



Delta Dental of Kentucky Delta Dental Premier Summary of Dental Plan Benefits

Group Name: HOPKINS COUNTY BOARD OF EDUCATION

Group Number: 506430-1000

Benefit Year: September 1 through August 31

Covered Services –

	Plan Pays*	You Pay
Diagnostic & Preventive		
Diagnostic and Preventive Services – exams, cleanings, fluoride, and space maintainers	100%	0%
Emergency Palliative Treatment – to temporarily relieve pain	100%	0%
Sealants – to prevent decay of permanent teeth	100%	0%
Brush Biopsy – to detect oral cancer	100%	0%
Radiographs – X-rays	100%	0%
Basic Services		
Minor Restorative Services – fillings and crown repair	80%	20%
Endodontic Services – root canals	80%	20%
Occlusal Guards/Adjustments – bite guards and occlusal adjustments	80%	20%
Oral Surgery Services – extractions and dental surgery	80%	20%
Major Restorative Services – crowns	80%	20%
Other Basic Services – misc. services	80%	20%
Denture Repair – repairs to complete or partial dentures	80%	20%
Major Services		
Periodontic Services – to treat gum disease	50%	50%
Fixed Prosthodontic Repair – to bridges	50%	50%
Implant Repair – implant maintenance, repair, and removal	50%	50%
Relines and Rebase – to dentures	50%	50%
Adjustments to Dentures – adjustments to complete or partial dentures	50%	50%
Prosthodontic Services – bridges and dentures	50%	50%

* When you receive services from a Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental's Nonparticipating Dentist Fee that will be paid for those services. The Nonparticipating Dentist Fee may be less than what the dentist charges and you are responsible for that difference.

- Oral exams (including evaluations by a specialist) are payable twice per benefit year. Limited oral evaluations for a specific problem or complaint are also payable twice per benefit year.
- Prophylaxes (cleanings) are payable twice per benefit year. Two periodontal maintenance procedures are payable per benefit year for individuals with a documented history of periodontal disease. Full mouth debridement is payable once in any 12-month period.
- People with specific at-risk health conditions may be eligible for additional prophylaxes (cleanings) or fluoride treatment. The patient should talk with his or her dentist about treatment.
- Fluoride treatments are payable once per benefit year for people up to age 19.
- Bitewing X-rays are payable once per benefit year and full mouth X-rays (which include bitewing X-rays) are payable once in any three-year period.

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- Sealants are payable once per tooth per two-year period for first and second permanent molars up to age 16. The surface must be free from decay and restorations.
- Composite resin (white) restorations are optional treatment on posterior teeth.
- Porcelain and resin facings on bridges are Covered Services on posterior teeth.
- Implants and related services are not Covered Services.
- Crowns over implants are payable once per tooth in any five-year period.

Deductible – \$25 Deductible per person total per Benefit Year. The Deductible does not apply to diagnostic and preventive services, emergency palliative treatment, brush biopsy, X-rays, sealants, surgical and non-surgical periodontics, relines and repairs, and prosthodontics.

Maximum Payment – \$2,000 per person total per Benefit Year on all services.

Dependent Age Limit – Dependents are covered up to age 26.

Eligible People – The subscriber (you) is eligible for dental benefits when your employer or organization notifies Delta Dental.

Dependents are not eligible. You must enroll for a minimum of 12 months. If coverage is terminated after 12 months, you may not re-enroll prior to the open enrollment that occurs at least 12 months from the date of termination. Plan changes are only allowed during open enrollment periods, except that an election may be revoked or changed at any time if the change is the result of a qualifying event as defined under Internal Revenue Code Section 125.

Benefits will cease on the last day of the month in which the employee is terminated.

This Summary of Dental Plan Benefits should be read along with your Certificate. Your Certificate provides additional information about your Delta Dental plan, including information about plan exclusions and limitations. If a statement in this Summary conflict with a statement in the Certificate, the statement in this Summary applies to you and you should ignore the conflicting statement in the Certificate. The percentages above are applied to Delta Dental's allowance for each service and it may vary due to the dentist's network participation.*

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