




**Benefits Summary Sheet  
2019 Plan Year  
Dental Plans**

	Premium Plan			Basic Plan
<b>Your Dental Provider Options</b>  (Choose between Premium Plan or Basic Plan)	Delta Dental PPO Network Dentists	Delta Dental Premier Network Dentists	Out-of-Network Dentists	<b>Delta Dental PPO Network Dentists <u>ONLY</u></b>  (coverage NOT provided for Premier Dentists or Out-of-Network Dentists)
Service Type				
<b>Diagnostic &amp; Preventive Care</b> (Routine exams, cleanings, x-rays, sealants and fluoride treatments, etc.)	<b>100%</b> of maximum plan allowance covered, 2 visits per year (no deductible)	<b>70%</b> of maximum plan allowance covered, 2 visits per year (no deductible)	<b>70%</b> of maximum plan allowance covered, 2 visits per year (no deductible)	<b>100%</b> of maximum plan allowance covered, 2 visits per year (no deductible)
<b>General Dental Care</b> (Fillings, extractions, non-surgical periodontal services and other basic dental procedures)	<b>80%</b> of maximum plan allowance covered (\$50 annual deductible)	<b>50%</b> of maximum plan allowance covered (\$50 annual deductible)	<b>50%</b> of maximum plan allowance covered (\$50 annual deductible)	<b>50%</b> of maximum plan allowance covered (\$25 annual deductible)
<b>Important:</b>	<p><i><u>If a member enrolled in the Sprint Premium Plan for more than 12 months has not had a routine cleaning or exam in the preceeding 12 months, all listed General Dental Care services are reduced to fifty (50%) percent coverage for services by a PPO dentist or forty (40%) percent for Premier and Out-of-Network dentists. Once the qualifying cleaning or exam has been received, benefits will return to the original coinsurance the first day of the following month.</u></i></p> <p><i>Newly enrolled members will have 12 months to satisfy this requirement.</i></p>			

		Premium Plan			Basic Plan
Delta Dental PPO Network Dentists <u>ONLY</u> (coverage NOT provided for Premier Dentists or Out-of-Network Dentists)		Delta Dental PPO Network Dentists	Delta Dental Premier Network Dentists	Out-of-Network Dentists	Delta Dental PPO Network Dentists <u>ONLY</u> (coverage NOT provided for Premier Dentists or Out-of-Network Dentists)
<b>Major &amp; Restorative Care*</b> (Crowns, root canals, surgical periodontal services, bridges, dentures, etc.)  <i>*Newly enrolled participants may only be covered for certain Major &amp; Restorative services after a waiting period</i>		<b>50%</b> of maximum plan allowance covered (\$50 annual deductible)  <i>Dental implants at 50% of maximum plan allowance subject to a separate \$50 annual deductible.</i>	<b>40%</b> of maximum plan allowance covered (\$50 annual deductible)  <i>Dental implants at 40% of maximum plan allowance subject to a separate \$50 annual deductible.</i>	<b>40%</b> of maximum plan allowance covered (\$50 annual deductible)  <i>Dental implants at 40% of maximum plan allowance subject to a separate \$50 annual deductible.</i>	<b>50%</b> of maximum plan allowance covered (\$25 annual deductible)
<b>Important:</b>		<b><i>If a member enrolled in the Sprint Premium Plan for more than 12 months has not had a routine cleaning or exam in the preceeding 12 months, all listed Major &amp; Restorative Care services are reduced to forty (40%) percent coverage for services by a PPO or thirty (30%) percent for Premier and Out-of-Network dentists. Once the qualifying cleaning or exam has been received, benefits will return to the original coinsurance the first day of the following month.</i></b>  <i>Newly enrolled members will have 12 months to satisfy this requirement.</i>			
<b>Annual Individual Benefit Maximum</b> (Diagnostic & Preventive Care does NOT apply towards the Annual Maximum)		<b>\$1,500</b> <i>(does not include orthodontia)</i>			<b>\$750</b>
<b>Orthodontia</b> (Braces, limited TMJ coverage)		<b>50%</b> of maximum plan allowance covered after \$50 lifetime orthodontia deductible <i>(separate from annual deductible)</i>			<b>NOT COVERED</b>
<b>Orthodontia Lifetime Benefit Maximum</b>		<b>\$1,500</b> <i>(separate from non-orthodontia maximum)</i>			<b>NOT COVERED</b>
Customer Service					
<b>Delta Dental</b>		<b>1-866-913-3375</b>			
Your Provider Network Options					
<b>Delta Dental PPO Network</b> -The Delta Dental PPO network has approximately 293,000 participating dentist locations in its network. Your savings are the greatest when you utilize this network. You <b>MUST</b> utilize a Delta Dental PPO provider when enrolling in the <b>Basic Dental Plan</b> or <u>no services will be covered</u> .					
<b>Delta Dental Premier Network</b> -If a Delta Dental PPO provider cannot be utilized, it's then best to seek services from a Delta Dental Premier provider. There are approximately 368,000 participating dentist locations nationwide.					

Both **Delta Dental PPO** and **Delta Dental Premier** providers will file all claims directly with Delta Dental and cannot balance bill you when their charges exceed the Maximum Plan Allowance.

**Out-of-Network**-If you are enrolled in the Premium plan and choose to use an Out-of-Network dentist, you may be responsible for paying the dentist and filing your own claims. Claims can be mailed to Delta Dental of Kansas at: P.O. Box 789769 Wichita, KS 67278. Any reimbursement for those claims will be paid directly to you.

### How to Locate a Network Provider

To search for a Delta Dental PPO or Premier provider, simply follow these steps:

1. Type in [www.deltadentalks.com](http://www.deltadentalks.com) in your web browser
2. Under “Searching for a Dentist,” click on “Dentist Search”
3. For the **Basic Plan**, click on Delta Dental PPO  
For the **Premium Plan**, click on either Delta Dental PPO or Delta Dental Premier
4. Enter your address information or provider’s name
5. Click on “Search for a Dentist” tab

### Pre-Determinations

**It is recommended that the Dentist submit a treatment plan (pre-determination) whenever dental work is being considered that is beyond diagnostic and preventive care.** The Plan will determine the Allowed Amount for covered services and advise the provider. This allows you to plan for the cost of the services that will be your responsibility to pay. Failure by your Dentist to predetermine benefits may result in a higher cost to You than anticipated if, in the professional judgment of the Delta Dental consultant, the treatment is not necessary or the Least Expensive Alternative Treatment (LEAT). Even if the Dentist does predetermine benefits, it does not obligate Delta Dental if you are no longer eligible for benefits at the time the services are actually performed or your Dentist was not a Participating Dentist with Delta Dental at the time services were performed. The treatment must commence within ninety (90) days of the date the treatment plan is submitted to Delta Dental by the treating Dentist or a new treatment plan should be obtained and resubmitted to Delta Dental.

### Maximum Plan Allowance

Dental benefits are based on Delta Dental’s maximum plan allowance. Delta Dental’s maximum allowed payment is determined by the lesser of the participating dentist submitted fee or the Delta Dental participating dentist maximum fee. The Delta Dental participating dentist maximum fee is developed from a number of sources, including but not limited to contracts with dentists, input from dental consultants, consideration of the relative simplicity or complexity of the procedure, the billed charges for the same procedures by other dentists, and such other information as Delta Dental, in its sole discretion, deems appropriate.

**NOTE:** *This represents a summary of coverage. Details in the Summary Plan Description govern in all cases.*