

## THE DELTA DENTAL DIFFERENCE<sup>®</sup>

### Freedom of dentist choice.

Delta Dental has the largest Participating Dentist network in the nation. You and your employees are not required to designate a particular dentist for services. The employee, spouse, and dependents are all free to receive dental care from the dentist of their choice.

### Cost containment and quality assurance.

With skyrocketing costs, it is important to receive great value and not pay more for quality care than necessary. Delta Dental contracts with Participating Dentists to assure your employees will be charged the dentist's lowest fees. This agreement allows Delta Dental to conduct contract compliance reviews to verify that you receive the most for your premium dollar.

### Ease of administration.

On your company's part, there is virtually no paperwork except for paying the premium and submitting your employee's eligibility. All dental claims are submitted directly to Delta Dental from the dental office, *the employer does not submit or complete claim forms on behalf of employees*, freeing up your time to focus on your business.

Other plan designs are available for WIBA members with 10 or more employees.

For more information about the group dental plan available to **WIBA members**, contact the Wichita Independent Business Association at (316) 267-8987.

## WIBA and Delta Dental - a winning combination!

*This dental program is endorsed by the Wichita Independent Business Association and is administered and underwritten by*

### Delta Dental of Kansas

P.O. Box 789769  
Wichita, KS 67278-9769  
800-264-9462

[www.deltadentalks.com](http://www.deltadentalks.com)

# FOR YOUR DENTAL HEALTH

A Unique Dental Plan Available for the  
Member Businesses of



through

 **DELTA DENTAL<sup>®</sup>**

**DELTA DENTAL OF KANSAS**  
Make your life easier.

\*To be eligible for dental coverage offered through the WIBA Dental Plan, members must meet the following underwriting guidelines:

1. For employee groups of 2-5, all eligible employees must be enrolled for coverage and the employer must pay 100% of the premiums.
2. For employee groups of 6-9, the greater of 6 employees or 75% must be enrolled for coverage and the employer must pay at least 50% of the premium for families and 100% premium for employees.
3. If the plan is 100% employer paid, all eligible employees with dependents must insure their dependents.
4. If family coverage is selected, at least 75% of eligible employees with dependents must insure their dependents.
5. Married employees who initially enroll for single coverage cannot change to family coverage without prior approval from Delta Dental of Kansas, Inc., except for an annual 30-day enrollment period at the anniversary date of the contract.
6. If, after initial enrollment, an employee changes from family to single coverage without a change in marital status, re-enrollment for family coverage will be permitted only at the option of Delta Dental of Kansas, Inc.
7. For a member company to qualify for coverage, there must be an employer-employee relationship and premium contribution by the employer on behalf of the employees.
8. Groups that are more than thirty days in arrears for premium may be terminated without notice. Reinstatement is at the option of Delta Dental of Kansas, Inc.
9. Only active members of the Wichita Independent Business Association (WIBA) are eligible for coverage under this program.
10. New businesses joining WIBA have 60 days in which to sign up for the insurance program or wait for the next open enrollment period.

**THIS IS A SUMMARY OF BENEFITS ONLY AND NOT A CERTIFICATE OF COVERAGE.**

## WICHITA INDEPENDENT BUSINESS ASSOCIATION (WIBA)

### **DIAGNOSTIC & PREVENTIVE..... 100%**

**Provides for:**

- Examinations once every six months
- Diagnostic x-rays (Bitewings once each six months for dependents under age 18 and once each twelve months for adults age 18 and over)
- Full mouth x-rays or panoramic x-rays once each five years
- Prophylaxis (cleanings) one each six months
- Topical fluoride once each six months for dependents up to age 19
- Sealants (one per tooth per lifetime for children under age 15 when applied only to permanent molars)
- Space maintainers to age 14

### **BASIC SERVICES..... 75%**

**Provides for:**

- Amalgam (silver) restorations; composite (white) resin restorations on all teeth
- Stainless steel crowns for dependents under age 12
- Bridge and denture repairs and adjustments
- Emergency relief of pain
- Simple extractions

### **MAJOR SERVICES..... 50%**

**Provides for:**

- Endodontics (root canal treatments and root canal fillings)
- Oral Surgery (surgical extractions and other oral surgery including pre- and post-operative care)
- Periodontics (treatment of diseases of the gums)
- Special Restorative (gold restorations and permanent crowns and jackets)
- Prosthodontics (bridges, partial and complete dentures)

**MAJOR SERVICES ARE SUBJECT TO A SIX MONTH WAITING PERIOD**

### **ORTHODONTICS..... 50%**

Includes orthodontic appliances and treatment, interceptive and corrective, for dependent children under age 19.

**DEDUCTIBLE:** The deductible is \$100 per person per year with a family maximum deductible of \$300. The deductible DOES NOT apply to Diagnostic and Preventive procedures.

**MAXIMUM:** \$1,500 per person per year. Maximum lifetime benefit for orthodontics is \$1,000 per eligible dependent, and is applied to annual maximum.