

Delta Dental of Kentucky

Small Group Dental Plans
PPO Plus Premier™ Options

Invest in your employees with a group dental plan.

Dental plans are affordable, sought after benefits your employees want. Delta Dental of Kentucky's small group dental plans are designed specifically for employers with 2-49 eligible employees. These plans keep your employees healthy and make things simple, all at an affordable price.



Healthy.

All plan options cover diagnostic and preventative care at 100% in-network. Regular dental checkups can protect employees from future costly issues by catching problems before they become serious.



Simple.

We keep it simple for everyone involved with our easy to use quoting tool and dedicated small group account management team. Delta Dental® has the largest network of dentists for employees to choose from and local customer service and claims processing.



Affordable.

Our small group plans provide a large variety of benefit options designed to fit all budgets. They come with minimal rate increases year over year and rich benefits without the large price tag.

Start Quoting Today!

Contact your Small Group Rep with any questions
smallgroup.deltadentalky.com
smallgroup@deltadentalky.com | 800-423-2184

Group Size: 2-15 Eligible Employees

Delta Dental PPO Plus Premier™	Basic Plan	Standard Plan	Enhanced Plan	Premium Plan**
Annual Maximum	\$1,000	\$1,000	\$1,250	\$1,500
Deductible	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150
Diagnostic & Preventive Services Cleanings, Exams, X-Rays, Sealants, Brush Biopsy	100%	100%	100%	100%
Minor Services Fillings, Extractions, Oral Surgery, Endodontics*, Periodontics*	50%	80%	80%	100%
Major Services Crowns, Prosthodontics, Implants	50%	50%	50%	60%
Monthly Rates (Employer Paid/Voluntary)				
Employee Only	\$20.32 / \$22.26	\$23.26 / \$25.47	\$25.72 / \$28.18	\$30.45
Employee + Spouse	\$40.06 / \$43.87	\$45.81 / \$50.17	\$50.66 / \$55.49	\$59.96
Employee + Child(ren)	\$48.32 / \$52.93	\$56.36 / \$61.73	\$60.96 / \$66.77	\$71.24
Family	\$72.14 / \$79.01	\$82.63 / \$90.50	\$91.44 / \$100.15	\$108.08
Orthodontic Services	50% \$1,000 Lifetime Max	50% \$1,000 Lifetime Max	50% \$1,000 Lifetime Max	50% \$1,500 Lifetime Max
Monthly Rates with Orthodontics (Employer Paid/Voluntary)				
Employee Only	\$20.32 / \$22.26	\$23.26 / \$25.47	\$25.72 / \$28.18	\$30.45
Employee + Spouse	\$40.06 / \$43.87	\$45.81 / \$50.17	\$50.66 / \$55.49	\$59.96
Employee + Child(ren)	\$55.58 / \$60.88	\$63.62 / \$69.68	\$68.22 / \$74.72	\$81.26
Family	\$81.00 / \$88.71	\$90.50 / \$100.20	\$100.30 / \$109.85	\$120.30

Group Size: 16-49 Eligible Employees

Delta Dental PPO Plus Premier™	Basic Plan	Standard Plan	Enhanced Plan	Premium Plan**
Annual Maximum	\$1,000	\$1,000	\$1,250	\$1,500
Deductible	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150
Diagnostic & Preventive Services Cleanings, Exams, X-Rays, Sealants, Brush Biopsy	100%	100%	100%	100%
Minor Services Fillings, Extractions, Oral Surgery, Endodontics*, Periodontics*	50%	80%	80%	100%
Major Services Crowns, Prosthodontics, Implants	50%	50%	50%	60%
Monthly Rates (Employer Paid/Voluntary)				
Employee Only	\$17.83 / \$19.53	\$20.41 / \$22.35	\$22.57 / \$24.73	\$26.72
Employee + Spouse	\$35.15 / \$38.49	\$40.20 / \$44.02	\$44.45 / \$48.69	\$52.61
Employee + Child(ren)	\$42.40 / \$46.44	\$49.45 / \$54.17	\$53.49 / \$58.59	\$62.51
Family	\$63.30 / \$69.33	\$72.50 / \$79.41	\$80.23 / \$87.88	\$94.83
Orthodontic Services	50% \$1,000 Lifetime Max	50% \$1,000 Lifetime Max	50% \$1,000 Lifetime Max	50% \$1,500 Lifetime Max
Monthly Rates with Orthodontics (Employer Paid/Voluntary)				
Employee Only	\$17.83 / \$19.53	\$20.41 / \$22.35	\$22.57 / \$24.73	\$26.72
Employee + Spouse	\$35.15 / \$38.49	\$40.20 / \$44.02	\$44.45 / \$48.69	\$52.61
Employee + Child(ren)	\$48.77 / \$53.42	\$55.82 / \$61.14	\$59.86 / \$65.56	\$71.30
Family	\$71.07 / \$77.84	\$80.27 / \$87.92	\$88.01 / \$96.39	\$105.56

*Endodontics and Periodontics covered under Major Services on the Standard Plan

**Premium plan only available as Employer Paid plan