OUR DENTIST NETWORKS

Delta Dental PPO™ network:
Includes more than 68% of Kansas dentists and offers the lowest out-of-pocket costs.

Delta Dental Premier® network:
Includes more than 95% of Kansas dentists, and will give you lower out-of-pocket costs that an out-of-network provider.

Out-of-network:
Highest out-of-pocket costs.

FIND A DENTIST

Easily find an in-network dentist online at **DeltaDentalKS.com** or on Delta Dental's mobile app where you can search by location, specialty, network, and more.

RIGHT START 4 KIDS℠

Available with all plans, Right Start 4 Kids (RS4K) allows kids 12 and under to receive 100% coverage for all covered services under the plan when visiting an in-network dentist. Learn more in the summary of benefits insert.

FAQs

How can I find out if my dentist is in-network?
You can search for dentists by their name, location, specialty, and more online at **DeltaDentalKS.com**.

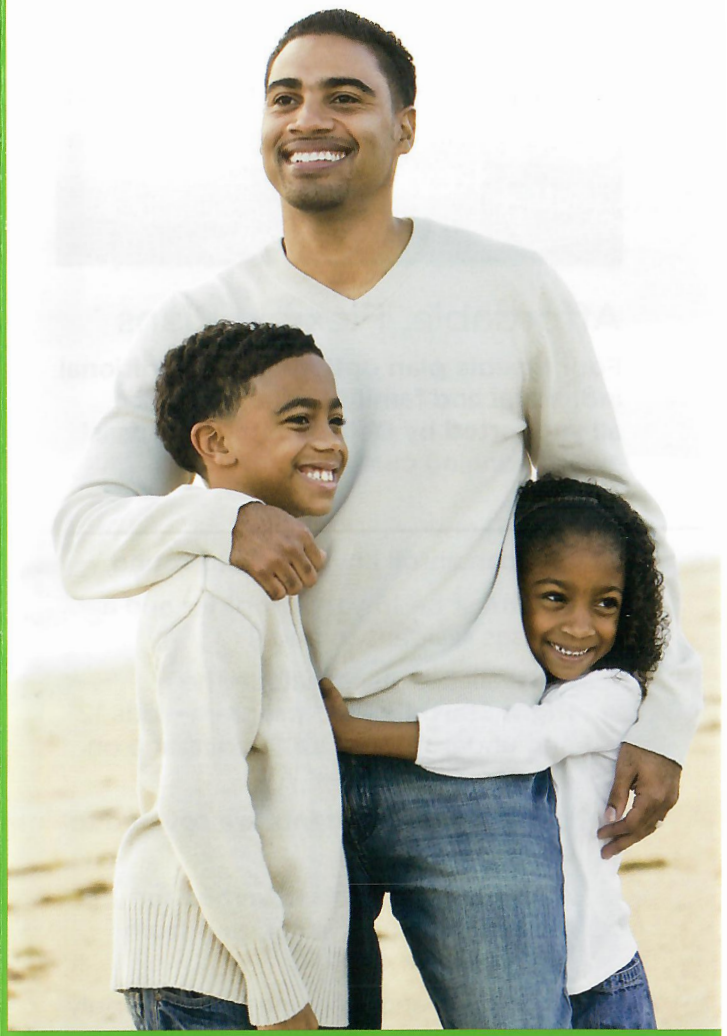
When does my coverage start?
When enrolling, you have the option to choose an effective date for your plan up to three months in the future. If your online application is received on or before the last day of the month, you will have the option to start coverage on the first of the following month. For a paper application, your application must be received on or before the 25th of the month, for coverage to start the first of the following month.

How long are rates guaranteed?
Your rates are guaranteed for one full year. You will be notified at least 60 days prior to your renewal date of any future rate changes.

What are the waiting periods?
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. Platinum, Gold, and Silver plans have a 12-month waiting period for major services, such as crowns, oral surgery, dentures, and implants. **Waiting periods may be shorter if you have had previous dental coverage in the past 60 days.**

STILL HAVE QUESTIONS?

Get answers online at **DeltaDentalKS.com/Shop** or call our Customer Service team at **800.234.3375.**



DELTA DENTAL®

Individual and Family™ Plans

2025 Coverage Details and Rates

With flexible plan options for families of all sizes, find your best fit and **start protecting your smile today.**

DeltaDentalKS.com/Shop

Start using your benefits in three easy steps:

1 Review the information

Affordable, Flexible Plans

Four flexible plan options offer traditional individual and family dental insurance, all supported by Delta Dental of Kansas' award-winning customer service.

Things to know:

- You can enroll anytime, year-round
- You must be 18 years or older and a Kansas resident to enroll
- All available plans include the **Right Start 4 Kids℠** program—kids 12 and under receive 100% coverage on all covered services*
- Unmarried dependents are covered to age 26
- All plans offer 100% coverage for exams, cleanings, and X-rays from PPO network dentists
- Check-ups and cleanings do not apply to your annual benefit maximum
- There are no waiting periods for diagnostic and preventive services
- Platinum, Gold and Silver plans provide coverage for oral surgery, surgical tooth extractions, and coverage for most major services
- Platinum plan also includes coverage for implant services and night guards
- All our individual dental plans are based on the Delta Dental PPO™ Network, meaning that you will have the lowest out-of-pocket costs when visiting a Delta Dental PPO dentist

2 Select your coverage

Up to 100% Coverage

All plans offer immediate 100% coverage for diagnostic and preventative treatments from PPO network dentists including exams, cleanings, and X-rays.

Percentages shown represent what Delta Dental of Kansas will pay after you have met your deductible*

	Platinum	Gold	Silver	Bronze
Deductible per person, per contract year	$50	$50	$50	$50
Annual Benefit Maximum per person, per contract year	$2500	$1500	$1000	$1000
Diagnostic & Preventive (exams, cleanings, etc.)	100%	100%	100%	100%
Basic Services (Fillings, non-surgical extractions)	80%	80%	50%	80%
Major Services (Root Canals, Crowns, Dentures, etc.)	70%	50%	50%	Not Covered
Implants and Night Guards	70%	Not Covered	Not Covered	Not Covered
Monthly Premium	$$$	$$	$$	$
Individual	$79.36	$49.97	$41.68	$35.95
Individual+1	$153.23	$96.47	$80.71	$71.82
Family	$218.36	$137.47	$114.99	$102.34

3 Enroll and use your benefits!

Easy Enrollment Options

Choose between enrollment options.

Enroll online:
Automatic monthly or yearly payments can be made via debit/credit card or bank withdrawal. Easily enroll online at **DeltaDentalKS.com/Shop**.

Mail in application:
You may also **mail in a paper application accompanied by a check** for the cost of one year's payment** made out to *Delta Dental of Kansas.*

Download and print your paper application online at **DeltaDentalKS.com/Shop** or call our Customer Service team at 800.234.3375 to request an application be mailed directly to you.

Please note: Paper applications must be received on or before the 25th of the month, for coverage to start the first of the following month.

**Based on usage of the Delta Dental PPO Network (see reverse for network information).*
***See inserted Summary of Benefits for detailed program information including monthly and yearly fees for each plan.*

DELTA DENTAL

Delta Dental Individual and Family™ Plans | Summary of Benefits

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		
Right Start 4 Kids℠ (RS4K) - 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.** ***Frequencies and limitations apply.***	100%	100%	Does not apply	100%	100%	Does not apply	100%	100%	Does not apply	100%	100%	Does not apply
Diagnostic & Preventive: (Not subject to deductible) **No waiting period |** RS4K applies to covered services** **Exams and Cleanings** (two times per year), **X-rays** **Fluoride, Sealants, Space Maintainers** (age restrictions may apply)	100%	80%	80%	100%	80%	80%	100%	80%	80%	100%	80%	80%
Basic Services: (Subject to deductible) **6-month waiting period |** RS4K applies to covered services** **Fillings, Non-Surgical Tooth Extractions** **Emergency exams** (no waiting period)	80%	70%	70%	80%	60%	60%	50%	40%	40%	80%	60%	60%
Major Services: (Subject to deductible) **12-month waiting period |** RS4K applies to covered 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) certain limitations may apply. **Night Guards (tooth grinding and jaw clenching prevention)** (Subject to deductible) **12-month waiting period**	70%	50%	50%	Not Covered			Not Covered			Not Covered		
Annual Benefit Maximum*:** 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, the underlying contract applies including waiting periods, deductibles and coinsurance levels.
***Diagnostic and Preventive Services do not apply toward the Annual Benefit Maximum.

DELTA DENTAL

Delta Dental Individual and Family™ Plans | 2025 Monthly and Yearly Rates

	Plan Name	Platinum	Gold	Silver	Bronze
Enroll online. When enrolling online you may choose to pay by automatic monthly payments via debit/credit or bank withdrawal.	**Monthly Premiums**				
	Individual	$79.36	$49.97	$41.68	$35.95
	Individual +1	$153.23	$96.47	$80.71	$71.82
	Family	$218.36	$137.47	$114.99	$102.34
Enroll via paper application. Payment submitted with a paper application must be a check made out to Delta Dental of Kansas with one year's payment.	**Yearly Premiums**				
	Individual	$952.32	$599.64	$500.16	$431.40
	Individual +1	$1,838.76	$1,157.64	$968.52	$861.84
	Family	$2,620.32	$1,649.64	$1,379.88	$1,228.08

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 at least a 60-day notification.

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 5 days prior to your requested termination date. For specific questions, consult your agreement or call our Customer Service team at 800.234.3375.

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.
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).

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