

Delta Dental

Enrollment/ Status Change Form <u>Dependent Coverage</u>

New Enrollment
Add Dependent(s)
Drop Dependent(s

Read the entire document. Print the first page of this document to complete and bring with you for your hiring appointment. Save the remaining pages for your records. Employee's Name First Middle Initial Last Address City State Zip Code Social Security Number ___ - __ - ___ - ___ - ___ ___ Date of Birth ____ / ____ / ____ ☐ Male ☐ Female Hire Date ___ / ___ / ____ School **Coverage Status Desired:** _____ \$35.82 per month **Spouse Only** ______ \$34.24 per month One or More Children Spouse & Children ____ \$55.72 per month First Name MI Last Name Date of Birth Social Security Number Spouse Child Child Child Child Child Child I authorize my employer to deduct from my earnings the amount required to cover my share of the coverage I have selected. I authorize the payroll reductions to be a Section 125 Before-Tax Contribution. Changes in the cafeteria plan elections can only be made at the end of the plan year unless due to and consistent with a valid status change (e.g., change in legal marital status; change in number of dependents; termination or commencement of employment). Signature Date

Delta Dental Premier

Traditional Dental Option



Dental Benefits for Hopkins County Board of Education

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

Deductible

(Each Benefit Period)

\$25 individual

Maximum Benefits

(Per Covered Person each contract year

\$2,000

September 1 through August 31)

Diagnostic and Preventive Services

Oral examination (limited to 2 per calendar year)

◆ Palliative emergency treatment

Periapical, bitewing, panoramic or complete series x-ray

◆ Topical fluoride application (up to age 19)

♦ Routine cleanings

♦ Sealants (up to age 16)

Minor Services

♦ Routine fillings

♦ Simple extractions

Root canal therapy

♦ Simple denture repair

Oral surgery

Space maintainers (up to age 11)

Inlays or crowns

Major Services

Prosthetic services (bridges, dentures and partials)

♦ Periodontic services

Reimbursement Amount

100% of the Allowable Amount

No deductible.

Reimbursement Amount

80% of the Allowable Amount

Subject to the \$25 individual deductible

Reimbursement Amount

50% of the Allowable Amount

Subject to the \$25 individual deductible

Please note: Dentists who have signed participating agreements with Delta Dental of Kentucky agree to accept the Allowable Amount as payment in full for Covered Services as these terms are defined in the Certificate of Coverage. Each Covered Person is responsible for the amount of Coinsurance, Deductible, and non-covered charges. Dentists who have not signed a participating agreement may bill you directly for any amount of their charge in excess of the Allowable Amount. In cases where the dentist's charges exceed the Allowable Amount, your coinsurance will be larger. Certain procedures require preauthorization and/or are subject to limitations.

Customer Service
1-800-955-2030
Visit out website to check your benefits and claims.
www.deltadentalky.com

DELTA DENTAL PREMIER PARTICIPATING DENTISTS

This listing is designed to assist you in knowing which dentists and specialists in your area are participating in Delta Dental's program. The dentists are listed in alphabetical order, by county. Specialists are listed with a number after their name. By using these participating dentists, you will realize many benefits:

- These dentists have agreed to accept our allowable amounts as payment in full for covered services.
 You pay only deductible, copayments, and fees for non-covered services. You should not receive any balance bills.
- All claims will be filed for you.
- Credentials of participating dentists have been reviewed by Delta Dental, although we do not guarantee the performance or quality of work of any dentist.

Important!

If you do not use participating dentists, you will be responsible for paying any differences between the dentist's fees and our allowable amounts.

Please note that this is only a partial listing of participating dentists in your area. A complete Kentucky directory is available upon request. The dentists listed may change, new providers may be added and some may leave. If you are unsure about their status, ask your dentist or call Delta Dental Plan of Kentucky at (800) 955-2030. You can also go to www.deltadentalky.com to locate a participating dentist. Remember to verify that your dentist is in the Premier Network.

Participating Dentists

- (1) Endodontist
- (2) Oral Surgeon
- (3) Orthodontist

- (4) Pediatric Dentist
- (5) Periodontist
- (6) Prosthodontist

CALDWELL

OLIVER, DAVID LEE SITTON, LAURA SPRADLIN, EMORY

CHRISTIAN

ADKINS, WMB. III ADKINS, WM B. JR. ALLEN, R. CRAIG (3) ANDERSON, ARTHUR III (3) BOTTOMS, JASON M. CHAPMAN, JEFFREY FALCO, JOSEPH N. GAMBLE, MARTY E. MCCRAW, CAROL (3) MILLER, MARK (2) NUNN, WILLIAM R. (4) PORTER, D. THOMAS PORTER, WESLEY G. STOKES, JAMES R. WELLS, TONYA M. WHITE, TRESA

HENDERSON

AUD, GARY S.
BALDWIN, DAN
BEARD, JAY P.
CRAFTON, SCOTT F.
FULKERSON, BRAD T. (4)
HOLT, TIM
JENNINGS, GARY L. (3)
KEEN, THOMAS
MOATS, MICHAEL
MORRIS, WILLIAM
MORTON, JOSEPH
PERCINEL, PERIHAN
TODD, STEVEN E.
TURLEY, TERRY
WILSON, S. KURTIS

HOPKINS

ACORD, TIMOTHY (2)
AGENT, STEPHEN
BALDWIN, STUART
BROWN, TERRY E.
BRUMMER, VAUGHN E. (4)
CRIST, RICHARD T.
EADES, WILLIAM
HAAG, JAMES
HARPER, DUSTIN R.

HARRIS, W. RONALD (2)
HILL, KIMBERLY
KING, TIMOTHY J.
LITTLEPAGE, RANDY
MILLAY, WILLIAM R. (3)
ROY, JOHN ALAN
SAMPSON, STEVEN
SANDERS, TAMMY R.
SCHULTEN, THAD (2)
SEGEBARTH, RONALD
SPENCER, SUZANNE S.
TRAVIS, RANDY (4)
WINFREY, JEFF L.

WEBSTER

DUNN, JON G. WARREN, PAIGE