Summary of Dental Plan Benefits

IMA FINANCIAL GROUP, INC. (Low Option)

Account Benefit Plan ID# 50914-01

Effective for January 1, 2026

MAXIMUM BENEFIT(S) PER PERSON:
The Maximum Benefit for all Covered Services, excluding Diagnostic and Preventive Services, for each Enrollee in any one Calendar Year is: **One Thousand Dollars ($1,000.00)**.

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

***Healthy Benefits, Healthy Smile, Healthy You** Patients who are pregnant, diabetic, have a suppressed immune system, have kidney failure, are undergoing dialysis, or have a history of periodontal treatment are eligible for up to (2) two additional periodontal cleanings per Calendar Year. To be eligible for the added benefit you must complete a Self-Report form found within the Subscriber Connection at www.deltadentalks.com or by contacting Delta Dental of Kansas' Customer Service at 1-800-234-3375.

ELIGIBLE CHILDREN AGES:
Children are eligible up to the last day of the month in which they turn age **twenty-six (26)**.

****Using an Out-of-Network provider may result in higher out of pocket expenses. Refer to your benefit booklet for further information.**

Benefit % Paid				
Delta Dental PPO	Delta Dental Premier	**Out-of-Network		
DIAGNOSTIC & PREVENTIVE (Not Subject to Deductible or Maximum)				
100%	100%	100%	**Diagnostic:**	Includes the following procedures necessary to evaluate existing dental conditions and the dental care required: • Oral evaluations – two (2) times per Calendar Year. • Bitewing x-rays – bitewings two (2) times per Calendar Year for dependents under age eighteen (18) and once (1) each twelve (12) months for adults age eighteen (18) and over. • Full mouth or panoramic x-rays – once (1) each five (5) years.
100%	100%	100%	**Preventive:**	Provides for the following: • *Prophylaxis (Cleanings) – (all types including periodontal maintenance), two (2) times per Calendar Year. • Topical Fluoride – two (2) times per Calendar Year for dependent children under age nineteen (19). • Space Maintainers – for dependent children under age fourteen (14) and only for premature loss of primary molars. • Sealants – once (1) per tooth per lifetime for dependent children under age sixteen (16) when applied only to permanent molars with no caries (decay) or restorations on the occlusal surface and with the occlusal surface intact.
BASIC (Subject to Deductible)				
50%	50%	50%	**Ancillary:**	Provides for one (1) emergency examination per plan year by the Dentist for the relief of pain.
50%	50%	50%	**Oral Surgery:**	Provides for extractions and other oral surgery including pre- and post-operative care.
50%	50%	50%	**Regular Restorative:**	Provides amalgam (silver) restorations; composite (white) resin restorations on all teeth; and stainless steel crowns for dependents under age twelve (12).
50%	50%	50%	**Endodontics:**	Includes procedures for root canal treatments and root canal fillings. When covered, payment for root canal therapy is limited to only once (1) in any twenty-four (24) month period, per tooth.
50%	50%	50%	**Periodontics:**	a. Includes procedures and treatment of diseases of the tissues supporting the teeth. Periodontal maintenance, including evaluation, is counted toward the frequency limitation for prophylaxis cleanings. b. Surgical periodontal procedures.
MAJOR (Subject to Deductible)				
0%	0%	0%	**Special Restorative:**	When teeth cannot be restored with a filling material listed in Regular Restorative Dentistry, provides for individual crowns.
0%	0%	0%	**Prosthodontics:**	a. Includes bridges, partial and complete dentures. b. Repairs and adjustments of bridges and dentures. c. Implants.
ORTHODONTICS (Subject to Deductible)				
0%	0%	0%	**Orthodontics:**	Orthodontic appliances and treatment.

RIGHT START 4 KIDS℠ (RS4K):
Kids 18 and under receive coverage at 100% for all services covered under the plan. Not subject to deductible. Subject to plan's Annual Maximum, frequencies and limitations apply. Excludes Orthodontics. Must see an in-network dentist or the plan's underlying contract applies including waiting periods, deductibles and coinsurance levels.

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.

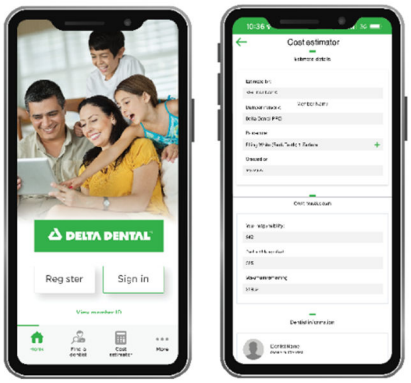
MANAGING MY BENEFITS

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.*