



2007 Small Group (2-49) Rates

Please distribute to all agents in your office.

To submit a group for approval or if you have any questions,
contact Cheryl Smiley at 1-800-423-2184 ext. 4682 or
cheryl.smiley@deltadentalky.com.



The Most Plans. The Most Choices.

When it comes to variety, nobody makes you smile more than Delta Dental of Kentucky. Over the past few years, we developed new plans not just because we thought they might grow, but because the market was asking for them. Because you were asking for them. Today, the success of those products shows that the need was real and that it was met by Delta Dental of Kentucky.

Delta Dental Premier

- A managed fee-for-service plan offering employees the freedom to choose to receive care from any dentist.
- Over 84% of the dentists in Kentucky participate, while 70% of all practicing dentists nationwide participate.
- Members pay only deductibles, coinsurance and non-covered services when receiving care from participating dentists.
- Claims are submitted by dentists, not by covered members.
- Participating dentists agree to accept the allowable amount negotiated by Delta Dental as payment in full for covered services, which means no balance billing.
- Members pay lower out-of-pocket expenses when utilizing Delta Dental Premier's large network of participating dentists.
- Available to companies with employees across the region, across the nation.

Delta Dental PPO

- A preferred provider organization (PPO) plan offering top-quality, fee-for-service dental coverage with lower premiums.
- A familiar fee-for-service program with cost reduction features.
- A dental PPO with benefits and pricing between indemnity and DHMO plans.
- Selection from a wide network of dentists - over 940 participating dentists in Kentucky, over 78,000 nationally.
- Strong incentives to manage dental care services at lower costs.
- Employees can choose from our list of participating dentists or choose to go to an out-of-network dentist and pay a higher percentage of the dentist's fees.
- Members pay only deductibles, coinsurance and non-covered services when services are provided by network dentists.
- Available to companies with employees across the region, across the nation.

DeltaCare

- A dental HMO plan which eliminates deductibles and focuses on improved oral health through preventive care, including regular checkups and x-rays.
- Predictable out-of-pocket expenses.
- The most aggressive pricing of any Delta Dental program.
- Members of DeltaCare use a primary care dentist, who refers them to specialists as needed.
- Dentists are located in metropolitan Louisville, Lexington, Northern Kentucky and major cities around the country, and are thoroughly credentialed by Delta Dental.
- Available to companies with employees across the region, across the nation.

DeltaVision

The DeltaVision program offers all Delta Dental plan members the extra value of vision benefits. Delta Dental has contracted with the EyeMed Vision network to administer the DeltaVision program at no charge to your groups.

EyeMed is one of the largest vision companies in the country with an extensive nationwide provider network, including LensCrafters and Cole Vision providers (PearleVision, Sears Optical, JC Penney Optical and Target Optical). The discount program offers tremendous value to your groups including a Lasik vision correction discount.

CHOICE PROGRAM A (Employer-Paid)

Diagnostic and Preventive Services

100% of the Allowable Amount, not subject to deductible.

- ◆ Oral examination
- ◆ Palliative emergency treatment
- ◆ Periapical, bitewing, panoramic or complete series x-ray
- ◆ Topical fluoride application
- ◆ Prophylaxis
- ◆ Sealants
- ◆ Space maintainers

Minor Services

80% of the Allowable Amount, subject to deductible.

- ◆ Routine fillings including posterior composite (white) fillings
- ◆ Simple extractions
- ◆ Root canal therapy
- ◆ Simple denture repair
- ◆ Oral surgery

Major Services

50% of the Allowable Amount, subject to deductible.

12-month waiting period applies. Replacement of teeth missing prior to the effective date are not covered.

- ◆ Inlays or crowns not part of a bridge
- ◆ Prosthetic services
- ◆ Periodontic services

Annual Deductible

\$50 individual/\$150 family each Benefit Period.

To change deductible:

- For \$0 deductible, *increase* rates 12%
- For \$25 individual/\$75 family deductible, *increase* rates 6%

Annual Maximum

Plan pays maximum of \$1,000 in benefits per Covered Person during any Benefit Period.

To change annual maximum to \$1,500:

- Groups must have 25+ employees enrolled.
- *Increase* rates 5%

Age Limitations

Dependents covered up to age 19, full-time students up to age 23.

Orthodontic Services (Optional)

Orthodontic Services are not covered under the standard plan design.

To add orthodontic benefits:

- Groups must have 10+ employees enrolled.
- *Increase* rates by \$6.32 for Employee + Child(ren) and \$7.88 for Family
- Benefits are 50% coinsurance up to a \$1,000 lifetime maximum for dependents up to age 19.
- 12-month waiting period applies.

Rates (Four Tier Plans)

Group size 5-15 eligibles

Employee	Employee + Spouse	Employee + Child(ren)	Family
\$26.10	\$53.25	\$50.11	\$83.01

Group size 16-49 eligibles

Employee	Employee + Spouse	Employee + Child(ren)	Family
\$22.85	\$46.62	\$43.87	\$72.67

**Rates are guaranteed for 12 months from the effective date of coverage.*

Underwriting Guidelines

- Employer must contribute 50% of the single rate.
- 70% of eligible employees must enroll.
- Minimum group size is 5 contracts.
- Employer probationary period of 90 days required or match medical.
- Group eligible census documented by current Employer's Quarterly Unemployment Wage and Tax Report (KY Form UI-3).
- All groups subject to underwriting review.
- Premium rates are based on the cost of services provided by Kentucky dentists. Rates may be adjusted if some employees reside outside of Kentucky.
- Members may utilize any licensed dentist. Delta Dental Premier does contract with over 1,600 dentists statewide who agree to not balance bill the member. See Participating Provider Directory for listing of dentists.

This is not a contract. It is a partial list of benefits and services. For complete details refer to your certificate.

Dental benefits are offered by Delta Dental of Kentucky, Inc.

CHOICE PROGRAM AV (Voluntary)

Diagnostic and Preventive Services

100% of the Allowable Amount, not subject to deductible.

- ◆ Oral examination
- ◆ Palliative emergency treatment
- ◆ Periapical, bitewing, panoramic or complete series x-ray
- ◆ Topical fluoride application
- ◆ Prophylaxis
- ◆ Sealants
- ◆ Space maintainers

Minor Services

80% of the Allowable Amount, subject to deductible.

- ◆ Routine fillings including posterior composite (white) fillings
- ◆ Simple extractions
- ◆ Root canal therapy
- ◆ Simple denture repair
- ◆ Oral surgery

Major Services

50% of the Allowable Amount, subject to deductible.

12-month waiting period applies. Replacement of teeth missing prior to the effective date are not covered.

- ◆ Inlays or crowns not part of a bridge
- ◆ Prosthetic services
- ◆ Periodontic services

Annual Deductible

\$50 individual/\$150 family each Benefit Period.

To change deductible:

- For \$25 individual/\$75 family deductible, *increase* rates 6%

Annual Maximum

Plan pays maximum of \$1,000 in benefits per Covered Person during any Benefit Period.

Age Limitations

Dependents covered up to age 19, full-time students up to age 23.

Orthodontic Services (Optional)

Orthodontic Services are not covered under the standard plan design.

To add orthodontic benefits:

- Groups must have 10+ employees enrolled.
- *Increase* rates by \$6.32 for Employee + Child(ren) and \$7.88 for Family
- Benefits are 50% coinsurance up to a \$1,000 lifetime maximum for dependents up to age 19.
- 12-month waiting period applies.

Rates (Four Tier Plans)

Group size 5-15 eligibles

Employee	Employee + Spouse	Employee + Child(ren)	Family
\$29.26	\$59.68	\$56.17	\$93.03

Group size 16-49 eligibles

Employee	Employee + Spouse	Employee + Child(ren)	Family
\$25.63	\$52.28	\$49.21	\$81.49

**Rates are guaranteed for 12 months from the effective date of coverage.*

Underwriting Guidelines

- No employer contribution necessary.
- 30% of eligible employees must enroll.
- Minimum group size is 5 contracts.
- Employer probationary period of 90 days required or match medical.
- Group eligible census documented by current Employer's Quarterly Unemployment Wage and Tax Report (KY Form UI-3).
- All groups subject to underwriting review.
- Premium rates are based on the cost of services provided by Kentucky dentists. Rates may be adjusted if some employees reside outside of Kentucky.
- Members may utilize any licensed dentist. Delta Dental Premier does contract with over 1,600 dentists statewide who agree to not balance bill the member. See Participating Provider Directory for listing of dentists.

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CHOICE PROGRAM B (Employer-Paid)

Diagnostic and Preventive Services

100% of the Allowable Amount, not subject to deductible.

- ◆ Oral examination
- ◆ Palliative emergency treatment
- ◆ Periapical, bitewing, panoramic or complete series x-ray
- ◆ Topical fluoride application
- ◆ Prophylaxis
- ◆ Sealants
- ◆ Space maintainers

Minor Services

50% of the Allowable Amount, subject to deductible.

- ◆ Routine fillings including posterior composite (white) fillings
- ◆ Simple extractions
- ◆ Root canal therapy
- ◆ Simple denture repair
- ◆ Oral surgery

Major Services

50% of the Allowable Amount, subject to deductible.

12-month waiting period applies. Replacement of teeth missing prior to the effective date are not covered.

- ◆ Inlays or crowns not part of a bridge
- ◆ Prosthetic services
- ◆ Periodontic services

Annual Deductible

\$50 individual/\$150 family each Benefit Period.

To change deductible:

- For \$0 deductible, *increase* rates 12%
- For \$25 individual/\$75 family deductible, *increase* rates 6%

Annual Maximum

Plan pays maximum of \$1,000 in benefits per Covered Person during any Benefit Period.

To change annual maximum to \$1,500:

- Groups must have 25+ employees enrolled.
- *Increase* rates 5%

Age Limitations

Dependents covered up to age 19, full-time students up to age 23.

Orthodontic Services (Optional)

Orthodontic Services are not covered under the standard plan design.

To add orthodontic benefits:

- Groups must have 10+ employees enrolled.
- *Increase* rates by \$6.32 for Employee + Child(ren) and \$7.88 for Family
- Benefits are 50% coinsurance up to a \$1,000 lifetime maximum for dependents up to age 19.
- 12-month waiting period applies.

Rates (Four Tier Plans)

Group size 5-15 eligibles

Employee	Employee + Spouse	Employee + Child(ren)	Family
\$22.79	\$46.49	\$43.76	\$72.47

Group size 16-49 eligibles

Employee	Employee + Spouse	Employee + Child(ren)	Family
\$19.97	\$40.73	\$38.34	\$63.49

**Rates are guaranteed for 12 months from the effective date of coverage.*

Underwriting Guidelines

- Employer must contribute 50% of the single rate.
- 70% of eligible employees must enroll.
- Minimum group size is 5 contracts.
- Employer probationary period of 90 days required or match medical.
- Group eligible census documented by current Employer's Quarterly Unemployment Wage and Tax Report (KY Form UI-3).
- All groups subject to underwriting review.
- Premium rates are based on the cost of services provided by Kentucky dentists. Rates may be adjusted if some employees reside outside of Kentucky.
- Members may utilize any licensed dentist. Delta Dental Premier does contract with over 1,600 dentists statewide who agree to not balance bill the member. See Participating Provider Directory for listing of dentists.

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Dental benefits are offered by Delta Dental of Kentucky, Inc.

CHOICE PROGRAM BV (Voluntary)

Diagnostic and Preventive Services

100% of the Allowable Amount, not subject to deductible.

- ◆ Oral examination
- ◆ Palliative emergency treatment
- ◆ Periapical, bitewing, panoramic or complete series x-ray
- ◆ Topical fluoride application
- ◆ Prophylaxis
- ◆ Sealants
- ◆ Space maintainers

Minor Services

50% of the Allowable Amount, subject to deductible.

- ◆ Routine fillings including posterior composite (white) fillings
- ◆ Simple extractions
- ◆ Root canal therapy
- ◆ Simple denture repair
- ◆ Oral surgery

Major Services

50% of the Allowable Amount, subject to deductible.

12-month waiting period applies. Replacement of teeth missing prior to the effective date are not covered.

- ◆ Inlays or crowns not part of a bridge
- ◆ Prosthetic services
- ◆ Periodontic services

Annual Deductible

\$50 individual/\$150 family each Benefit Period.

To change deductible:

- For \$25 individual/\$75 family deductible, *increase* rates 6%

Annual Maximum

Plan pays maximum of \$1,000 in benefits per Covered Person during any Benefit Period.

Age Limitations

Dependents covered up to age 19, full-time students up to age 23.

Orthodontic Services (Optional)

Orthodontic Services are not covered under the standard plan design.

To add orthodontic benefits:

- Groups must have 10+ employees enrolled.
- *Increase* rates by \$6.32 for Employee + Child(ren) and \$7.88 for Family
- Benefits are 50% coinsurance up to a \$1,000 lifetime maximum for dependents up to age 19.
- 12-month waiting period applies.

Rates (Four Tier Plans)

Group size 5-15 eligibles

Employee	Employee + Spouse	Employee + Child(ren)	Family
\$25.56	\$52.15	\$49.08	\$81.29

Group size 16-49 eligibles

Employee	Employee + Spouse	Employee + Child(ren)	Family
\$22.38	\$45.65	\$42.96	\$71.16

**Rates are guaranteed for 12 months from the effective date of coverage.*

Underwriting Guidelines

- No employer contribution necessary.
- 30% of eligible employees must enroll.
- Minimum group size is 5 contracts.
- Employer probationary period of 90 days required or match medical.
- Group eligible census documented by current Employer's Quarterly Unemployment Wage and Tax Report (KY Form UI-3).
- All groups subject to underwriting review.
- Premium rates are based on the cost of services provided by Kentucky dentists. Rates may be adjusted if some employees reside outside of Kentucky.
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Delta Dental of Kentucky invites Group Administrators to log on!

Online maintenance capability allows your groups to:

- Manage their eligibility online by entering their own adds, status changes and terminations
- Eliminates paper, phone and email correspondence
- Changes are made immediately on our system

Other features of the website include:

- Check group benefit information
 - covered services
 - deductibles and/or copayments
 - benefit maximums
 - waiting periods
 - limitations and exclusions
- View and print active member or member/dependent listings
- View and print total enrollment counts by contract type
- Find Delta Dental participating providers
- Request a new identification card for covered members
- Print enrollment applications or claim forms
- Send our Customer Service department an inquiry after business hours

A registration code is required for initial log in. For a group administrator to obtain a registration code or to update their existing access level, they need to send an email to webgroup@deltadentalky.com. They need to include their name, group name and group number and the level of access they would like to have, view only or edit.

CHOICE PROGRAM C (Employer-Paid)

Diagnostic and Preventive Services

In-Network: 100% of the Allowable Amount, not subject to deductible.
 Out-of-Network: 80% of the Allowable Amount, not subject to deductible.

- ◆ Oral examination
- ◆ Palliative emergency treatment
- ◆ Periapical, bitewing, panoramic or complete series x-ray
- ◆ Topical fluoride application
- ◆ Prophylaxis
- ◆ Sealants
- ◆ Space maintainers

Minor Services

In-Network: 100% of the Allowable Amount, subject to deductible.
 Out-of-Network: 80% of the Allowable Amount, subject to deductible.

- ◆ Routine fillings including posterior composite (white) fillings
- ◆ Simple extractions
- ◆ Root canal therapy
- ◆ Simple denture repair
- ◆ Oral surgery
- ◆ Periodontic services

Major Services

In-Network: 60% of the Allowable Amount, subject to deductible.
 Out-of-Network: 50% of the Allowable Amount, subject to deductible.
 12-month waiting period applies. Replacement of teeth missing prior to the effective date are not covered.

- ◆ Inlays or crowns not part of a bridge
- ◆ Prosthetic services

Annual Deductible

In-Network: \$50 individual/\$150 family each Benefit Period.
 Out-of-Network: \$75 individual/\$225 family each Benefit Period.

To change deductible:

- For \$0 deductible, *increase* rates 12%
- For \$25 individual/\$75 family deductible, *increase* rates 6%

Annual Maximum

Plan pays maximum of \$1,000 in benefits per Covered Person during any Benefit Period.

To change annual maximum to \$1,500:

- Groups must have 25+ employees enrolled.
- *Increase* rates 5%

Age Limitations

Dependents covered up to age 19, full-time students up to age 23.

Orthodontic Services (Optional)

Orthodontic Services are not covered under the standard plan design.

To add orthodontic benefits:

- Groups must have 10+ employees enrolled.
- *Increase* rates by \$6.32 for Employee + Child(ren) and \$7.88 for Family
- Benefits are 50% coinsurance up to a \$1,000 lifetime maximum for dependents up to age 19.
- 12-month waiting period applies.

Rates (Four Tier Plans)

Group size 5-15 eligibles

Employee	Employee + Spouse	Employee + Child(ren)	Family
\$24.94	\$50.88	\$47.88	\$79.31

Group size 16-49 eligibles

Employee	Employee + Spouse	Employee + Child(ren)	Family
\$20.86	\$42.56	\$40.06	\$66.35

**Rates are guaranteed for 12 months from the effective date of coverage.*

Underwriting Guidelines

- Employer must contribute 50% of the single rate.
- 70% of eligible employees must enroll.
- Minimum group size is 5 contracts.
- Employer probationary period of 90 days required or match medical.
- Group eligible census documented by current Employer's Quarterly Unemployment Wage and Tax Report (KY Form UI-3).
- All groups subject to underwriting review.
- Premium rates are based on the cost of services provided by Kentucky dentists. Rates may be adjusted if some employees reside outside of Kentucky.
- This is a PPO plan. See Participating Provider Directory for listing of in-network dentists, utilizing out-of-network dentists will reduce your benefit levels.

This is not a contract. It is a partial list of benefits and services. For complete details refer to your certificate.

Dental benefits are offered by Delta Dental of Kentucky, Inc.

CHOICE PROGRAM D (Employer-Paid)

Diagnostic and Preventive Services

In-Network: 100% of the Allowable Amount, not subject to deductible.
 Out-of-Network: 80% of the Allowable Amount, not subject to deductible.

- ◆ Oral examination
- ◆ Palliative emergency treatment
- ◆ Periapical, bitewing, panoramic or complete series x-ray
- ◆ Topical fluoride application
- ◆ Prophylaxis
- ◆ Sealants
- ◆ Space maintainers

Minor Services

In-Network: 80% of the Allowable Amount, subject to deductible.
 Out-of-Network: 60% of the Allowable Amount, subject to deductible.

- ◆ Routine fillings including posterior composite (white) fillings
- ◆ Simple extractions
- ◆ Root canal therapy
- ◆ Simple denture repair
- ◆ Oral surgery
- ◆ Periodontic services

Major Services

In-Network: 50% of the Allowable Amount, subject to deductible.
 Out-of-Network: 40% of the Allowable Amount, subject to deductible.
 12-month waiting period applies. Replacement of teeth missing prior to the effective date are not covered.

- ◆ Inlays or crowns not part of a bridge
- ◆ Prosthetic services

Annual Deductible

In-Network: \$50 individual/\$150 family each Benefit Period.
 Out-of-Network: \$75 individual/\$225 family each Benefit Period.

To change deductible:

- For \$0 deductible, *increase* rates 12%
- For \$25 individual/\$75 family deductible, *increase* rates 6%

Annual Maximum

Plan pays maximum of \$1,000 in benefits per Covered Person during any Benefit Period.

To change annual maximum to \$1,500:

- Groups must have 25+ employees enrolled.
- *Increase* rates 5%

Age Limitations

Dependents covered up to age 19, full-time students up to age 23.

Orthodontic Services (Optional)

Orthodontic Services are not covered under the standard plan design.

To add orthodontic benefits:

- Groups must have 10+ employees enrolled.
- *Increase* rates by \$6.32 for Employee + Child(ren) and \$7.88 for Family
- Benefits are 50% coinsurance up to a \$1,000 lifetime maximum for dependents up to age 19.
- 12-month waiting period applies.

Rates (Four Tier Plans)

Group size 5-15 eligibles

Employee	Employee + Spouse	Employee + Child(ren)	Family
\$19.26	\$39.30	\$36.99	\$61.26

Group size 16-49 eligibles

Employee	Employee + Spouse	Employee + Child(ren)	Family
\$16.12	\$32.89	\$30.96	\$51.26

**Rates are guaranteed for 12 months from the effective date of coverage.*

Underwriting Guidelines

- Employer must contribute 50% of the single rate.
- 70% of eligible employees must enroll.
- Minimum group size is 5 contracts.
- Employer probationary period of 90 days required or match medical.
- Group eligible census documented by current Employer's Quarterly Unemployment Wage and Tax Report (KY Form UI-3).
- All groups subject to underwriting review.
- Premium rates are based on the cost of services provided by Kentucky dentists. Rates may be adjusted if some employees reside outside of Kentucky.
- This is a PPO plan. See Participating Provider Directory for listing of in-network dentists, utilizing out-of-network dentists will reduce your benefit levels.

This is not a contract. It is a partial list of benefits and services. For complete details refer to your certificate.

Dental benefits are offered by Delta Dental of Kentucky, Inc.

CHOICE PROGRAM DV (Voluntary)

Diagnostic and Preventive Services

In-Network: 100% of the Allowable Amount, not subject to deductible.
 Out-of-Network: 80% of the Allowable Amount, not subject to deductible.

- ◆ Oral examination
- ◆ Palliative emergency treatment
- ◆ Periapical, bitewing, panoramic or complete series x-ray
- ◆ Topical fluoride application
- ◆ Prophylaxis
- ◆ Sealants
- ◆ Space maintainers

Minor Services

In-Network: 80% of the Allowable Amount, subject to deductible.
 Out-of-Network: 60% of the Allowable Amount, subject to deductible.

- ◆ Routine fillings including posterior composite (white) fillings
- ◆ Simple extractions
- ◆ Root canal therapy
- ◆ Simple denture repair
- ◆ Oral surgery
- ◆ Periodontic services

Major Services

In-Network: 50% of the Allowable Amount, subject to deductible.
 Out-of-Network: 40% of the Allowable Amount, subject to deductible.
 12-month waiting period applies. Replacement of teeth missing prior to the effective date are not covered.

- ◆ Inlays or crowns not part of a bridge
- ◆ Prosthetic services

Annual Deductible

In-Network: \$50 individual/\$150 family each Benefit Period.
 Out-of-Network: \$75 individual/\$225 family each Benefit Period.

To change deductible:

- For \$25 individual/\$75 family deductible, *increase* rates 6%

Annual Maximum

Plan pays maximum of \$1,000 in benefits per Covered Person during any Benefit Period.

Age Limitations

Dependents covered up to age 19, full-time students up to age 23.

Orthodontic Services (Optional)

Orthodontic Services are not covered under the standard plan design.

To add orthodontic benefits:

- Groups must have 10+ employees enrolled.
- *Increase* rates by \$6.32 for Employee + Child(ren) and \$7.88 for Family
- Benefits are 50% coinsurance up to a \$1,000 lifetime maximum for dependents up to age 19.
- 12-month waiting period applies.

Rates (Four Tier Plans)

Group size 5-15 eligibles

Employee	Employee + Spouse	Employee + Child(ren)	Family
\$22.53	\$45.95	\$43.25	\$71.63

Group size 16-49 eligibles

Employee	Employee + Spouse	Employee + Child(ren)	Family
\$18.67	\$38.08	\$35.85	\$59.37

**Rates are guaranteed for 12 months from the effective date of coverage.*

Underwriting Guidelines

- No employer contribution necessary.
- 30% of eligible employees must enroll.
- Minimum group size is 5 contracts.
- Employer probationary period of 90 days required or match medical.
- Group eligible census documented by current Employer's Quarterly Unemployment Wage and Tax Report (KY Form UI-3).
- All groups subject to underwriting review.
- Premium rates are based on the cost of services provided by Kentucky dentists. Rates may be adjusted if some employees reside outside of Kentucky.
- This is a PPO plan. See Participating Provider Directory for listing of in-network dentists, utilizing out-of-network dentists will reduce your benefit levels.

This is not a contract. It is a partial list of benefits and services. For complete details refer to your certificate.

Dental benefits are offered by Delta Dental of Kentucky, Inc.

CHOICE PROGRAM E (Employer-Paid)

Diagnostic and Preventive Services

In-Network: 100% of the Allowable Amount, not subject to deductible.
 Out-of-Network: 80% of the Allowable Amount, not subject to deductible.

- ◆ Oral examination
- ◆ Palliative emergency treatment
- ◆ Periapical, bitewing, panoramic or complete series x-ray
- ◆ Topical fluoride application
- ◆ Prophylaxis
- ◆ Sealants
- ◆ Space maintainers

Minor Services

In-Network: 50% of the Allowable Amount, subject to deductible.
 Out-of-Network: 40% of the Allowable Amount, subject to deductible.

- ◆ Routine fillings including posterior composite (white) fillings
- ◆ Simple extractions
- ◆ Root canal therapy
- ◆ Simple denture repair
- ◆ Oral surgery
- ◆ Periodontic services

Major Services

In-Network: 50% of the Allowable Amount, subject to deductible.
 Out-of-Network: 40% of the Allowable Amount, subject to deductible.
 12-month waiting period applies. Replacement of teeth missing prior to the effective date are not covered.

- ◆ Inlays or crowns not part of a bridge
- ◆ Prosthetic services

Annual Deductible

In-Network: \$50 individual/\$150 family each Benefit Period.
 Out-of-Network: \$75 individual/\$225 family each Benefit Period.

To change deductible:

- For \$0 deductible, *increase* rates 12%
- For \$25 individual/\$75 family deductible, *increase* rates 6%

Annual Maximum

Plan pays maximum of \$1,000 in benefits per Covered Person during any Benefit Period.

To change annual maximum to \$1,500:

- Groups must have 25+ employees enrolled.
- *Increase* rates 5%

Age Limitations

Dependents covered up to age 19, full-time students up to age 23.

Orthodontic Services (Optional)

Orthodontic Services are not covered under the standard plan design.

To add orthodontic benefits:

- Groups must have 10+ employees enrolled.
- *Increase* rates by \$6.32 for Employee + Child(ren) and \$7.88 for Family
- Benefits are 50% coinsurance up to a \$1,000 lifetime maximum for dependents up to age 19.
- 12-month waiting period applies.

Rates (Four Tier Plans)

Group size 5-15 eligibles

Employee	Employee + Spouse	Employee + Child(ren)	Family
\$17.16	\$35.00	\$32.94	\$54.56

Group size 16-49 eligibles

Employee	Employee + Spouse	Employee + Child(ren)	Family
\$14.34	\$29.27	\$27.54	\$45.62

**Rates are guaranteed for 12 months from the effective date of coverage.*

Underwriting Guidelines

- Employer must contribute 50% of the single rate.
- 70% of eligible employees must enroll.
- Minimum group size is 5 contracts.
- Employer probationary period of 90 days required or match medical.
- Group eligible census documented by current Employer's Quarterly Unemployment Wage and Tax Report (KY Form UI-3).
- All groups subject to underwriting review.
- Premium rates are based on the cost of services provided by Kentucky dentists. Rates may be adjusted if some employees reside outside of Kentucky.
- This is a PPO plan. See Participating Provider Directory for listing of in-network dentists, utilizing out-of-network dentists will reduce your benefit levels.

This is not a contract. It is a partial list of benefits and services. For complete details refer to your certificate.

Dental benefits are offered by Delta Dental of Kentucky, Inc.

CHOICE PROGRAM EV (Voluntary)

Diagnostic and Preventive Services

In-Network: 100% of the Allowable Amount, not subject to deductible.
 Out-of-Network: 80% of the Allowable Amount, not subject to deductible.

- ◆ Oral examination
- ◆ Palliative emergency treatment
- ◆ Periapical, bitewing, panoramic or complete series x-ray
- ◆ Topical fluoride application
- ◆ Prophylaxis
- ◆ Sealants
- ◆ Space maintainers

Minor Services

In-Network: 50% of the Allowable Amount, subject to deductible.
 Out-of-Network: 40% of the Allowable Amount, subject to deductible.

- ◆ Routine fillings including posterior composite (white) fillings
- ◆ Simple extractions
- ◆ Root canal therapy
- ◆ Simple denture repair
- ◆ Oral surgery
- ◆ Periodontic services

Major Services

In-Network: 50% of the Allowable Amount, subject to deductible.
 Out-of-Network: 40% of the Allowable Amount, subject to deductible.
 12-month waiting period applies. Replacement of teeth missing prior to the effective date are not covered.

- ◆ Inlays or crowns not part of a bridge
- ◆ Prosthetic services

Annual Deductible

In-Network: \$50 individual/\$150 family each Benefit Period.
 Out-of-Network: \$75 individual/\$225 family each Benefit Period.

To change deductible:

- For \$25 individual/\$75 family deductible, *increase* rates 6%

Annual Maximum

Plan pays maximum of \$1,000 in benefits per Covered Person during any Benefit Period.

Age Limitations

Dependents covered up to age 19, full-time students up to age 23.

Orthodontic Services (Optional)

Orthodontic Services are not covered under the standard plan design.

To add orthodontic benefits:

- Groups must have 10+ employees enrolled.
- *Increase* rates by \$6.32 for Employee + Child(ren) and \$7.88 for Family
- Benefits are 50% coinsurance up to a \$1,000 lifetime maximum for dependents up to age 19.
- 12-month waiting period applies.

Rates (Four Tier Plans)

Group size 5-15 eligibles

Employee	Employee + Spouse	Employee + Child(ren)	Family
\$20.06	\$40.92	\$38.51	\$63.78

Group size 16-49 eligibles

Employee	Employee + Spouse	Employee + Child(ren)	Family
\$16.61	\$33.89	\$31.90	\$52.83

**Rates are guaranteed for 12 months from the effective date of coverage.*

Underwriting Guidelines

- No employer contribution necessary.
- 30% of eligible employees must enroll.
- Minimum group size is 5 contracts.
- Employer probationary period of 90 days required or match medical.
- Group eligible census documented by current Employer's Quarterly Unemployment Wage and Tax Report (KY Form UI-3).
- All groups subject to underwriting review.
- Premium rates are based on the cost of services provided by Kentucky dentists. Rates may be adjusted if some employees reside outside of Kentucky.
- This is a PPO plan. See Participating Provider Directory for listing of in-network dentists, utilizing out-of-network dentists will reduce your benefit levels.

This is not a contract. It is a partial list of benefits and services. For complete details refer to your certificate.

Dental benefits are offered by Delta Dental of Kentucky, Inc.

DeltaCare is not rated by UCR areas. This plan is a DHMO available in Louisville, Lexington, Frankfort, Northern Kentucky and surrounding areas. All plans cover dependents to age 19, age 23 if full-time student. Members must select and utilize a participating dentist to receive coverage. See Participating Provider Directory for list. See Copayment Schedules for specific benefits.

EMPLOYER PAID PREMIUMS

These premiums are available for employer paid plans. Employer must contribute 50% of single premium, 75% of eligible employees must enroll, **with a minimum enrollment of 5 employees.**

	Employee	Employee + Spouse	Employee + Child(ren)	Family
Plan D71A	\$16.94	\$34.54	\$32.52	\$53.84

These premiums are available for employer paid plans. Employer must contribute 50% of single premium, 75% of eligible employees must enroll, **with a minimum enrollment of 2 employees.**

	Employee	Employee + Spouse	Employee + Child(ren)	Family
Plan D72A	\$14.36	\$29.30	\$27.58	\$45.68
Plan D73A	\$10.58	\$21.60	\$20.32	\$33.66

VOLUNTARY PREMIUMS

These premiums are available for a payroll deduction plan, **with a minimum enrollment of 2 employees.**

	Employee	Employee + Spouse	Employee + Child(ren)	Family
Plan D72A	\$15.34	\$31.30	\$29.46	\$48.78
Plan D73A	\$11.34	\$23.14	\$21.78	\$36.06

Underwriting Guidelines

- Group eligible census documented by current Employer's Quarterly Unemployment Wage and Tax Report (KY Form UI-3).
- All groups subject to underwriting review.

VISION CARE BENEFITS

SERVICES

MEMBER BENEFIT

Exam with Dilation as necessary –

Comprehensive Exam:	\$5 off
Contact Lens Exam:	\$10 off

Prescription Glasses –

The following frame, lenses, and lens options discounts and fees apply only if a complete pair of glasses is purchased in the same transaction. Items purchased separately will be discounted 20% off the retail price.

Standard Plastic Lenses including Standard Scratch

Single Vision:	Member cost – \$ 75
Bifocal:	Member cost – \$ 95
Trifocal:	Member cost – \$125

Frames

Any available frame at provider location	30% off retail price
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Lens Options

Standard UV:	Member cost – \$ 15
Standard Tint:	Member cost – \$ 15
Standard Polycarbonate:	Member cost – \$ 40
Standard Antireflective Coating:	Member cost – \$ 45
Standard Progressive (add-on to bifocal)	Member cost – \$ 70

Contacts* –

Discount applied to materials only

Conventional:	15% off retail price
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*After initial purchase, replacement contact lenses may be obtained via the internet at substantial savings and mailed directly to you. Details are available at www.eyemedvisioncare.com.

Laser Vision Correction –

Lasik or PRK:	15% off retail price or 5% off promotional price
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You will receive a 20% discount on items purchased at participating providers not included under plan coverage. 20% discount may not be combined with any other discounts or promotional offers, and the discount does not apply to EyeMed provider's professional services, or contact lenses. Retail prices may vary by location. Benefits are subject to change without notice.

The following Plan Limitations and Exclusions are not covered under this plan:

- Orthoptic or vision training, subnormal vision aids, and any associated supplemental testing.
- Medical and/or surgical treatment of the eye, eyes, or supporting structures.
- Corrective eyewear required by an employer as a condition of employment, and safety eyewear unless specifically covered under plan.
- Services provided as a result of any Worker's Compensation law.
- Plano non-prescription lenses and non-prescription sunglasses (except for 20% discount).

IT'S EASY TO UTILIZE YOUR BENEFITS

1. Find an EyeMed participating provider by calling 1-866-246-9041 or accessing their website at www.eyemedvisioncare.com/deltadental. To find a laser vision correction provider, please call 1-877-552-7376.
2. Show the provider your Delta Dental identification card.
3. Your doctor and EyeMed will handle the rest.

QUESTIONS?

If you have questions or need assistance in utilizing benefits, please call the EyeMed Care Center at 1-866-246-9041 or access the EyeMed website at www.eyemedvisioncare.com/deltadental.

ABOUT DELTAVISION

DeltaVision is a discount optical benefit providing a reduced fee on eye exams, prescription lenses, eyeglass frames, and contact lenses. These benefits are extended automatically to those enrolled in all Delta Dental plans. This is not an insurance product. DeltaVision offers a discount from the provider's regular (normal) fee.

