



**Delta Dental PPO  
Individual and Family Plan**

# Delta Dental PPO Individual

**T**hank you for your interest in the Delta Dental PPO Individual and Family Plan. You will feel secure to have your dental coverage with the oldest and largest dental benefits company in Kentucky. Our knowledge and focus allow us to present an individual product that will meet your needs.

Since we recognize the importance of good dental health, we are pleased to offer this individual and family dental plan. It is no longer necessary to be associated with a company to have dental coverage.

## *This enrollment package includes:*

- Enrollment form with return envelope
- Rate sheet
- Delta Dental PPO Participating Provider information sheet listing the many ways that you can locate a participating provider
- DeltaVision information sheet

To enroll, please complete the enrollment form and include payment in the envelope provided.

## *Highlights of the plan:*

- *You receive higher benefits for services provided by network dentists. There is limited coverage for services provided by out-of-network dentists.*
- *Dentists participating in this network have agreed to accept the allowable amount as payment for covered services. You only pay for copayments, deductibles, and non-covered services.*
- *Preventive and Diagnostic has no copayment or deductible and is paid at 100% in network.*
- *All claims will be filed by the network dentists.*
- *DeltaVision benefits are included at no additional cost*

*“You no longer need to work for a big company to*

# and Family Plan

## *The plan pays:*

### *Preventive and Diagnostic*

	<b>Network</b>	<b>Out-of-Network</b>
	<i>(Percent of Allowable Amount)</i>	
Exams ( <i>initial, periodic, and emergency</i> )	100%	80%
X-rays ( <i>diagnostic</i> )	100%	80%
Cleanings ( <i>one in a 6 month period</i> )	100%	80%
Pulp Vitality Test	100%	80%
Child Fluoride Treatment ( <i>up to age 19</i> )	100%	80%
Space Maintainers ( <i>for children</i> )	100%	80%
Emergency Treatment ( <i>relief of pain</i> )	100%	80%

### *Minor Services*

Silver Fillings ( <i>in permanent and primary teeth</i> )	50%	30%
Anterior Resin Fillings ( <i>tooth colored filling</i> )	50%	30%
Stainless Steel Crown	50%	30%
Sedative Filling ( <i>relief of pain</i> )	50%	30%
Pin Retention	50%	30%
Crown Repair	50%	30%
Root Canal and Pulp Therapy ( <i>excluding final restoration</i> )	50%	30%
Denture Repair	50%	30%
Oral Surgery ( <i>excluding any impacted teeth</i> )	50%	30%

### *Major Services* — *There is a 12-month waiting period on Major Services.*

Crowns ( <i>permanent</i> )	50%	30%
Recement Crown	50%	30%
Crown Build-up	50%	30%
Periodontal Procedures	50%	30%
Dentures ( <i>complete and partial</i> )*	50%	30%
Denture/Partial Repair*	50%	30%
Bridges*	50%	30%

**\*Replacement of teeth missing prior to the effective date of this plan is not covered.**

- **Policy is an annual contract.**
- **Deductibles:** No deductible for Preventive and Diagnostic Services.  
\$50 individual/\$150 family deductible per year for Minor and Major Services.
- Plan pays a maximum of \$1,000 per member, per year for covered services.  
Only the services listed above will be covered.
- Dependents covered up to age 19. Students covered up to age 23.

*This is not a contract. Covered services are subject to the limitations, exclusions, and other terms and conditions of the member certificate. A complete description of covered services can be found in the member's certificate booklet.*

*have a good dental plan... thanks to Delta Dental."*



P.O. Box 242810  
Louisville, KY 40224-2810  
[www.deltadentalky.com](http://www.deltadentalky.com)

**For additional information, call:  
1-800-466-5182**

*Delta Dental PPO is offered by Dental Choice, Inc., a wholly owned subsidiary of  
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