive services by waiving deductibles for routine exams and cleanings, while also providing coverage for restorative services. All individual plans include:

- » 100% coverage for exams, cleanings and x-rays from in-network dentists
- » No waiting periods for diagnostic and preventive services, including exams and cleanings
- » Exams and cleanings do not apply to your annual maximum benefit. This means you do not pay a deductible for exams and cleanings; plus, the benefit paid for exams and cleanings does not reduce your annual maximum.

Our Platinum, Gold and Silver plans also provide coverage for:

- » Oral surgery, surgical tooth extractions (impacted tooth below the gum line) and coverage for most major services

Platinum plans include coverage for:

- » Implant services and occlusal guards (tooth grinding and jaw clenching prevention)

Network Strength *Delta Dental offers its members access to the most extensive provider network in the nation*

Individual dental plans are based on the Delta Dental PPOSM network. Generally, you will have lower out-of-pocket costs when you visit a Delta Dental PPO dentist. However, you can also choose to see a dentist from a larger network – the Delta Dental Premier[®] network – or a non-participating dentist. More than 50% of Kansas dentists participate in the Delta Dental PPO network and more than 90% participate in the Delta Dental Premier network.

Finding a dentist is easy – visit the 'Locate a Dentist' section of www.deltadentalks.com. Or, call us at 800.234.3375.

Network Savings

Delta Dental PPOSM + Delta Dental Premier[®]



The information contained in this brochure is not intended as a policy or agreement nor does it serve as evidence of coverage.

Exclusions & Limitations:

Following is a list of common non-covered services. For a complete list of exclusions and limitations, refer to your contract. Exclusions: 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; splinting, equilibration, or replacement tooth structure lost by attrition; restorations in conjunction with overdenture; inlays and onlays; services provided outside of the United States or Canada; services related to TMJ; and services, supplies or treatments not specifically listed as covered in the member's contract. Limitations: Services are limited to the least costly professionally accepted treatment to achieve reasonable functionality; costs of the procedures necessary to prevent or eliminate oral disease as allowed by the plan; frequency and combined service limitations related to restorations, individual crowns, prosthetic appliances, and periodontic procedures as identified within the contract; and other frequency, age or contractual limitations as specified.

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 Customer Service at 800.234.3375.

Plan Name		Platinum			Gold			Silver			Bronze		
Network (Delta Dental PPO, Premier or Out-of-Network) percentages shown are what Delta Dental pays after deductible has been met		PPO	Premier	Out-of-Network	PPO	Premier	Out-of-Network	PPO	Premier	Out-of-Network	PPO	Premier	Out-of-Network
Deductible per person, per contract year (up to \$150)		\$ 50			\$ 50			\$ 50			\$ 50		
Diagnostic and Preventive (not subject to the deductible) No waiting period for Diagnostic and Preventive Services Exams and Cleanings (once every six months), X-rays, Fluoride, Sealants, Space Maintainers		100%	80%	80%	100%	80%	80%	100%	80%	80%	100%	80%	80%
Basic Services (subject to the deductible) 6-month waiting period for Basic Services Fillings, Non-Surgical Tooth Extractions Platinum, Gold & Silver only - Emergency Exams (no waiting period)		80%	70%	70%	80%	60%	60%	50%	40%	40%	80%	60%	60%
Major Services (subject to the deductible) 12-month waiting period for Major Services Root Canals, Gum Disease Treatment, Crowns, Dentures, Bridges, Surgical Tooth Extractions		70%	50%	50%	50%	40%	40%	50%	40%	40%	Not Covered		
Implants (artificial teeth secured to the jaw), Occlusal Guards (tooth grinding & jaw clenching prevention)		70%	50%	50%	Not Covered			Not Covered			Not Covered		
Annual Benefit Maximum per person, per contract year Diagnostic and Preventive Services do not apply toward the Annual Benefit Maximum		\$ 2,500			\$ 1,500			\$ 1,000			\$ 1,000		
Monthly Premiums	Individual	\$ 47.78			\$ 39.49			\$ 32.81			\$ 27.04		
	Individual +1	\$ 92.24			\$ 76.23			\$ 63.55			\$ 54.05		
	Family	\$ 131.45			\$ 108.64			\$ 90.55			\$ 77.01		

The information listed is not intended as a policy or agreement nor does it serve as evidence of coverage. Please review the Exclusions & Limitations section for more details. Delta Dental reserves the right to change rates upon the rates being placed on file by the Kansas Insurance Department. Visit deltadentalks.com or call 800.234.3375 to confirm current rates. Rates are guaranteed for one year; subsequent rate changes will be reviewed annually subject to a 60-day notification.

Frequently Asked Questions *Still have questions? Get answers online at deltadentalks.com or call 800.234.3375.*

Q: Who is eligible for coverage under a **Delta Dental Individual and Family plan**?

A: You are eligible to purchase coverage in a **Delta Dental Individual and Family plan** if you are a Kansas resident, at least 18 years of age and you are not covered by DDKS. Unmarried dependents are covered through age 26. Acceptance is guaranteed regardless of dental history or pre-existing conditions.

Q: Are there waiting periods?

A: There are no waiting periods for diagnostic and preventive services, such as exams or cleanings. There is a 6-month waiting period under all plans for basic restorative services, such as fillings. If you enroll in the Platinum, Gold or Silver plans, there is a 12-month waiting period for major services, such as crowns, oral surgery and dentures.

Q: How do I enroll in **Delta Dental Individual and Family**?

A: You may enroll in **Delta Dental Individual and Family** by completing the enclosed application and mailing it and payment to Delta Dental of Kansas, PO Box 3806, Wichita, KS 67201-3806. Or, you may enroll online at www.deltadentalks.com.

Q: What are my payment options?

A: If you enroll using the enclosed paper application, you must also submit a check for payment for one year of coverage. If you prefer to pay monthly via credit/debit card or automatic withdrawal visit www.deltadentalks.com to enroll online.

Q: When does my coverage start?

A: Once your application and initial payment are processed, you will receive confirmation in 7 to 10 days as well as a copy of your policy and your ID card(s). If your application is received on or before the 25th of the month, coverage will start on the first of the following month. If your application is received after the 25th of the month, coverage will start on the first of the next month. Your enrollment materials will identify the effective date of your coverage.

Q: When can I switch plans?

A: You may only switch Delta Dental Individual and Family plans at renewal. Once enrolled, you must stay in your plan until your renewal date (one year from your enrollment date).



Delta Dental of Kansas
P.O. Box 789769
Wichita, KS 67278-9769

something to smile about

At Delta Dental of Kansas, dental is all we do. We are passionate about providing benefits that meet the needs of our subscribers and about educating Kansans about the importance of good oral health. For more than 30 years we have led the industry in offering innovative dental benefits plans designed to control costs while ensuring quality of benefits.

Use the enrollment form found in this packet to enroll in an individual dental plan today, or contact us for more information.