

Brighten your day with one of our Individual and Family Plans!



We offer two plans to meet your needs:

Delta Dental PPO

Delta Dental Premier

Thank you for your interest in the Delta Dental Individual and Family Plan options. 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 two individual and family dental plans. Two plans with different provider networks.

Highlights of the plans:

Delta Dental PPO

- *You receive higher benefits for services provided by network dentists. There is limited coverage for services provided by out-of-network dentists.*
- *Delta Dental PPO participating providers will not be able to balance bill you over the allowed fee amount.*
- *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*

Delta Dental Premier

- *You can go to any licensed provider and the coverage is the same, but your out-of-pocket expenses will probably be lower when utilizing our Delta Dental Premier participating providers.*
- *Delta Dental Premier participating providers will not be able to balance bill you over the allowed fee amount.*
- *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*

Delta Dental Individual and Family Plan Options

Select the plan that best meets your needs...

Option A
Delta Dental PPO

Option B
Delta Dental Premier

What each plan pays:

Network **Out-of-Network**
(Percent of Allowable Amount)

**Network or any
licensed provider**
(Percent of Allowable Amount)

Preventive and Diagnostic

Exams (initial, periodic, and emergency)	100%	80%	100%
X-rays (diagnostic)	100%	80%	100%
Cleanings (one in a 6 month period)	100%	80%	100%
Pulp Vitality Test	100%	80%	100%
Child Sealants (permanent molars, through age 15)	100%	80%	100%
Child Fluoride Treatment (up to age 19)	100%	80%	100%
Space Maintainers (for children)	100%	80%	100%
Emergency Treatment (relief of pain)	100%	80%	100%

Minor Services

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

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

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

***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 through the end of the year in which they turn age 24.

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.

"You no longer need to work for a big company to have a good dental plan...thanks to Delta Dental."



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

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

Rates for effective dates of 7-1-2011 through 6-1-2012

Monthly Premium
(Bank draft option only)

Contract Type	Option A Delta Dental PPO Monthly Premium	Option B Delta Dental Premier Monthly Premium
Single	\$28.50	\$33.38
Single plus Spouse	\$57.02	\$66.76
Single plus Child(ren)	\$61.84	\$72.40
Family	\$88.40	\$103.50

Discounted Annual Premium*
(Check/Money Order, Visa or MasterCard)

Contract Type	Option A Delta Dental PPO Discounted Annual Premium	Option B Delta Dental Premier Discounted Annual Premium
Single	\$331.74	\$388.54
Single plus Spouse	\$663.71	\$777.09
Single plus Child(ren)	\$719.82	\$842.74
Family	\$1,028.98	\$1,204.74

****If you choose to pay annually, your premium is less than the total premium paid monthly.***

These rates are effective for all applications received after May 10th 2010. Applications received by the 10th of the month will be effective the first of the following month. Applications received after the 10th of the month will be effective the first of the second following month, or up to 50 days later.

How to find a Delta Dental participating provider

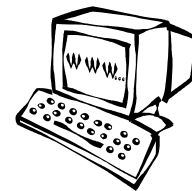
First, determine the Delta Dental plan(s) you are looking at for your dental benefits.

- ▶ **Delta Dental PPO** – In-network benefits are available through providers who participate in the Delta Dental PPO network. (See your benefit summary for specific coverage levels by network.)
- ▶ **Delta Dental Premier** – In-network benefits are available through providers who participate in the Delta Dental Premier network. (See your benefit summary for specific coverage levels by network.)

Second, choose one of the following methods to identify a participating provider who is in your plan:

Internet

If you have access to the Internet, you may use our website (www.deltadentalky.com) and request the information by city, state, zip code, provider's name or specialty.



Fax Back

If you have access to a fax machine, you may call the Delta Dental customer assistance line at 1-800-955-2030 (select option 4) and request a directory by zip code (you may select as many as 5 zip codes) and it will be faxed to you in 5-10 minutes.



Telephone

You may call the Delta Dental customer assistance line at 1-800-955-2030 (select option 4) and request a list of providers by zip code and the system will read those selections to you.



Customer Service

You may call a Delta Dental customer service representative at the same toll free number listed above and ask if your provider is participating in the network associated with the plan that you have chosen.

Call Your Provider

You should call your provider's office and ask if he/she participates in the network associated with the plan that you have chosen.

It is important that you verify a provider's status each time you seek care as a provider contract may change. It is your responsibility to verify that the provider you use is contracted with the Delta Dental network associated with the plan that you have chosen. If you receive treatment from a non-network provider, your benefits may be paid at a lower percentage or you may be balance billed.



Frequently Asked Questions for the Delta Dental Individual and Family Plan



Q: When is my effective date?

A: Applications received by the 10th of the month are effective the first of the following month.

Q: What is the cut off for new applications?

A: The 10th of the previous month. Example: If your application was received on or before March 10th, your coverage would begin April 1st. If your application was received March 18th, your coverage would begin May 1st.

Q: What are my payment options?

A: If you wish to pay monthly, you will need to sign up for automatic bank draft. We do not offer direct monthly billing. If you wish to pay annually, you can pay by check, credit card or money order.

Q: Is cash/check needed with the application?

A: Not if you are signing up for the monthly bank draft option. We only need a voided check. If signing up for annual payment, we will need a check or credit card.

Q: When is premium drafted for monthly bank draft?

A: Premium is drafted from your checking account between the 22nd-24th of each month.

Q: Can I choose what day my premium is taken out?

A: We can only draft your checking account between the 22nd-24th of each month.

Q: Is there an enrollment fee?

A: There is no enrollment fee.

Q: Is there a monthly fee in addition to the premium?

A: There are no other charges other than the premium.

Q: Is there a network?

A: There is an extensive network of participating providers available with both plan options. Your current provider may already be participating in one of these networks. A sheet on how you can check to see if your provider is participating is included in this packet.

Q: How do I choose which plan is best for me and my family?

A: The Delta Dental PPO plan has the lowest rates and out-of-pocket expenses, but there is limited coverage for services provided by out-of-network dentists. With the Delta Dental Premier plan, you can go to any licensed dentist, but your out-of-pocket expenses will probably be lower when utilizing our Delta Dental Premier participating providers. Under both plans, out-of-network providers can balance bill you for the difference between the Allowable Amount and their submitted charges. A sheet to help you choose which plan best meets your needs is included in this packet.

Q: What is the maximum benefit per benefit period?

A: It is \$1,000 per covered person, per benefit period.

Q: What is the deductible?

A: The deductible is \$50 for single and \$150 for family.

(Continued on back)

Q: What do I pay for covered services?

A: Preventive and diagnostic services are covered at 100% in network. For minor and major services, your responsibility is 50% of the Allowable Amount in network.

Q: Are there any waiting periods?

A: Preventive, diagnostic and minor services are available upon your effective date. There is a 12 month waiting period on major services and requires 12 months of continuous coverage before these services are available. However, if you're Delta Dental group coverage is ending, you may be eligible to have your waiting period waived. Proof of prior coverage is required.

Q: Is there a minimum or maximum age?

A: Anyone can enroll, regardless of age.

Q: Are full time students covered?

A: Full-time students are covered until the end of the year in which they turn 24.

Q: Is this plan a contract?

A: This plan is a 12 month contract.

Q: Are benefits paid on a contract year or calendar year?

A: Benefits are paid on a contract year.

Q: My child needs braces. Would that be covered on this plan?

A: There is no orthodontic coverage.

Q: Are veneers or implants covered?

A: Veneers or implants are not covered.

Q: Is information/enrollment available online?

A: Enrollment information is available at www.planchoice.com. You cannot currently enroll online, but you can contact your agent or print your application and fax to: 888-966-3388 or email to: deltadental@planchoice.com

Q: Once I have submitted my application, what is the next step?

A: Soon after you have enrolled, you will receive a member packet from Delta Dental that includes your identification card and detailed benefit information.

Q: When can I make changes to my contract?

A: Your plan is a 12-month contract. You can only make changes to your contract at your renewal.

If you have additional questions please call:

PlanChoice, Inc.
13257 O'Bannon Station Way
Louisville, KY 40223
502-459-2444 or 800-466-5182
deltadental@planchoice.com
www.planchoice.com
Fax: 502-459-3388 or 888-966-3388

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



Delta Dental PPO or Delta Dental Premier... How do I choose which plan is best for me and my family?

Do you have an established relationship with a specific dentist that is important to you and your family?

↓
YES

Is your dentist in the Delta Dental PPO network?

↓
YES

We recommend you select the **Delta Dental PPO Plan**. Since your dentist is in our network and the premiums are the lowest we offer, this is your best choice.

Benefits are reduced if services are received from a non-participating Delta Dental PPO network dentist.

↓
NO

We recommend you join the **Delta Dental Premier Plan**. You can go to any licensed dentist with full coverage under the Premier Plan, and with 86% of all Kentucky dentists participating in the Premier Plan, there is a good chance you will be protected from balance billing.

↓
NO

Is there a Delta Dental PPO general dentist convenient to where you live?

↓
YES

We recommend you select the **Delta Dental PPO Plan** since the premiums are the lowest we offer and you can choose a credentialed PPO network dentist convenient to your home. Benefits are reduced if services are received from a non-participating Delta Dental PPO network dentist.

↓
NO

We recommend you join the **Delta Dental Premier Plan** since 86% of all practicing dentists in Kentucky are in this plan. You should be able to find a dentist convenient to your home. Plus, you can go to any licensed dentist in Kentucky without reduced benefits.

In summary, the Delta Dental PPO plan has the lowest rates, but the Delta Dental Premier plan has the largest selection of dentists.

What is most important to you?

**For additional information,
call the Delta Dental Customer Service Department at 1-800-955-2030.**



Individual and Family Plan Enrollment Form

Please select the plan in which you would like to enroll.

Option A – Delta Dental PPO

Option B – Delta Dental Premier

Please complete the information below. You must be a Kentucky resident to enroll.

Social Security Number		Name – Last		First	MI	Home Phone ()	
Sex (Circle one) M or F	Date of Birth MO DAY YR	Home Address – Number and Street			City	State KY	Zip

Check the type of contract and list all covered dependents below, if applicable:

Single contract Single plus Spouse Single plus Child(ren) Family

COVERED DEPENDENTS List all Covered Dependents below. If additional space is required, attach a list to this form.

Last	First	MI	Date of Birth			Sex	
			MO	DAY	YR	M	F
Spouse							
Dependent							
Dependent							
Dependent							
Dependent							

Dependents covered through the end of the year in which they turn age 24.

Please select one of the three payment methods below. Please provide all necessary information.

1. Credit Card – Annual premium only

Visa MasterCard

Card Number _____

Expiration Date _____

Signature _____

2. Paper Check or Money Order – Annual premium only

(Please include your check or money order with this form.)

3. Bank Draft – Monthly premium only

- A) A **voided check** must accompany this form in order to accurately establish your new withdrawal. The draft process will originate from our office on the 20th of each month and should reach your account for processing within three working days.
- B) Monthly bank drafts will remain in full force and effective until Delta Dental of Kentucky and your bank (depository) have received written notification from you of termination and in such time and in such manner as to afford the depository a reasonable time to act on it.

Please carefully read the Contract Provisions on the back of this form. Signature required.

Please carefully read the Contract Provisions below. Signature required.

Contract Provisions

IMPORTANT: If you do not want the contract for any reason, you may return it to us within 10 days after you receive it. Upon return, the contract will be deemed void, and any money you have paid will be refunded. This is an annual contract. If you have elected the annual payment option, you may not terminate this contract prior to the end of the term. If you have elected the monthly payment option and we do not receive your premium within 30 days of the date the premium is due, your contract will be cancelled effective the due date of your premium, whether or not a specific condition was incurred prior to the termination date. Your Covered Dependents will terminate on your termination date. Covered Services are eligible for payment only if your contract is in effect at the time such services are provided.

I acknowledge that I have read the provisions of this enrollment form and I expressly accept such provisions as a condition of coverage. I understand that my membership is for a 12-month period and on my anniversary date I can renew or cancel or change how I pay my premium. I represent the answers given to all questions on this form are true and accurate to the best of my knowledge and I understand they are being relied on by Delta Dental of Kentucky, Inc. in accepting this form. Any material misrepresentation found in this application may result in denial of benefits or cancellation of my coverage(s). Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime. If accepted, this form, the dental contract, and the identification card will constitute the contract.

Applicant Signature _____ Date _____

If Applicant is under the age of 18 at the time of enrollment, a parent or guardian must agree to the above conditions on behalf of Applicant and must agree to assume financial responsibility for Applicant.

Agreed _____ Date _____

Relationship to Applicant _____

Delta Dental of Kentucky reserves the right to assign effective dates.

PRODUCER TO COMPLETE BEFORE SENDING TO DELTA DENTAL

Producer Name (printed)	
Producer Number	Producer Phone Number
Producer Signature	Date

SHADED AREA FOR OFFICE USE ONLY

Effective Date	Process Date	Processed By
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Delta Vision Discount Program

EyeMed offers savings to Delta Dental Members



VISION WELLNESS

Regular eye examinations play a crucial role in ensuring healthy vision and overall health.

- An eye examination can not only detect vision problems, but also can detect the early stages of serious health problems such as diabetes and hypertension.
- 1 in 4 children has an undetected vision problem that can interfere with learning, according to the Vision Council of America.
- Undetected eye diseases can lead to worsening eyesight and in some cases irreversible vision loss.

Great Savings— Up to 35% off eyewear

Choose from any available frame including quality name-brand products such as Brooks Brothers®, Anne Klein®, Vogue® and more at provider locations.

With EyeMed Vision Care, Delta Dental members have access to over 30,000 vision care providers nationwide at 16,000 locations including optometrists, ophthalmologists, opticians and the nation's leading optical retailers:



It's easy! To request your discount, simply present your Delta Dental Member ID Card when you arrive at the provider office or location. Your EyeMed provider will take care of the rest!

To learn more about the EyeMed Vision Care Discount Plan or other great discounts available to Delta Dental members, please visit www.eyemedvisioncare.com/deltadental.

Don't have access to the Internet? You can call EyeMed's Customer Care Center toll-free at 1-866-246-9041.

Call today to schedule an appointment!

See Other Side For Details.

Check www.eyemedvisioncare.com/deltadental or call 1-866-246-9041 for EyeMed provider locations.

BENEFIT DESIGN SUMMARY

VISION CARE 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.



*Please make a copy of your completed enrollment form for your records
and mail it to:*

Delta Dental of Kentucky
c/o PlanChoice
13257 O'Bannon Station Way
Louisville, KY 40223

Once enrolled, you can call our Customer Service department at 800.955.2030
or visit our website at www.deltadentalky.com for benefit information.

Thank you for choosing Delta Dental as your dental benefits carrier!