



Dear KRS Retiree:

Thank you for considering Delta Dental of Kentucky for your dental insurance needs. You can select the Delta Dental PPO plan or the Delta Dental Premier plan. You can also purchase the VSP vision plan with one of the Delta Dental plans and receive a rate discount.

The Delta Dental PPO plan has the lowest rates, and it has a participating dentist network around the state that includes 1,100+ dentists. The Delta Dental Premier plan costs a little more, but it has 1,800+ participating dentists around the state.

The enclosed materials will help explain the benefit options and the costs.

- Delta Dental Overview (Provides comparison of PPO and Premier benefits)
- Yes or No questions that will help you decide which plan is best for you.
(Located on the back of the Overview.)
- A Rate Sheet that gives the monthly and annual prices of the options available.
- Enrollment Form
- VSP Vision Plan Overview
- Delta Dental PPO and Delta Dental Premier participating dentist directories

Delta Dental is a Kentucky headquartered company, and the oldest and largest dental carrier in the state. If you have questions after reviewing this information, please call 1-866-480-4872.

Sincerely,

A handwritten signature in black ink that reads "Cheryl Smiley". The signature is fluid and cursive, with the first name being more prominent.

Cheryl Smiley
Delta Dental Representative

KRS Retirees Delta Dental Overview

<i>Select the plan that best meets your needs...</i>	<i>Option 1 Delta Dental PPO</i>		<i>Option 2 Delta Dental Premier</i>
<i>What each plan pays:</i>	<i>Network</i>	<i>Out-of-Network</i>	<i>Network or any licensed provider</i>
	<i>(Percent of Allowable Amount Delta Dental pays)</i>	<i>(Percent of Allowable Amount Delta Dental pays)</i>	<i>(Percent of Allowable Amount Delta Dental pays)</i>
<i>Preventive and Diagnostic</i> Exams (<i>initial, periodic, and emergency</i>) X-rays (<i>diagnostic</i>) Cleanings (<i>two in a benefit period</i>) Pulp Vitality Test Emergency Treatment (<i>relief of pain</i>)	100%	80%	100%
<i>Minor Services</i> Routine Fillings Stainless Steel Crown Sedative Filling (<i>relief of pain</i>) Pin Retention Crown Repair Root Canal and Pulp Therapy (<i>excluding final restoration</i>) Periodontal Procedures Simple denture repairs to an existing denture or partial Oral Surgery	50%	40%	50%
<i>Major Services</i> <i>There is a 12-month waiting period on Major Services.</i> Crowns (<i>permanent</i>) Recement Crown Crown Build-up Dentures (<i>complete and partial</i>)* Denture repairs for adding a tooth or clasp to an existing denture or partial* Bridges*	50%	40%	50%

***Replacement of teeth missing prior to the effective date of this plan is not covered.**

- **Policy is an annual contract.**
- **Deductibles:** No deductible for Preventive and Diagnostic Services. \$50 individual/\$150 family deductible per year for Minor and Major Services.
- Plan pays a maximum of \$1,000 per member, per year for covered services. Only the services listed above will be covered.
- Dependents covered through age 19; Full-time students covered through age 25.

This is not a contract. Covered services are subject to the limitations, exclusions, and other terms and conditions of the member certificate. A complete description of covered services can be found in the member's certificate booklet.

The reverse side of this sheet helps you decide which plan is best for you.

Special offer!

Choose BOTH a Delta Dental plan and the VSP vision plan...

If you purchase a Delta Dental plan with the VSP vision plan, your combined rate will be lower than if purchased separately. Delta Dental and VSP are working together to give you the best value you can find! Please see the enclosed VSP benefit summary for details of the vision plan benefits.

To enroll, please complete the enrollment form and include payment in the envelope provided.

For additional information, please call 1-866-480-4872.



How do I choose which plan is best for me and my family?

Do you have an established relationship with a specific dentist that is important to you and your family?

↓
YES

Is your dentist in the Delta Dental PPO network?

↓
YES

We recommend you select the **Delta Dental PPO Plan**. Since your dentist is in our network and the premiums are the lowest we offer, this is your best choice.

Benefits are reduced if services are received from a non-participating Delta Dental PPO network dentist.

↓
NO

We recommend you join the **Delta Dental Premier Plan**. You can go to any licensed dentist with full coverage under the Premier Plan, and with 86% of all Kentucky dentists participating in the Premier Plan, there is a good chance you will be protected from balance billing.

↓
NO

Is there a Delta Dental PPO general dentist convenient to where you live?

↓
YES

We recommend you select the **Delta Dental PPO Plan** since the premiums are the lowest we offer and you can choose a credentialed Premier network dentist convenient to your home. Benefits are reduced if services are received from a non-participating Delta Dental PPO network dentist.

↓
NO

We recommend you join the **Delta Dental Premier Plan** since 86% of all practicing dentists in Kentucky are in this plan. You should be able to find a dentist convenient to your home. Plus, you can go to any licensed dentist in Kentucky without reduced benefits.

In summary, the Delta Dental PPO plan has the lowest rates, but the Delta Dental Premier plan has the largest selection of dentists. *What is most important to you?*

The reverse side of this sheet highlights the benefit categories and limitations for both Delta Dental plans offered.

Please see the enclosed listings of Delta Dental PPO and Delta Dental Premier participating dentists.

For additional information, please call 1-866-480-4872.

KRS Retirees Rate Sheet

For effective dates of 1/1/2010 through 10/1/2010



Dental Only Coverage

Monthly rates - Bank Draft Option Only

Contract Type	Dental Only Coverage	
	Option 1 Delta Dental PPO	Option 2 Delta Dental Premier
Retiree Only	\$19.90	\$25.60
Retiree Plus One Dependent	\$38.20	\$49.16
Retiree Plus Two or More Dependents	\$65.68	\$84.48

Prorated annual rates based on effective date of coverage - Check, Visa, MasterCard or Money Order

Option 1 – Delta Dental PPO - Dental Only Coverage

Effective Date of Coverage	1/1/2010	2/1/2010	3/1/2010	4/1/2010	5/1/2010	6/1/2010	7/1/2010	8/1/2010	9/1/2010	10/1/2010
Retiree Only	\$238.80	\$218.90	\$199.00	\$179.10	\$159.20	\$139.30	\$119.40	\$99.50	\$79.60	\$59.70
Retiree Plus One Dependent	\$458.40	\$420.20	\$382.00	\$343.80	\$305.60	\$267.40	\$229.20	\$191.00	\$152.80	\$114.60
Retiree Plus Two or More Dependent	\$788.16	\$722.48	\$656.80	\$591.12	\$525.44	\$459.76	\$394.08	\$328.40	\$262.72	\$197.04

Option 2 – Delta Dental Premier - Dental Only Coverage

Effective Date of Coverage	1/1/2010	2/1/2010	3/1/2010	4/1/2010	5/1/2010	6/1/2010	7/1/2010	8/1/2010	9/1/2010	10/1/2010
Retiree Only	\$307.20	\$281.60	\$256.00	\$230.40	\$204.80	\$179.20	\$153.60	\$128.00	\$102.40	\$76.80
Retiree Plus One Dependent	\$589.92	\$540.76	\$491.60	\$442.44	\$393.28	\$344.12	\$294.96	\$245.80	\$196.64	\$147.48
Retiree Plus Two or More Dependent	\$1,013.76	\$929.28	\$844.80	\$760.32	\$675.84	\$591.36	\$506.88	\$422.40	\$337.92	\$253.44

PLEASE NOTE: Applications must be received by the 10th of the month prior to the requested effective date. Applications received after the 10th of the month, will be effective one month later.

Please turn this sheet over for a special offer!

Choose BOTH a Delta Dental plan and the VSP vision plan and SAVE!



KRS Retirees Rate Sheet

For effective dates of 1/1/2010 through 10/1/2010



Special offer!

Dental Coverage plus VSP vision plan

Choose BOTH a Delta Dental plan and the VSP vision plan and SAVE!

If you purchase a Delta Dental plan with the VSP vision plan, your combined rate will be lower than if purchased separately.

Monthly rates - Bank Draft Option Only

Contract Type	Dental Coverage plus VSP Vision Plan	
	Option 1V Delta Dental PPO	Option 2V Delta Dental Premier
Retiree Only	\$26.65	\$32.29
Retiree Plus One Dependent	\$51.72	\$62.57
Retiree Plus Two or More Dependents	\$81.27	\$99.89

Prorated annual rates based on effective date of coverage - Check, Visa, MasterCard or Money Order

Option 1V – Delta Dental PPO - Dental Coverage plus VSP Vision

Effective Date of Coverage	1/1/2010	2/1/2010	3/1/2010	4/1/2010	5/1/2010	6/1/2010	7/1/2010	8/1/2010	9/1/2010	10/1/2010
Retiree Only	\$319.80	\$293.15	\$266.50	\$239.85	\$213.20	\$186.55	\$159.90	\$133.25	\$106.60	\$79.95
Retiree Plus One Dependent	\$620.64	\$568.92	\$517.20	\$465.48	\$413.76	\$362.04	\$310.32	\$258.60	\$206.88	\$155.16
Retiree Plus Two or More Dependent	\$975.24	\$893.97	\$812.70	\$731.43	\$650.16	\$568.89	\$487.62	\$406.35	\$325.08	\$243.81

Option 2V – Delta Dental Premier - Dental Coverage plus VSP Vision

Effective Date of Coverage	1/1/2010	2/1/2010	3/1/2010	4/1/2010	5/1/2010	6/1/2010	7/1/2010	8/1/2010	9/1/2010	10/1/2010
Retiree Only	\$387.48	\$355.19	\$322.90	\$290.61	\$258.32	\$226.03	\$193.74	\$161.45	\$129.16	\$96.87
Retiree Plus One Dependent	\$750.84	\$688.27	\$625.70	\$563.13	\$500.56	\$437.99	\$375.42	\$312.85	\$250.28	\$187.71
Retiree Plus Two or More Dependent	\$1,198.68	\$1,098.79	\$998.90	\$899.01	\$799.12	\$699.23	\$599.34	\$499.45	\$399.56	\$299.67

PLEASE NOTE: Applications must be received by the 10th of the month prior to the requested effective date. Applications received after the 10th of the month, will be effective one month later.



KRS Retirees Enrollment Form



Please select the plan in which you would like to enroll.

- Option 1 – Delta Dental PPO - Dental Coverage Only
- Option 1V – Delta Dental PPO - Dental Coverage with VSP Vision Plan Included
- Option 2 – Delta Dental Premier - Dental Coverage Only
- Option 2V – Delta Dental Premier - Dental Coverage with VSP Vision Plan Included

Please complete the information below. You must be a Kentucky resident to enroll.

Social Security Number		Name – Last		First	MI	Home Phone ()	
Sex (Circle one) M or F	Date of Birth MO DAY YR		Home Address – Number and Street		City	State KY	Zip

Check the type of contract and list all covered dependents below, if applicable:

- Retiree Only
- Retiree Plus One Dependent
- Retiree Plus Two or More Dependents

COVERED DEPENDENTS List all Covered Dependents below. If additional space is required, attach a list to this form.

Last	First	MI	Date of Birth			Sex	
			MO	DAY	YR	M	F
Spouse							
Dependent							
Dependent							
Dependent							
Dependent							

Dependents covered through age 19. Full-time students covered through age 25.

Please select one of the three payment methods below. Please provide all necessary information.

1. Credit Card – Annual premium only
 - Visa MasterCard
 - Card Number _____
 - Expiration Date _____
 - Signature _____
2. Paper Check or Money Order – Annual premium only
(Please include your check or money order with this form.)

3. Bank Draft – Monthly premium only
 - A) A **voided check** must accompany this form in order to accurately establish your new withdrawal. The draft process will originate from our office on the 23rd of each month and should reach your account for processing within three working days.
 - B) Monthly bank drafts will remain in full force and effective until Delta Dental of Kentucky and your bank (depository) have received written notification from you of termination and in such time and in such manner as to afford the depository a reasonable time to act on it.

**Please carefully read the Contract Provisions on the back of this form. Signature required.
Please review your enrollment form for errors or omissions.**

Please carefully read the Contract Provisions below. Signature required.

KRS Retirees Contract Provisions

IMPORTANT: If you do not want the contract for any reason, you may return it to us within 10 days after you receive it. Upon return, the contract will be deemed void, and any money you have paid will be refunded. This is an annual contract. If you have elected the annual payment option, you may not terminate this contract prior to the end of the term. If you have elected the monthly payment option and we do not receive your premium within 30 days of the date the premium is due, your contract will be cancelled effective the due date of the your premium, whether or not a specific condition was incurred prior to the termination date. Your Covered Dependents will terminate on your termination date. Covered Services are eligible for payment only if your contract is in effect at the time such services are provided.

I acknowledge that I have read the provisions of this enrollment form and I expressly accept such provisions as a condition of coverage. I understand that my membership is for a 12-month period and on my anniversary date I can renew or cancel or change how I pay my premium. I represent the answers given to all questions on this form are true and accurate to the best of my knowledge and I understand they are being relied on by Delta Dental of Kentucky, Inc. in accepting this form. Any material misrepresentation found in this application may result in denial of benefits or cancellation of my coverage(s). Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime. If accepted, this form, the dental contract, and the identification card will constitute the contract.

Applicant Signature _____ Date _____

Please make a copy for your records and return original to Delta Dental in the enclosed envelope.

SHADED AREA FOR OFFICE USE ONLY

Effective Date	Process Date	Processed By
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Your VSP Vision Benefits



Welcome to VSP® Vision Care. We'll help keep you and your eyes healthy through personalized care from a doctor you can trust.

Your eyes say a lot about you and can even tell your VSP doctor about you. During your WellVision® Exam, your VSP doctor will look for vision problems and signs of health conditions too.

Getting started is a breeze.

- **Find the right VSP doctor for you.** You'll find plenty to choose from at vsp.com or by calling **800.877.7195**.
- **Already have a VSP doctor?** Make an appointment today and tell them you're a VSP member.
- **Check out your coverage and savings.** Visit vsp.com to see your benefits anytime and check out how much you saved with VSP after your appointment.

That's it! We'll handle the rest—no ID card necessary or claim forms to complete.

Visit the Eyecare Discovery Center at vsp.com for eye health articles, videos, and interactive games.

**Keep your eyes healthy
and your vision clear.
Make your appointment today!**

Contact VSP | vsp.com
800.877.7195



Your Coverage from a VSP Doctor

WellVision Exam® focuses on your eye health and overall wellness

- \$10.00 copay..... **every 12 months**

Prescription Glasses

- \$20.00 copay

Lenses..... **every 12 months**

- Single vision, lined bifocal, and lined trifocal lenses
- Polycarbonate lenses

Frame..... **every 24 months**

- \$ 150.00 allowance for frame of your choice
- 20% off the amount over your allowance

~OR~

Contact Lens Care

- **No copay** **every 12 months**

\$120.00 allowance for contacts and the contact lens exam (fitting and evaluation). This additional exam ensures proper fit of contacts. If you choose contact lenses you will be eligible for a frame 12 months from the date the contact lenses were obtained.

Current soft contact lens wearers may qualify for a special program that includes a contact lens evaluation and initial supply of replacement lenses.

Extra Discounts and Savings

Glasses and Sunglasses

- 20% off lens options like progressives and scratch-resistant and anti-reflective coatings
- 20% off additional glasses and sunglasses, including lens options*

Contacts*

- 15% off cost of contact lens exam (fitting and evaluation)

Laser Vision Correction

- Average 15% off the regular price or 5% off the promotional price from contracted facilities

* Available from any VSP doctor within 12 months of your last eye exam

You get the best value from your benefit when you see a VSP doctor. If you see a non-VSP provider, you'll typically pay more out-of-pocket. You'll pay the provider in full and have 6 months to submit a claim to VSP for partial reimbursement less copays. Before seeing a non-VSP provider, call us at 800.877.7195.

Out-of-Network Reimbursement Amounts:

Exam	Up to \$43.00
Single vision lenses	Up to \$26.00
Lined bifocal lenses	Up to \$43.00
Lined trifocal lenses	Up to \$60.00
Frame	Up to \$40.00
Contacts	Up to \$100.00

VSP guarantees service from VSP doctors only. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail.