DELTA DENTAL

Dental benefits summary

AMERI-NATIONAL CORPORATION dba NBKC BANK Benefit Summary[1]	Delta Dental PPO™ Network	Delta Dental Premier® Network	Out-of-Network
	Based on applicable PPO Maximum Plan Allowance - No balance billing	Based on applicable Premier Maximum Plan Allowance - No balance billing	Based on applicable Maximum Plan Allowance for Out-of- Network dentist - Balance billing is possible
Preventive services • Oral exams, twice per calendar year • Prophylaxis (cleanings) all types, twice per calendar year[2] • Periapical x-rays, as required • Bitewing x-rays, two sets per benefit period • Full mouth x-rays, once in any 36-month period • Sealants for dependent children under age 14, once in any 36 month period per tooth • Space maintainers for dependent children under age 19, once in 5 years • Topical fluoride treatments for dependent children under age 19, once per calendar year • Emergency palliative treatment	**100%**	**100%**	**100%**
Basic services • Bridge repairs & recement • Composite fillings covered on all teeth • Crown repairs & recement • Denture repairs & adjustments • Endodontics • General Anesthesia • Non-surgical and surgical periodontics • Simple and surgical extractions	**80%**	**80%**	**80%**
Major services • Crowns, Inlays, Onlays, once in 5 years per tooth • Bridges and dentures, once in 5 years • Implants, as well as bone grafts, are a covered benefit. Limited to once in 5 years per tooth • Stainless steel crowns, once in 5 years per tooth	**50%**	**50%**	**50%**
Orthodontia for all eligible participants	**50%**	**50%**	**50%**
Calendar year deductible (Applied to Basic & Major services)	**$50 individual / $150 family limit**		
Calendar year maximum (Applied to Preventive, Basic & Major)	**$1,500 per person**		

MAXRollover

If the participant's total qualified claims paid do not exceed:	This amount will rollover to the next benefit period:	This additional PPO bonus amount will rollover for qualified participants:	The total rollover amount cannot exceed this limit:
$700	$350	$150	$1,250

Orthodontic lifetime maximum	**$1,500 per person**

Dependent age limit: 26

[1] This is intended to be a summary only. Please refer to the Summary Plan Description (SPD) for a more complete listing of services, including plan limitations and exclusions. If a discrepancy occurs, the SPD will govern.

[2] Members who are pregnant, have periodontal disease, diabetes, or suppressed immune system are eligible for up to four cleanings per calendar year.