

Delta Care

Active Employees



Delta Dental of Kentucky
Renewal Rates for WHITLEY COUNTY BOARD OF EDUCATION #DU7693
Effective October 1, 2018

Rates		
Rates per subscriber per month	Current Rate(s) October 1, 2017 through September 30, 2018	Renewal Rate(s) October 1, 2018 through September 30, 2019
Subscriber only	\$16.03	\$16.43
Subscriber with one dependent	\$32.90	\$33.72
Subscriber with two or more dependents	\$48.19	\$49.39

Rating Requirements
Tied to medical: No
Subscribers and eligible dependents must enroll for a minimum of 12 months. If coverage is terminated after 12 months, they may not re-enroll prior to the open enrollment that occurs at least 12 months from the date of termination. Dependents may only enroll if the Subscriber is enrolled (except under COBRA) and must be enrolled in the same plan as the Subscriber. Plan changes are only allowed during open enrollment periods, except that an election may be revoked or changed at any time if the change is the result of a qualifying event as defined under Internal Revenue Code Section 125.

Rating Assumptions
Rates do not include any applicable claims taxes. The rates are valid only for the effective date noted above and are guaranteed for a one year contract.
Self-billing is not allowed and you agree to pay as invoiced each month.
Subscriber materials which are produced by Delta Dental will be updated and provided when plan changes apply and are always available to view or print at www.DeltaDentalKY.com.
Printed dentist directories are not included. You can find participating dentists on our website at www.DeltaDentalKY.com.

Premier + PPO

Active Employees



Delta Dental of Kentucky

Renewal Rates for WHITLEY COUNTY BOARD OF EDUCATION #DU7693

Effective October 1, 2018

Rates		
Rates per subscriber per month	Current Rate(s)	Renewal Rate(s)
	October 1, 2017 through September 30, 2018	October 1, 2018 through September 30, 2019
Subscriber only	\$18.34	\$18.80
Subscriber with one dependent	\$37.41	\$38.35
Subscriber with two or more dependents	\$69.70	\$71.44

Rating Requirements

Tied to medical: No

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The plan specifications are subject to Delta Dental's standard exclusions and limitations, including:

- Oral exams (including evaluations by a specialist) are payable twice per benefit year. Limited oral evaluations for a specific problem or complaint are also payable twice per benefit year.
- Prophylaxes (cleanings) are payable twice per benefit year. Two additional periodontal maintenance procedures are payable per benefit year for individuals with a documented history of periodontal disease. Full mouth debridement is payable once in a lifetime.
- Fluoride treatments are payable once per benefit year for people up to age 19.
- Bitewing X-rays are payable once per Benefit Year and full mouth X-rays (which include bitewing X-rays) are payable once in any five-year period.
- Sealants are payable once per tooth per two-year period for the occlusal surface of first and second permanent molars up to age 16. The surface must be free from decay and restorations.
- Composite resin (white) restorations are optional treatment on posterior teeth.
- The initial installation of any prosthodontic service is not a Covered Service to replace missing teeth that were lost before coverage began.
- Porcelain and resin facings on bridges are Covered Services on posterior teeth.
- Implants and implant related services are payable once per tooth in any five-year period.