

Delta Dental of Kentucky offers dental and vision plans designed specifically for Logan Aluminum retirees and their families. These dental and vision plans can be purchased together or separately. Enrollment is available at anytime throughout the year and can be easily completed over the phone or online.

Enroll today! ky.deltadental.com/loganretirees | (502)736-4818

Dental Plan Delta Dental PPO™	Delta Dental PPO™ Dentist	Delta Dental Premier® Dentist	Non-participating Dentist	Monthly Rates
				Subscriber \$36.09
Diagnostic & Preventive Cleanings, X-rays, Sealants, Fluoride	100%	100%	100%	Subscriber + Spouse \$75.23
Basic Services Fillings, Root Canals, Periodontics, Extractions, Denture Repair, Oral Surgery, Crown Repair	100%	100%	100%	Subscriber + Child(ren) \$76.82
Major Restorative Services Crowns	80%	55%	55%	Family \$124.71
Major Services Bridges, Implant Repair, Dentures, Prosthodontic Repair	60%	50%	50%	
TMD Treatment Treatment & related films	50%	50%	50%	
Orthodontics No Age Limit Lifetime Maximum	60% \$1,750	60% \$1,000	60% \$1,000	
Deductible Per Person, Per Benefit Year	n/a	n/a	n/a	
Annual Maximum Per covered individual	\$1,750	\$1,000	\$1,000	

Dental and vision policies are 12 month contracts.

DeltaVision® Vision 150 Plan by Delta Dental of Kentucky. Administered by VSP.	Frequency/Allowance	Copay	Monthly Rates
			Subscriber \$9.03
WellVision Exam	1 every 12 months	\$10 Copay	Subscriber + Spouse \$15.83
Prescription Glasses	Frame, 1 pair every 24 months. Lenses, 1 pair every 12 months.	\$10 Copay	Subscriber + Child(ren) \$17.16
Frame	Up to \$150 Allowance	Included in Glasses Copay	Family \$23.48
Covered Lenses	Single Vision, Lined bifocal and lined trifocal, Polycarbonate lenses for Children	Included in Glasses Copay	
Contact Lens Exam	Every 12 months	Up to \$60 for exam	
Contact Lenses (Instead of glasses)	\$150 allowance	Copay does not apply	

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