

# Delta Dental of Kentucky Individual & Family™ Dental and Vision Plan Options

## Dental Plans by Delta Dental of Kentucky

Protecting your smile and keeping up with good oral health habits has a direct impact on your overall health. Delta Dental of Kentucky offers individual and family plan options designed for every stage of your smile. Invest in your smile today and let Delta Dental keep you healthy.

### Plan Features

- Benefits and Annual Maximums increase after first year
- Advance to Year 2 benefits with proof of 12 previous months of dental benefits
- 100% in-network coverage for twice a year cleanings on all plans
- Whitening services with Happy & Bright plans
- Orthodontics for any age with Bright plan
- Implant coverage with Perfect, Bright & Vibrant plans
- Access to Delta Dental Mobile App with cost estimators and appointment scheduling

### Networks

All plans provide access to the largest dental network in the nation. Delta Dental networks provide access to discounted fees- even after yearly annual maximums have been met.

**Delta Dental PPO™ Network:** 64% of Kentucky dentists participate in this network. These dentists offer the lowest fees and belong to Kentucky's largest PPO network.

**Delta Dental Premier® Network:** 90% of Kentucky dentists participate in this network. These dentists also offer reduced fees, just not as low as PPO fees.

## DeltaVision® by Delta Dental of Kentucky

administered by VSP

Delta Dental of Kentucky can help protect your eyes along with your smile.

DeltaVision, administered by VSP, is available alone or bundled with a dental plan for individuals and families.

### Plan Features

- WellVision® Exams - most comprehensive exam designed to detect eye and health conditions
- Lowest out-of-pocket costs
- Wholesale frame pricing guarantee
- 100% coverage on polycarbonate lenses for children
- Access to both Delta Dental and VSP top rated customer service

### Networks

DeltaVision plans provide access to the largest national network of independent eye doctors. DeltaVision utilizes the robust VSP Choice Network.

**VSP Choice:** 38,000 preferred providers nationwide, 100,000 access points nationwide

Contact your agent for enrollment information.

**Delta Dental of Kentucky | [ky.deltadental.com](http://ky.deltadental.com) | 800-955-2030**

*Delta Dental of Kentucky has provided more than \$20 million to Non-profits across Kentucky since 2003.*

## Delta Dental of Kentucky Individual & Family Dental and Vision Plan Options

### Dental Plans

Happy Smiles Delta Dental PPO™ plan	Benefit Level		
	Year 1	Year 2	Year 3
	<b>Diagnostic &amp; Preventive</b> Cleanings, Exams, X-rays, Sealants, Fluoride	100%	100%
<b>Minor Services</b> Fillings, Extractions, Bleaching, Oral Surgery	10%	30%	50%
<b>Annual Maximum</b> Per covered individual	\$500	\$750	\$1,000

Perfect Smiles Delta Dental PPO Plus Premier™ plan	Benefit Level		
	Year 1	Year 2	Year 3
	<b>Diagnostic &amp; Preventive</b> Cleanings, Exams, X-rays, Sealants, Fluoride	100%	100%
<b>Minor Services</b> Fillings, Extractions	10%	30%	50%
<b>Major Services</b> Crowns, Implants, Dentures & Bridges, Oral Surgery, Endodontics, Periodontics	10%	30%	50%
<b>Annual Maximum</b> Per covered individual	\$750	\$1,000	\$1,250

Bright Smiles Delta Dental PPO™ plan	Benefit Level		
	Year 1	Year 2	Year 3
	<b>Diagnostic &amp; Preventive</b> Cleanings, X-rays, Sealants, Fluoride	100%	100%
<b>Minor Services</b> Fillings, Extractions	50%	80%	80%
<b>Major Services</b> Bleaching, Crowns, Veneers, Implants, Dentures & Bridges, Oral Surgery, Endodontics, Periodontics	25%	50%	50%
<b>Orthodontics</b> No Age Limit \$1,000 Lifetime Maximum	n/a	50%	50%
<b>Annual Maximum</b> Per covered individual	\$500	\$1,000	\$1,500

Vibrant Smiles Delta Dental PPO Plus Premier™ plan	Benefit Level		
	Year 1	Year 2	Year 3
	<b>Diagnostic &amp; Preventive</b> Cleanings, X-rays, Sealants, Fluoride	100%	100%
<b>Minor Services</b> Fillings, Extractions	25%	50%	80%
<b>Major Services</b> Crowns, Implants, Dentures & Bridges, Oral Surgery, Endodontics, Periodontics	25%	40%	50%
<b>Annual Maximum</b> Per covered individual	\$1,000	\$1,750	\$2,000

**Dental Plans Deductible:**  
\$50 per person per benefit year  
\$150 maximum per family.  
*Applies to all services except diagnostic and preventive benefits.*

### DeltaVision® Plan

Benefit Frequency	
Exams:	every 12 months
Lenses:	every 12 months
Frames:	every 24 months
Contacts:	every 12 months <i>(in lieu of glasses)</i>
Copayments	
Exam:	\$10
Prescription Glasses:	\$10
Contact Lens Exam:	up to \$60
In-Network Allowances	
Retail Frame Value:	\$150
Contact Lenses:	\$150
Covered Lenses:	Polycarbonate for Children & Standard Progressive Lenses

Dental & Vision Plans Rates	
<i>Monthly rates effective 1/1/2021</i>	
<b>Happy Smiles</b>	<b>Perfect Smiles</b>
Subscriber: \$21.20	Subscriber: \$31.32
Subscriber +1: \$38.49	Subscriber +1: \$58.37
Family: \$58.41	Family: \$91.25
<b>Bright Smiles</b>	<b>Vibrant Smiles</b>
Subscriber: \$38.81	Subscriber: \$39.93
Subscriber +1: \$73.49	Subscriber +1: \$71.14
Family: \$125.78	Family: \$109.58
<b>Vision Rates</b>	
Subscriber: \$8.32	
Subscriber +1: \$16.64	
Family: \$26.78	

Contact your agent for enrollment information.