

Individual & Family™ Dental and Vision Plan Options



Perfect Smiles 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

Bright Smiles 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

Vibrant Smiles 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

Radiant Smiles 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

DeltaVision®	
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

Plan	Dental Only	Dental & Vision
Perfect Smiles		
Subscriber Only	\$33.87	\$42.84
Subscriber + 1	\$63.14	\$81.07
Family	\$98.66	\$127.90
Bright Smiles		
Subscriber Only	\$40.75	\$49.72
Subscriber + 1	\$77.16	\$95.09
Family	\$132.07	\$161.31
Vibrant Smiles		
Subscriber Only	\$46.12	\$55.09
Subscriber + 1	\$82.16	\$100.09
Family	\$126.57	\$155.81
Radiant Smiles		
Subscriber Only	\$53.47	\$62.44
Subscriber + 1	\$98.27	\$116.20
Family	\$160.03	\$189.27

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