

Individual & Family Dental and Vision Plan Options

| Happy Smiles | Year 1 | Year 2 | Year 3 |
|--|---------|---------|---------|
| Diagnostic & Preventive Cleanings, Exams, X-rays, Sealants | 100% | 100% | 100% |
| Minor Services Fillings, Extractions, Whitening, Oral Surgery | 10% | 30% | 50% |
| Annual Maximum Per covered individual | \$500 | \$750 | \$1,000 |
| Perfect Smiles | Year 1 | Year 2 | Year 3 |
| Diagnostic & Preventive Cleanings, Exams, X-rays, Sealants | 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 | \$500 | \$1,000 | \$1,250 |
| Bright Smiles | Year 1 | Year 2 | Year 3 |
| Diagnostic & Preventive Cleanings, Exams, X-rays, Sealants | 100% | 100% | 100% |
| Minor Services Fillings, Extractions | 50% | 80% | 80% |
| Major Services Whitening, Crowns, Veneers, Implants, Dentures & Bridges, Oral Surgery, Endodontics, Periodontics | 25% | 50% | 50% |
| Orthodontics No Age Limit \$1,000 Lifetime Maximum | n/a | 50% | 50% |
| Annual Maximum Per covered individual | \$500 | \$1,000 | \$1,500 |
| Vibrant Smiles | Year 1 | Year 2 | Year 3 |
| Diagnostic & Preventive Cleanings, Exams, X-rays, Sealants | 100% | 100% | 100% |
| Minor Services Fillings, Extractions | 25% | 50% | 80% |
| Major Services Crowns, Implants, Dentures & Bridges, Oral Surgery, Endodontics, Periodontics | 25% | 40% | 50% |
| Annual Maximum Per covered individual | \$1,000 | \$1,750 | \$2,000 |

| DeltaVision Plan | Benefit Frequency | Benefit Copay |
|------------------|--|---------------|
| Exams | Every 12 months | \$10 |
| Lenses | Every 12 months | \$10 |
| Frames | Every 24 months | |
| Contacts | Every 12 months <i>(in lieu of glasses)</i> | Up to \$60 |

Monthly Premiums

1/1/2023 - 12/31/2023

| Happy Smiles | |
|-----------------|----------|
| Subscriber Only | \$22.26 |
| Subscriber + 1 | \$40.42 |
| Family | \$61.32 |
| Perfect Smiles | |
| Subscriber Only | \$32.88 |
| Subscriber + 1 | \$61.30 |
| Family | \$95.79 |
| Bright Smiles | |
| Subscriber Only | \$40.75 |
| Subscriber + 1 | \$77.16 |
| Family | \$132.07 |
| Vibrant Smiles | |
| Subscriber Only | \$43.92 |
| Subscriber + 1 | \$78.25 |
| Family | \$120.54 |
| DeltaVision | |
| Subscriber Only | \$9.15 |
| Subscriber + 1 | \$18.30 |
| Family | \$29.46 |

ENROLL TODAY!

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Call or email Delta Dental with questions or enrollment help

866-964-8763 | 502-736-5000

customerserviceip@deltadentalky.com