Summary of Dental Plan Benefits

Ryan Lawn & Tree, Inc.

Account Benefit Plan ID# 52900-01

Effective for January 1, 2026

MAXIMUM BENEFIT(S) PER PERSON:
The Maximum Benefit for all Covered Services for each Enrollee in any one Calendar Year is **One Thousand Five Hundred Dollars ($1,500.00)**.

The Maximum Benefit for covered orthodontics procedures for each Enrollee is **One Thousand Dollars ($1,000.00)** during such Enrollee's lifetime. Payment for Orthodontic Services shall not be included in determining the Maximum Benefit for each Calendar Year.

DEDUCTIBLE LIMITATIONS:
Coverage for Diagnostic and Preventive Services are not subject to the Deductible. For all other Covered Services, the Calendar Year Deductible is: **$50x3**.

RIGHT START 4 KIDS℠ (RS4K):
Children 12 and under receive their Claims paid at 100% for all Covered Services. Deductibles will not apply, but the annual maximum, frequencies, and limitations will apply. Orthodontics Services will not change. If a Child visits an Out-of-Network Dentist, normal waiting periods, Deductibles, and Coinsurance will apply.

SPECIAL HEALTH CARE NEEDS BENEFIT:
Members of any age with qualifying special health care needs are eligible for additional oral exams prior to treatment, unlimited cleanings per benefit year and anesthesia and/or nitrous oxide treatment as needed. ***Code D9997 must be submitted to process expanded benefits.***

ELIGIBLE CHILDREN AGES:
Children are eligible for coverage to age **26**.

Benefit % Paid			
Delta Dental PPO	Delta Dental Premier/ Out-of-Network		
		DIAGNOSTIC & PREVENTIVE (Not Subject to Deductible)	
100%	100%	**Diagnostic:**	Includes the following procedures necessary to evaluate existing dental conditions and the dental care required: • Oral evaluations – 2 times each Calendar Year. • Bitewing x-rays – 2 times each Calendar Year for Dependents under age 18 and once each 12 months for adults age 18 and over. • Full mouth or panoramic x-rays – once each 5 years.
100%	100%	**Preventive:**	Provides for the following: • Routine Cleanings – unlimited. • Topical Fluoride – 2 times each Calendar Year for Dependent Children under age 19. • Space Maintainers – for Dependent Children under age 14 and only for early loss of baby molars. • Sealants – once (1) each tooth per lifetime for Dependent Children under age 16 when applied only to adult molars with no decay or fillings on the chewing surface and intact.
		BASIC (Subject to Deductible)	
90%	80%	**Ancillary:**	Provides for one emergency/limited exam per Calendar Year by the Dentist for the relief of pain.
90%	80%	**Oral Surgery:**	Provides for removal of teeth including pre and post-operative care, preparation of the mouth for dentures, removal of the vertical band of thin tissue that connects the tongue to the bottom of the mouth, removal of the tissue that attaches the lips to the gum above the top front two teeth, removal of tissue that connects the gums to the insides of the cheeks, and removal of a piece of tissue from a lesion and sent to the lab for testing.
90%	80%	**Regular Restorative:**	Provides silver fillings; resin (white) fillings on all teeth; and stainless-steel crowns for Dependents under age 12.
90%	80%	**Endodontics:**	Includes root canal treatments. When covered, payment for the initial root canal therapy is limited to one per lifetime, per tooth; payment for the retreatment of a root canal is limited to once per 24 months, per tooth.
90%	80%	**Periodontics:**	a. Includes procedures for the treatment of diseases of the gums and bones. Periodontal cleaning is unlimited if diagnosed with periodontal treatment history.
90%	80%		b. Surgical periodontal procedures.
		MAJOR (Subject to Deductible)	
60%	50%	**Special Restorative:**	When teeth cannot be restored with a filling, provides for individual crowns.
60%	50%	**Prosthodontics:**	a. Includes bridges, partial and complete dentures.
60%	50%		b. Repairs and adjustments of bridges and dentures.
		ORTHODONTICS (Subject to Deductible)	
50%	50%	**Orthodontics (Braces):**	Includes orthodontic appliances and treatment, interceptive and corrective, for Dependent Children under age 19.

This is a summary of benefits only and does not bind Delta Dental of Kansas to any coverage. Subscribers are encouraged to familiarize themselves with the details of their individual plan benefits. Subscribers are responsible for any required copayments, deductibles, or fees for services not covered by their plan at the time services are performed. Please refer to the Description of Dental Care Coverage ("Benefits Booklet") for complete coverage information, including but not limited to any applicable exclusions and limitations. Coverage as described in the employer group's dental benefits contract with Delta Dental of Kansas is binding on all parties and supersedes all other written or oral communications.

Welcome to Delta Dental of Kansas

With Delta Dental of Kansas you receive the expertise of the largest, most experienced dental benefits carrier in the nation, paired with our unparalleled customer service. With your employer, we have designed a dental benefit plan to help protect you and your family's oral health. Regular, preventive dental care is fundamental to making your smile last, and a healthy mouth contributes to your overall wellbeing.

CHOOSING A DENTIST

You are free to go to any dentist of your choice, but there may be a difference in the amount you pay if the dentist is not a Delta Dental in-network dentist. It is to your advantage to choose a **Delta Dental PPO™** or **Delta Dental Premier®** network dentist. Nearly 4 out of 5 dentists nationwide participate with Delta Dental, so chances are excellent your dentist is already in-network. You can search for an in-network dentist at **DeltaDentalKS.com**, on the Delta Dental mobile app or by contacting our customer service team at 800.234.3375.

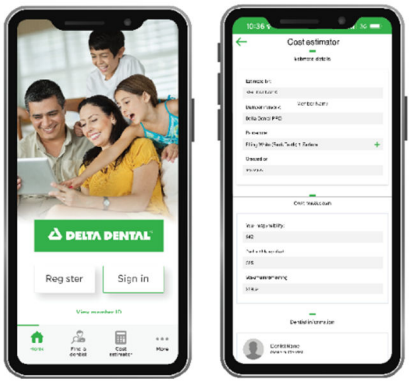
MANAGING MY BENEFITS

At **DeltaDentalKS.com**, you can log in to your member account to:

- Print your member ID card
- Review your eligibility and benefit information
- See how your claims paid
- Estimate your out-of-pocket costs*
- Sign-up to receive your Explanation of Benefits (EOBs) electronically
- And more!

Through Delta Dental's mobile app, you can:

- Use your mobile ID card
- Find a dentist
- Estimate your out-of-pocket costs*
- Review your coverage and claims
- And more!



SCAN TO DOWNLOAD
DELTA DENTAL MOBILE APP

**The Dental Care Cost Estimator provides an estimate and does not guarantee the exact fees for dental procedures, what your dental benefits plan will cover or your out-of-pocket costs. Estimates should not be construed as financial or medical advice. For more detailed information on your actual dental care costs, please consult your dentist and call Delta Dental of Kansas at 800-234-3375.*