

Delta Dental of Kentucky Commonwealth of Kentucky Dental and Vision Plan Options

Dental Plans by Delta Dental of Kentucky

Protecting your smile and keeping up with good oral health habits has a direct impact on your overall health. Delta Dental plan options feature a larger network and more extensive benefits than other dental plans offered to state employees.

Plan Features

- Benefits and Annual Maximums increase after first year
- Advance to Year 2 benefits with proof of 12 previous months of dental benefits
- 100% in-network coverage for twice a year cleanings on all plans
- Whitening services with Bright plan
- Orthodontics for any age with Bright & Radiant plans
- Implant coverage with Perfect, Bright & Vibrant plans
- Access to Delta Dental Mobile App with cost estimators and appointment scheduling

Networks

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

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

Delta Dental Premier® Network: 90% of Kentucky dentists participate in this network. These dentists also offer reduced fees, just not as low as PPO fees.

DeltaVision® by Delta Dental of Kentucky

administered by VSP

Delta Dental of Kentucky can help protect your eyes along with your smile.

DeltaVision, administered by VSP, is available alone or bundled with a dental plan for individuals and families.

Plan Features

- WellVision® Exams - most comprehensive exam designed to detect eye and health conditions
- Lowest out-of-pocket costs
- Wholesale frame pricing guarantee
- 100% coverage on polycarbonate lenses for children
- Access to both Delta Dental and VSP top rated customer service

Networks

DeltaVision plans provide access to the largest national network of independent eye doctors. DeltaVision utilizes the robust VSP Choice Network.

VSP Choice: 38,000 preferred providers nationwide, 100,000 access points nationwide

Enroll online 24 hours a day, 7 days a week
ky.deltadental.com/commonwealth

Call or Email Delta Dental with questions or enrollment help
502-736-4817
CW@deltadentalky.com

Delta Dental of Kentucky | ky.deltadental.com | 800-955-2030

Delta Dental of Kentucky has provided more than \$20 million to non-profits across Kentucky since 2003.

Commonwealth of Kentucky Dental and Vision Plan Options



<i>Perfect Smiles</i> PPO PLUS PREMIER	Year One	Year Two	Year Three
Preventive & Diagnostic <i>Cleanings, Exams, X-rays, Sealants</i>	100%	100%	100%
Minor Services <i>Fillings, Extractions</i>	10%	30%	50%
Major Services <i>Crowns, Implants, Dentures & Bridges, Oral Surgery, Endodontics, Periodontics</i>	10%	30%	50%
Annual Maximum <i>Per covered individual</i>	\$750	\$1,000	\$1,250

<i>Bright Smiles</i> PPO	Year One	Year Two	Year Three
Preventive & Diagnostic <i>Cleanings, Exams, X-rays, Sealants</i>	100%	100%	100%
Minor Services <i>Fillings, Extractions</i>	50%	80%	80%
Major Services <i>Bleaching, Crowns, Veneers, Implants, Dentures & Bridges, Oral Surgery, Endodontics, Periodontics</i>	25%	50%	50%
Orthodontics <i>No Age Limit; \$1,000 Lifetime Max.</i>	n/a	50%	50%
Annual Maximum <i>Per covered individual</i>	\$500	\$1,000	\$1,500

<i>Vibrant Smiles</i> PPO PLUS PREMIER	Year One	Year Two	Year Three
Preventive & Diagnostic <i>Cleanings, Exams, X-rays, Sealants</i>	100%	100%	100%
Minor Services <i>Fillings, Extractions</i>	25%	50%	80%
Major Services <i>Crowns, Implants, Dentures & Bridges, Oral Surgery, Endodontics, Periodontics</i>	25%	40%	50%
Annual Maximum <i>Per covered individual</i>	\$1,000	\$1,750	\$2,000

<i>Radiant Smiles</i> PPO PLUS PREMIER	Year One	Year Two	Year Three
Preventive & Diagnostic <i>Cleanings, Exams, X-rays, Sealants</i>	100%	100%	100%
Minor Services <i>Fillings, Extractions</i>	40%	60%	80%
Major Services <i>Crowns, Implants, Dentures & Bridges, Oral Surgery, Endodontics, Periodontics</i>	30%	45%	60%
Orthodontics <i>No Age Limit; \$1,000 Lifetime Max.</i>	n/a	50%	50%
Annual Maximum <i>Per covered individual</i>	\$1,500	\$2,000	\$2,500

<i>DeltaVision®</i>	
Benefit Frequency	
Exams:	every 12 months
Lenses:	every 12 months
Frames:	every 24 months
Contacts:	every 12 months <i>(in lieu of glasses)</i>
Copayments	
Exam:	\$10
Prescription Glasses:	\$10
Contact Lens Exam:	up to \$60
In-Network Allowances	
Retail Frame Value:	\$150
Contact Lenses:	\$150
Covered Lenses:	Polycarbonate for Children & Standard Progressive Lenses

Monthly Rates

Perfect Smiles	Dental Only	Dental & Vision
Subscriber Only	\$33.87	\$43.02
Subscriber + 1	\$63.14	\$81.44
Family	\$98.66	\$128.12
Bright Smiles	Dental Only	Dental & Vision
Subscriber Only	\$40.75	\$49.90
Subscriber + 1	\$77.16	\$95.46
Family	\$132.07	\$161.53
Vibrant Smiles	Dental Only	Dental & Vision
Subscriber Only	\$46.12	\$55.27
Subscriber + 1	\$82.16	\$100.46
Family	\$126.57	\$156.03
Radiant Smiles	Dental Only	Dental & Vision
Subscriber Only	\$53.47	\$62.62
Subscriber + 1	\$98.27	\$116.57
Family	\$160.03	\$189.49

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