



Delta Dental of Kentucky

Plan Options for Medicare Eligibles

Nobody has a smile like yours, and nobody keeps it healthy like us.

Protecting your smile and keeping up with good oral health habits has a direct impact on your overall health. Delta Dental of Kentucky offers plan options designed specifically for individuals that are Medicare eligible. Invest in your smile today and let Delta Dental keep you healthy.



Individual & Family Plan Options

We offer four plan options:

- Happy Smiles - Delta Dental PPOSM Plan
- Perfect Smiles - Delta Dental PPO Plus Premier[®] Plan
- Bright Smiles - Delta Dental PPOSM Plan
- Shiny Smiles - Delta Dental PPO Plus Premier[®] Plan



Plan Features:

Plans offer the following benefits:

- Benefits and Annual Maximums increase after first year
- Advance to Year 3 benefits with 12 previous months of dental benefits
- 100% in-network coverage for twice a year cleanings on all plans
- Whitening services with Happy & Bright plans
- Orthodontics for any age with Bright plan
- Implant coverage with Perfect, Bright & Shiny plans
- Access to Delta Dental Mobile App with cost estimators and appointment scheduling

No waiting periods or enrollment fees



Delta Dental Networks

All our plans provide access to the largest dental network in the nation. Our networks provide you access to discounted fees- even after yearly annual maximums have been met.

PPO Network: 64% of Kentucky dentists participate in this network. These dentists offer the lowest fees and belong to Kentucky's largest PPO network.

Premier Network: 88% of Kentucky dentists participate in this network. These dentists also offer reduced fees, just not as low as PPO fees.



Easy Enrollment

Enroll online 24 hours a day, 7 days a week
DeltaDentalKY.com

Delta Dental of Kentucky Customer Service
800-955-2030 or 502-736-5000
customerserviceip@deltadentalky.com

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Plan Options for Medicare Eligibles



Monthly Rates through 12/31/2018

Happy Smiles

Subscriber: \$17.69
Subscriber +1: \$32.12
Family: \$48.74

Perfect Smiles

Subscriber: \$27.15
Subscriber +1: \$50.60
Family: \$79.10

Bright Smiles

Subscriber: \$33.64
Subscriber +1: \$63.71
Family: \$109.03

Shiny Smiles

Subscriber: \$41.94
Subscriber +1: \$74.73
Family: \$115.11

Happy Smiles Delta Dental PPO plan

		Benefit Level		
		Year 1	Year 2	Year 3
Diagnostic & Preventive	Cleanings, Exams, X-rays, Sealants*, Fluoride**	100%	100%	100%
Minor Services	Fillings, Extractions, Bleaching, Oral Surgery	10%	30%	50%
Annual Maximum	Per covered individual	\$500	\$750	\$1,000

Deductible: \$50 per person per benefit year, \$150 maximum per family. Applies to all services except diagnostic and preventive

Perfect Smiles Delta Dental PPO Plus Premier plan

		Benefit Level		
		Year 1	Year 2	Year 3
Diagnostic & Preventive	Cleanings, Exams, X-rays, Sealants*, Fluoride**	100%	100%	100%
Minor Services	Fillings, Extractions	10%	30%	50%
Major Services	Crowns, Implants, Dentures & Bridges, Oral Surgery, Endodontics, Periodontics	10%	30%	50%
Annual Maximum	Per covered individual	\$750	\$1,000	\$1,250

Deductible: \$50 per person per benefit year, \$150 maximum per family. Applies to all services except diagnostic and preventive

Bright Smiles Delta Dental PPO plan

		Benefit Level			
		Year 1	Year 2	Year 3	Year 4
Diagnostic & Preventive	Cleanings, Exams, X-rays, Sealants*, Fluoride**	100%	100%	100%	100%
Minor Services	Fillings, Extractions	50%	80%	80%	80%
Major Services	Bleaching, Crowns, Veneers, Implants, Dentures & Bridges, Oral Surgery, Endodontics, Periodontics	25%	50%	50%	50%
Orthodontics	No Age Limit \$1,000 Lifetime Maximum	n/a	50%	50%	50%
Annual Maximum	Per covered individual	\$500	\$1,000	\$1,250	\$1,500

Deductible: \$50 per person per benefit year, \$150 maximum per family. Applies to all services except diagnostic and preventive

Shiny Smiles Delta Dental PPO Plus Premier plan

		Benefit Level		
		Year 1	Year 2	Year 3
Diagnostic & Preventive	Cleanings, Exams, X-rays, Sealants*, Fluoride**	100%	100%	100%
Minor Services	Fillings, Extractions	25%	50%	80%
Major Services	Crowns, Implants, Dentures & Bridges, Oral Surgery, Endodontics, Periodontics	25%	50%	80%
Annual Maximum	Per covered individual	\$1,000	\$1,750	\$2,500

Deductible: \$50 per person per benefit year, \$150 maximum per family. Applies to all services except diagnostic and preventive

*Sealants through age 15
**Fluoride through age 18