

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 Happy & Bright plans
- Orthodontics for any age with Bright plan
- Implant coverage with Perfect, Bright & Vibrant plans
- Access to Delta Dental Mobile App with cost estimators and appointment scheduling

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.

Plan FeaturesNetworks• WellVision® Exams - most comprehensive exam
designed to detect eye and health conditionsDeltaVision plans provide access to the largest
national network of independent eye doctors.• Lowest out-of-pocket costsDeltaVision utilizes the robust VSP Choice Network.• Wholesale frame pricing guaranteeVSP Choice: 38,000 preferred providers nationwide,
100,000 access points nationwide• Access to both Delta Dental and VSP top rated
customer serviceVSP 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. *Registered Mark of Delta Dental Plans Association

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.



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Dental Plans

Happy Smiles		nefit Le	vel	Bright Smiles	Benefit Level		
Delta Dental PPO™ plan	Year	Year	Year	Delta Dental PPO™ plan	Year 1	Year 2	Year 3
Diagnostic & Preventive	100%	2 100%	3 100%	Diagnostic & Preventive Cleanings, Exams, X-rays, Sealants	100%	100%	100%
Cleanings, Exams, X-rays, Sealants Minor Services	10%	30%	50%	Minor Services Fillings, Extractions	50%	80%	80%
Fillings, Extractions, Bleaching, Oral Surgery Annual Maximum Per covered individual	\$500	\$750	\$1,000	Major Services Bleaching, Crowns, Veneers, Implants, Dentures & Bridges, Oral Surgery, Endodontics, Periodontics	25%	50%	50%
Perfect Smiles Delta Dental PPO Plus Premier™ plan	Be Year	enefit Le Year	Year	Orthodontics No Age Limit \$1,000 Lifetime Maximum	n/a	50%	50%
Diagnostic & Preventive Cleanings, Exams, X-rays, Sealants	1 100%	2 100%	3 100%	Annual Maximum Per covered individual	\$500	\$1,000	\$1,500
Minor Services Fillings, Extractions	10%	30%	50%	Vibrant Smiles Delta Dental	Benefit Level		
Major Services Crowns, Implants, Dentures & Bridges, Oral Surgery, Endodontics, Periodontics	10%	30%	50%	PPO Plus Premier [™] plan Diagnostic & Preventive Cleanings, Exams, X-rays, Sealants	Year 1 100%	Year 2	Year 3
Annual Maximum Per covered individual	\$750	\$1,000	\$1,250	Minor Services Fillings, Extractions	25%	50%	80%
Dental Plans Deductible: \$50 per person per benefit year \$150 maximum per family. Applies to all services except diagnostic and preventive benefits.				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					
Lenses:	every 12 months every 12 months every 24 months every 12 months (in lieu of glasses)				
Copayments					
Exam: Prescription Glasses: Contact Lens Exam:	\$10				
In-Network Allowances					
Retail Frame Value: Contact Lenses: Covered Lenses:	\$150				

Dental & Vision Plans Rates

Monthly rates effective 1/1/2022

Happy Smiles

Subscriber: \$22.26 Subscriber +1: \$40.42 Subscriber +1: \$61.30 Family: \$61.32

Bright Smiles

Subscriber: \$40.75 Subscriber +1: \$77.16 Family: \$132.07

Perfect Smiles

Subscriber: \$32.88 Family: \$95.79

Vibrant Smiles

Subscriber: \$43.92 Subscriber +1: \$78.25 Family: \$120.54

Vision Rates

Subscriber: \$9.15 Subscriber +1: \$18.30 Family: \$29.46

Enrollment available online or by phone ky.deltadental.com/commonwealth | 502-736-4817