

Delta Dental of Kentucky offers plan designs to fit everyone's needs. Dental plans provide access to the largest dental network in the nation. Over 64% of dentists participate in our Delta Dental PPO™ network and 90% of dentist participate in our Delta Dental Premier® Network. Vision plans access the vast VSP Choice network providing access to over 38,000 doctors.

Enroll online or over the phone today!

deltadentalky.com/sumitomo | (866)506-7398

High Option Dental Plan Delta Dental PPO Plus Premier™	Delta Dental PPO™ Dentist	Delta Dental Premier® Dentist	Non-participating Dentist
Diagnostic & Preventive Cleanings, X-rays, Sealants, Fluoride	100%	100%	100%
Basic Services Fillings, Crown Repair, Root Canals, Extractions, Denture Repair, Oral Surgery, Periodontics	80%	80%	80%
Major Services* Bridges, Implants, Dentures, Crowns	60%	60%	60%
Deductible Per Person, Per Benefit Year, Maximum \$100	\$50	\$50	\$50
Annual Maximum Per covered individual	\$1,500	\$1,500	\$1,500
Orthodontics* Dependents through age 18 \$2,000 Lifetime Maximum	50%	50%	50%

Monthly Rates

Subscriber
\$49.88

Subscriber + One
\$99.76

Family
\$149.64

*12 month waiting period applies to services.

Dental policies are 12 month contracts.

Low Option Dental Plan Delta Dental PPO Plus Premier™	Delta Dental PPO™ Dentist	Delta Dental Premier® Dentist	Non-participating Dentist
Diagnostic & Preventive Cleanings, X-rays, Sealants, Fluoride	80%	80%	80%
Basic Services Fillings, Crown Repair, Root Canals, Extractions, Denture Repair, Oral Surgery, Periodontics	80%	80%	80%
Major Services* Crowns, Bridges, Dentures	50%	50%	50%
Deductible Per Person, Per Benefit Year, Maximum \$100	\$50	\$50	\$50
Annual Maximum Per covered individual	\$1,000	\$1,000	\$1,000

Monthly Rates

Subscriber
\$14.06

Subscriber + One
\$28.12

Family
\$42.17

*12 month waiting period applies to services.

Dental policies are 12 month contracts.

DeltaVision® Vision Plan by Delta Dental of Kentucky. Administered by VSP.	Frequency/Allowance	Copay
WellVision Exam	1 every 12 months	\$10 Copay
Prescription Glasses	Frame, 1 pair every 24 months. Lenses, 1 pair every 12 months.	\$10 Copay
Frame	Up to \$150 Allowance	Included in Glasses Copay
Covered Lenses	Single Vision, Lined bifocal and lined trifocal, Polycarbonate lenses for Children	Included in Glasses Copay
Contact Lens Exam	Every 12 months \$150 allowance	Up to \$60 for exam

Monthly Rates

Subscriber
\$8.97

Subscriber + One
\$17.93

Family
\$29.24

Vision policies are 12 month contracts.

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Delta Dental of Kentucky has provided more than \$23 million to Non-profits across Kentucky since 2003.

* Registered Mark of Delta Dental Plans Association

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