

Delta Dental of Kentucky offers dental and vision plans designed specifically for Logan Aluminum retirees and their families. These dental and vision plans can be purchased together or separately. Enrollment is available at anytime throughout the year and can be easily completed over the phone or online.

Enroll today! ky.deltadental.com/loganretirees | (502)736-4818

| Dental Plan Delta Dental PPO™ | Delta Dental PPO™ Dentist | Delta Dental Premier® Dentist | Non-participating Dentist | Monthly Rates |
|---|---------------------------|-------------------------------|---------------------------|------------------------------------|
| | | | | |
| | | | | Subscriber \$32.09 |
| Diagnostic & Preventive Cleanings, X-rays, Sealants, Fluoride | 100% | 100% | 100% | Subscriber + Spouse \$65.42 |
| Basic Services Fillings, Root Canals, Periodontics, Extractions, Denture Repair, Oral Surgery, Crown Repair | 100% | 100% | 100% | Subscriber + Child(ren) \$66.80 |
| Major Restorative Services Crowns | 80% | 55% | 55% | Family \$108.44 |
| Major Services Bridges, Implant Repair, Dentures, Prosthodontic Repair | 60% | 50% | 50% | |
| TMD Treatment Treatment & related films | 50% | 50% | 50% | |
| Orthodontics No Age Limit | 60% | 60% | 60% | |
| Lifetime Maximum | \$1,750 | \$1,000 | \$1,000 | |
| Deductible Per Person, Per Benefit Year | n/a | n/a | n/a | |
| Annual Maximum Per covered individual | \$1,750 | \$1,000 | \$1,000 | |

Dental and vision policies are 12 month contracts.

| DeltaVision® Vision 150 Plan by Delta Dental of Kentucky. Administered by VSP. | Frequency/Allowance | Copay | Monthly Rates |
|--|--|---------------------------|------------------------------------|
| | | | |
| | | | Subscriber \$9.03 |
| WellVision Exam | 1 every 12 months | \$10 Copay | Subscriber + Spouse \$15.83 |
| Prescription Glasses | Frame, 1 pair every 24 months. Lenses, 1 pair every 12 months. | \$10 Copay | Subscriber + Child(ren) \$17.16 |
| Frame | Up to \$150 Allowance | Included in Glasses Copay | Family \$23.48 |
| Covered Lenses | Single Vision, Lined bifocal and lined trifocal, Polycarbonate lenses for Children | Included in Glasses Copay | |
| Contact Lens Exam | Every 12 months | Up to \$60 for exam | |
| Contact Lenses (Instead of glasses) | \$150 allowance | Copay does not apply | |

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