

DARAS LLC

Comprehensive Dental

Effective May 01, 2025

This Dental Care Program offers coverage for preventive services, along with additional coverage for primary and major dental services. Employees and each eligible dependent will receive a maximum of \$1,500 in benefits for all covered services each anniversary year.

Covered Services	
<p>PREVENTIVE</p> <p>No deductible 100% payment</p>	<p>Oral examinations Dental imaging services required to treat or diagnose diseases or abnormalities of the teeth, surrounding tissue and cavity detection Fluoride (under age of 21) Prophylaxis, including cleaning, scaling and polishing Space maintainers Sealants limited to one application per tooth per lifetime per eligible insured between 5 and 17 years of age inclusive, and limited to permanent molars and bicuspid (20 teeth).</p>
<p>PRIMARY</p> <p>Primary and Major Dental benefits have a combined deductible maximum of \$25/individual, \$75/family. 50% payment</p>	<p>Inlays Simple extractions Repair of dentures Fillings (except gold) Emergency treatment for pain Endodontics General anesthesia when the dental treatment is covered Periodontics, non-surgical Non-surgical care of acute oral infection and oral lesions Oral surgery, consisting of diagnosis and treatment of fractures, dislocations, cysts, and abscesses; and surgical extractions (including impacted teeth)</p>
<p>MAJOR</p> <p>Primary and Major Dental benefits have a combined deductible maximum of \$25/individual, \$75/family. 50% payment</p>	<p>Periodontal surgery Surgery of the bony structure supporting the teeth Bridges Onlays (not part of a bridge) Crowns (not part of a bridge) Dentures, full or partial Dental implant services (\$1,000 lifetime max per insured, per arch).</p>
<p>ORTHODONTIC RIDER (under age of 21)</p> <p>100% payment up to a 3-year maximum of \$1,500</p>	<p>**Retention treatment Active treatment, including necessary appliances Diagnosis including study models and facial photographs</p>
<p>Benefits are not provided for denture or bridge replacement within five years after receiving dentures or bridges under this program. Benefits are limited to standard procedures for prosthodontic services.</p>	
<p>** If orthodontic treatment begins before the effective date of this rider, the months of previous treatment will be deducted from the maximum number of months available under this program. Note: Any charges for the replacement and/or repair of any appliance previously furnished under this plan shall not be covered by Blue Cross and Blue Shield of Kansas.</p>	

Monthly Premium

	<u>Employee</u>	<u>Emp/Child(ren)</u>	<u>Emp/Spouse</u>	<u>Family</u>
Dental	\$46.92	\$102.55	\$100.63	\$155.72