

Delta Dental of Kentucky offers plan designs to fit everyone’s needs. Dental plans provide access to the largest dental network in the nation. Over 60% of dentists participate in our Delta Dental PPO™ network and 90% of dentist participate in our Delta Dental Premier® Network. Vision plans access the vast VSP Choice network providing access to over 38,000 doctors.

Enroll online or over the phone today! ky.deltadental.com/lge-ku-retirees | (502)736-4818

High Option Dental Plan Delta Dental PPO Plus Premier™	Delta Dental PPO™ Dentist	Delta Dental Premier® Dentist	Non-participating Dentist	
Diagnostic & Preventive Cleanings, X-rays, Sealants, Fluoride	100%	100%	100%	<i>Dental policies are 12 month contracts.</i>
Basic Services Fillings, Crown Repair, Root Canals, Extractions, Denture Repair, Occlusal Guards, Oral Surgery	80%	80%	80%	
Major Services Bridges, Implants, Dentures, Crowns, Periodontics	50%	50%	50%	Monthly Rates
Deductible Per Person, Per Benefit Year	\$50	\$50	\$50	Subscriber + One \$71.77
Annual Maximum Per covered individual	\$1,500	\$1,500	\$1,500	Family \$107.64

Low Option Dental Plan Delta Dental PPO Plus Premier™	Delta Dental PPO™ Dentist	Delta Dental Premier® Dentist	Non-participating Dentist	
Diagnostic & Preventive Cleanings, X-rays, Sealants, Fluoride	100%	100%	100%	<i>Dental policies are 12 month contracts.</i>
Basic Services Fillings, Crown Repair, Root Canals, Extractions, Denture Repair, Occlusal Guards, Oral Surgery, Crowns, Periodontics	30%	30%	30%	
Major Services Bridges, Implants, Dentures	30%	30%	30%	Monthly Rates
Deductible Per Person, Per Benefit Year	\$50	\$50	\$50	Subscriber + One \$36.40
Annual Maximum Per covered individual	\$1,000	\$1,000	\$1,000	Family \$54.61

DeltaVision® Vision Plan by Delta Dental of Kentucky. Administered by VSP.	Frequency/Allowance	Copay	
WellVision Exam	1 every 12 months	\$10 Copay	<i>Vision policies are 12 month contracts.</i>
Prescription Glasses	Frame, 1 pair every 24 months. Lenses, 1 pair every 12 months.	\$10 Copay	
Frame	Up to \$150 Allowance	Included in Glasses Copay	Monthly Rates
Covered Lenses	Single Vision, Lined bifocal and lined trifocal, Polycarbonate lenses for Children	Included in Glasses Copay	Subscriber \$8.32
Contact Lens Exam	Every 12 months	Up to \$60 for exam	Subscriber + One \$16.64
Contact Lenses (Instead of glasses)	\$150 allowance	Copay does not apply	Family \$26.78