



## Delta Dental of Kentucky Delta Dental PPO plus Premier™ Summary of Dental Plan Benefits

**Group Name:** SCOTT COUNTY FISCAL COURT

**Group Number:** 691270-4001

**Benefit Year:** January 1 through December 31

**Covered Services –**

|   | Delta Dental PPO™<br>Dentist<br>Plan Pays            | Delta Dental<br>Premier® Dentist<br>Plan Pays | Non-participating<br>Dentist<br>Plan Pays* |
|---|--|---|--|
| <b>Diagnostic &amp; Preventive</b>  |  |   |  |
| <b>Diagnostic and Preventive Services</b> – exams, cleanings, fluoride, and space maintainers | 100%   | 100%  | 100%                                       |
| <b>Emergency Palliative Treatment</b> – to temporarily relieve pain                           | 100%   | 100%  | 100%                                       |
| <b>Sealants</b> – to prevent decay of permanent teeth   | 100%   | 100%  | 100%                                       |
| <b>Brush Biopsy</b> – to detect oral cancer   | 100%   | 100%  | 100%                                       |
| <b>Radiographs</b> – X-rays   | 100%   | 100%  | 100%                                       |
| <b>Basic Services</b>   |  |   |  |
| <b>Minor Restorative Services</b> – fillings and crown repair                                 | 80%  | 80%   | 80%  |
| <b>Occlusal Guards/Adjustments</b> – bite guards and occlusal adjustments                     | 80%  | 80%   | 80%  |
| <b>Denture Repair</b> – repairs to complete or partial dentures                               | 80%  | 80%   | 80%  |
| <b>Major Services</b>   |  |   |  |
| <b>Endodontic Services</b> – root canals  | 50%  | 50%   | 50%  |
| <b>Periodontic Services</b> – to treat gum disease  | 50%  | 50%   | 50%  |
| <b>Oral Surgery Services</b> – extractions and dental surgery                                 | 50%  | 50%   | 50%  |
| <b>Major Restorative Services</b> – crowns  | 50%  | 50%   | 50%  |
| <b>Other Basic Services</b> – misc. services  | 50%  | 50%   | 50%  |
| <b>Relines and Rebase</b> – to dentures   | 50%  | 50%   | 50%  |
| <b>Fixed Prosthodontic Repair</b> – to bridges  | 50%  | 50%   | 50%  |
| <b>Implant Repair</b> – implant maintenance, repair, and removal                              | 50%  | 50%   | 50%  |
| <b>Adjustments to Dentures</b> – adjustments to complete or partial dentures                  | 50%  | 50%   | 50%  |
| <b>Prosthodontic Services</b> – bridges, implants, and dentures                               | 50%  | 50%   | 50%  |
| <b>Orthodontic Services</b>   |  |   |  |
| <b>Orthodontic Services</b> – braces  | 50%  | 50%   | 50%  |
| <b>Orthodontic Age Limit</b> –  | Dependent Children to the end of the month of age 19 |   |  |

\* When you receive services from a Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental's Nonparticipating Dentist Fee that will be paid for those services. The Nonparticipating Dentist Fee may be less than what the dentist charges and you are responsible for that difference.

- Oral exams (including evaluations by a specialist) are payable twice per calendar year. Limited oral evaluations for a specific problem or complaint are also payable twice in the same calendar year.

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- Prophylaxes (cleanings) are payable twice per calendar year. Two additional periodontal maintenance procedures are payable per calendar year for individuals with a documented history of periodontal disease. Full mouth debridement is payable once in a lifetime.
- People with specific at-risk health conditions may be eligible for additional prophylaxes (cleanings) or fluoride treatment. The patient should talk with his or her Dentist about treatment.
- Fluoride treatments are payable once per calendar year for people age 18 and under.
- Space maintainers are payable once per area per lifetime for people age 13 and under.
- Bitewing X-rays are payable once per calendar year and full mouth X-rays (which include bitewing X-rays) or a panorex are payable once in any five-year period.
- Sealants are payable once per tooth in any two-year period for first and second permanent molars for people age 15 and under. The surface must be free from decay and restorations.
- Payment for crowns, inlays, and onlays are payable once per tooth in any five-year period. Stainless steel crowns are payable once per tooth in any two-year period on primary teeth only.
- Composite resin (white) restorations are payable on posterior teeth.
- Root canal treatment is inclusive of periapical X-rays, cultures, follow-up care, treatments, pulpotomy or pulpectomy, and routine post-operative procedures. Separate charges are not Covered Services for these procedures. Retreatment is payable two years after the initial treatment.
- Denture and/or bridge replacement is payable five-years post initial place. Replacement is not a Covered Service for lost or stolen dentures and/or bridges. Interim dentures are payable only for people under age 17 to replace extracted anterior permanent teeth.
- The initial installation of any prosthodontic service to replace missing teeth, or teeth that were lost before coverage began, including congenitally missing teeth is not payable. Replacements of existing appliances can be considered.
- Fixed bridges or removable cast partials are payable only for Eligible Dependents over age 16. Services and appliances that replace missing natural teeth (such as bridges, endosteal implants, implant crowns, partial dentures, and complete dentures) may be subject to an Alternate Benefit.
- Porcelain and resin facings on bridges are payable on posterior teeth.
- Implants are payable once per tooth in any five-year period. Implant related services are Covered Services.
- Crowns over implants are payable once per tooth in any five-year period. Services related to crowns over implants are Covered Services.

**Deductible** – \$50 Deductible per person total per Benefit Year limited to a maximum Deductible of \$150 per family per Benefit Year. The Deductible does not apply to diagnostic and preventive services, emergency palliative treatment, brush biopsy, X-rays, sealants, cephalometric films, photos, diagnostic casts and orthodontic services (including surgical repositioning of teeth).

**Maximum Payment** – \$1,000 per person total per Benefit Year on all services, except cephalometric films, photos, diagnostic casts and orthodontic services (including surgical repositioning of teeth). \$1,000 per person total per lifetime on cephalometric films, photos, diagnostic casts and orthodontic services (including surgical repositioning of teeth).

**Dependent Age Limit** – Dependents are covered up to age 26.

**Waiting Period** – There is a 12-month waiting period for certain services. Other Endodontic Services, Periodontic Services, Major Restorative Services, Relines and Adjustments, Fixed Prosthodontic Repair, Prosthodontic Services, and Orthodontic Services will not be covered until after a person is enrolled in the dental plan for 12 consecutive months.

**Eligible People** – The subscriber (you) is eligible for dental benefits when your employer or organization notifies Delta Dental.

Also eligible at your option are your legal spouse and your children who meet the age requirements noted above. Enrollees and dependents choosing this plan are required to remain enrolled for a minimum of 12 months. Should an Enrollee or Dependent choose to drop coverage after that time, he or she may not re-enroll prior to the date on which 12 months have elapsed. Dependents may only enroll if the Enrollee is enrolled (except under COBRA) and must be enrolled in the same plan as the Enrollee. 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.

If you and your spouse are both eligible under this Contract, you may be enrolled as both a Subscriber on your own application and as a dependent on your spouse's application. Your dependent children may be enrolled on both applications as well. Delta Dental will coordinate benefits.

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Benefits will cease Exact date term (EFFECTIVE 04/01/2023)

Benefits will cease (All terms before 04/01/2023 will be effective the FOM of the following month).

**This Summary of Dental Plan Benefits should be read along with your Certificate. Your Certificate provides additional information about your Delta Dental plan, including information about plan exclusions and limitations. If a statement in this Summary conflict with a statement in the Certificate, the statement in this Summary applies to you and you should ignore the conflicting statement in the Certificate. The percentages above are applied to Delta Dental's allowance for each service and it may vary due to the dentist's network participation.\***

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