Dear KRS Retiree:

Thank you for considering Delta Dental of Kentucky for your dental insurance needs. You can select the Delta Dental PPO™ plan or the Delta Dental Premier® plan. You can also purchase the DeltaVision® vision plan with one of the Delta Dental plans and receive a rate discount.

The Delta Dental PPO plan has the lowest rates, and it has a participating dentist network around the state that includes 1,400+ dentists. The Delta Dental Premier plan costs a little more, but it has 2,000+ participating dentists around the state.

The enclosed materials will help explain the benefit options and the costs.

- Delta Dental overview that provides comparison of PPO and Premier benefits
- How to choose a plan guide that will help you decide which plan is best for you
- How to find a participating provider guide
- Rate sheet that gives the monthly and annual prices of the options available.
- Enrollment form
- DeltaVision plan overview
- Healthy Mouth, Healthy Body program information for members with high-risk medical conditions

Delta Dental is a Kentucky headquartered company, and the oldest and largest dental carrier in the state. If you have questions after reviewing this information, please call 1-800-955-2030.

Sincerely,

Delta Dental of Kentucky
KRS Retiree Individual and Family Plans

We offer two plans to meet your needs:
Delta Dental PPO
Delta Dental Premier

Thank you for your interest in the Delta Dental KRS Retiree Individual and Family Plan options. You will feel secure to have your dental coverage with the oldest and largest dental benefits company in Kentucky. Our knowledge and focus allow us to present an individual product that will meet your needs. We recognize the importance of good dental health, even after you retire.

Highlights of the plans:

**Delta Dental PPO**
- You receive higher benefits for services provided by network dentists. There is limited coverage for services provided by out-of-network dentists.
- Delta Dental PPO participating providers will not be able to balance bill you over the allowed fee amount.
- Preventive and Diagnostic has no copayment or deductible and is paid at 100% in network.
- All claims will be filed by the network dentists.

**Delta Dental Premier**
- You can go to any licensed provider and the coverage is the same, but your out-of-pocket expenses will probably be lower when utilizing our Delta Dental Premier participating providers.
- Delta Dental Premier participating providers will not be able to balance bill you over the allowed fee amount.
- Preventive and Diagnostic has no copayment or deductible and is paid at 100% in network.
- All claims will be filed by the network dentists.
### KRS Retiree Individual and Family Plan Options

Select the plan that best meets your needs...

<table>
<thead>
<tr>
<th>Option 1</th>
<th>Delta Dental PPO</th>
<th>Option 2</th>
<th>Delta Dental Premier</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Network</td>
<td>Out-of-Network (Percent of Allowable Amount)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(Percent of Allowable Amount)</td>
<td></td>
</tr>
<tr>
<td>What each plan pays:</td>
<td></td>
<td>100%</td>
<td>80%</td>
</tr>
<tr>
<td>Preventive and Diagnostic</td>
<td></td>
<td>100%</td>
<td>80%</td>
</tr>
<tr>
<td>Exams (initial, periodic, and emergency; limited to 2 in a benefit period)</td>
<td></td>
<td>100%</td>
<td>80%</td>
</tr>
<tr>
<td>Bitewing x-rays (limited to 1 in a benefit period)</td>
<td></td>
<td>100%</td>
<td>80%</td>
</tr>
<tr>
<td>Full-mouth or panoramic (limited to 1 in a 5 year period)</td>
<td></td>
<td>100%</td>
<td>80%</td>
</tr>
<tr>
<td>Cleanings (limited to 2 in a benefit period)</td>
<td></td>
<td>100%</td>
<td>80%</td>
</tr>
<tr>
<td>Pulp Vitality Test</td>
<td></td>
<td>100%</td>
<td>80%</td>
</tr>
<tr>
<td>Emergency Treatment (relief of pain)</td>
<td></td>
<td>100%</td>
<td>80%</td>
</tr>
<tr>
<td>Minor Services</td>
<td></td>
<td>50%</td>
<td>40%</td>
</tr>
<tr>
<td>Routine Fillings</td>
<td></td>
<td>50%</td>
<td>40%</td>
</tr>
<tr>
<td>Stainless Steel Crown</td>
<td></td>
<td>50%</td>
<td>40%</td>
</tr>
<tr>
<td>Sedative Filling (relief of pain)</td>
<td></td>
<td>50%</td>
<td>40%</td>
</tr>
<tr>
<td>Pin Retention</td>
<td></td>
<td>50%</td>
<td>40%</td>
</tr>
<tr>
<td>Crown Repair</td>
<td></td>
<td>50%</td>
<td>40%</td>
</tr>
<tr>
<td>Root Canal and Pulp Therapy (excluding final restoration)</td>
<td></td>
<td>50%</td>
<td>40%</td>
</tr>
<tr>
<td>Periodontal Procedures</td>
<td></td>
<td>50%</td>
<td>40%</td>
</tr>
<tr>
<td>Simple denture repairs to an existing denture or partial</td>
<td></td>
<td>50%</td>
<td>40%</td>
</tr>
<tr>
<td>Oral Surgery</td>
<td></td>
<td>50%</td>
<td>40%</td>
</tr>
<tr>
<td>Major Services - There is a 12-month waiting period on Major Services.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crowns (permanent; limited to once per tooth in 5 years)</td>
<td></td>
<td>50%</td>
<td>40%</td>
</tr>
<tr>
<td>Recement Crown</td>
<td></td>
<td>50%</td>
<td>40%</td>
</tr>
<tr>
<td>Crown Build-up</td>
<td></td>
<td>50%</td>
<td>40%</td>
</tr>
<tr>
<td>Periodontal Procedures</td>
<td></td>
<td>50%</td>
<td>40%</td>
</tr>
<tr>
<td>Dentures (complete and partial)*</td>
<td></td>
<td>50%</td>
<td>40%</td>
</tr>
<tr>
<td>Denture repairs for adding a tooth or clasp to an existing denture or partial*</td>
<td></td>
<td>50%</td>
<td>40%</td>
</tr>
<tr>
<td>Bridges*</td>
<td></td>
<td>50%</td>
<td>40%</td>
</tr>
</tbody>
</table>

*Replacement of teeth missing prior to the effective date of this plan is not covered.

- **Policy is an annual contract.**

- **Deductibles:** No deductible for Preventive and Diagnostic Services. $50 individual/$150 family deductible per year for Minor and Major Services.

- **Plan pays a maximum of $1,000 per member, per year for covered services. Only the services listed above will be covered.**

- **Dependents covered through age 19; Full-time students covered through age 25.**

This is not a contract. Covered services are subject to the limitations, exclusions, and other terms and conditions of the member certificate. A complete description of covered services can be found in the member's certificate booklet.

### Special Offer!

**Choose BOTH a Delta Dental plan and DeltaVision® plan...**

Delta Dental and VSP are working together to give you the best value you can find! Please see the enclosed DeltaVision benefit summary for details of the vision plan benefits.

To enroll, please complete the enrollment form and include payment in the envelope provided. For additional information, call: 1-800-955-2030

*Registered Marks Delta Dental Plans Association

Underwritten by Delta Dental of Kentucky, Inc.
You’ll see the difference with DeltaVision®

Personalized Care. DeltaVision members receive quality care that focuses on their eyes and overall wellness. Our eye care provider will look for vision problems and signs of other health conditions.

Eyewear. Choose eyewear that’s right for you and your budget. From classic styles to the latest designer fashions, there are hundreds of options for DeltaVision members.

Value and Savings. DeltaVision members receive great benefits on exams and eyewear at an affordable price.

Enroll Today!
deltadentalky.com/KRTA | (800) 955-2030

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Description</th>
<th>Copay</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>WellVision Exam</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exams</td>
<td>Comprehensive eye exam to ensure overall visual wellness</td>
<td>$10</td>
</tr>
<tr>
<td>1 exam every 12 months</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Prescription Glasses</strong></td>
<td></td>
<td>$20</td>
</tr>
</tbody>
</table>
| Frames                          | $180 allowance for wide selection of frames  
20% savings on amount over allowance  
$100 Costco frame allowance       | Included in Prescription Glasses Copay |
| 1 pair every 24 months          |                                                                                                |                |
| Lenses                          | Single vision, lined bifocal and lined trifocal lenses  
Polycarbonate lenses for children | Included in Prescription Glasses Copay |
| 1 pair every 12 months          |                                                                                                |                |
| **Covered Lens Enhancements**   | Standard Progressive Lenses                                                                    | $0             |
| **Optional Lens Enhancements**  | Standard Anti-Reflective Coating  
Premium Progressive Lenses  
Custom Progressive Lenses  
Average savings of 20-25% on other lens enhancements |                |
| Contacts every 12 months        | $150 allowance for contacts; copay does not apply  
Contact lens exam (fitting and evaluation)                                                  | up to $60      |
| **Extra Savings**               |                                                                                                |                |
| Featured Frames                 | $200 allowance on featured frame brands. Check vsp.com for current offers.                    |                |
| Glasses and Sunglasses          | 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam |                |
| Retinal Screening               | No more than a $39 copay on routine retinal screening as an enhancement to a WellVision Exam   |                |
| **Additional Programs**         |                                                                                                |                |
| Included                        | Primary Eyecare, Eye Health Management (including Diabetic Exam Reminder Letters)             |                |
| Laser Vision Correction         | Average 15% off the regular price or 5% off promotional price                                   |                |

Your coverage with Out-of-Network Providers

Exam - up to $45  
Frame - up to $70  
Single Vision Lenses - up to $30  
Lined Bifocal Lenses - up to $50  
Lined Trifocal Lenses - up to $65  
Lenticular Lenses - up to $100  
Progressive Lenses - up to $50  
Contacts - up to $105  
Necessary Contact Lenses - up to $210

VSP Choice Network
38,000 preferred providers - 91,000 Access Points
KRS Retiree Individual and Family Plan Rate Sheet

Rates for effective dates of 8-1-2019 through 7-31-2020

Monthly Premium
(Bank Draft or Credit Card)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Retiree</td>
<td>$25.69</td>
<td>$31.85</td>
<td>$33.05</td>
<td>$39.21</td>
</tr>
<tr>
<td>Retiree Plus One Dependent</td>
<td>$49.31</td>
<td>$61.64</td>
<td>$63.46</td>
<td>$75.79</td>
</tr>
<tr>
<td>Retiree Plus Two or More Dependents</td>
<td>$84.79</td>
<td>$99.20</td>
<td>$109.07</td>
<td>$123.48</td>
</tr>
</tbody>
</table>

Annual Premium
(Check or Credit Card)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Retiree</td>
<td>$308.28</td>
<td>$382.20</td>
<td>$396.60</td>
<td>$470.52</td>
</tr>
<tr>
<td>Retiree Plus One Dependent</td>
<td>$591.72</td>
<td>$739.68</td>
<td>$763.52</td>
<td>$909.48</td>
</tr>
<tr>
<td>Retiree Plus Two or More Dependents</td>
<td>$1,017.48</td>
<td>$1,190.40</td>
<td>$1,308.84</td>
<td>$1,481.76</td>
</tr>
</tbody>
</table>

Applications received by the 20th of the month will be effective the 1st of the following month. If received after the 20th, effective date is the 1st of the second following month.
KRS Retirees
Enrollment/Renewal Form

Please select the plan in which you would like to enroll.

- Option 1 – Delta Dental PPO - Dental Coverage Only
- Option 1V – Delta Dental PPO - Dental Coverage with DeltaVision Plan Included
- Option 2 – Delta Dental Premier - Dental Coverage Only
- Option 2V – Delta Dental Premier - Dental Coverage with DeltaVision Plan Included

Please complete the information below. You must be a Kentucky resident to enroll.

<table>
<thead>
<tr>
<th>Social Security Number</th>
<th>Name – Last</th>
<th>First</th>
<th>MI</th>
<th>Home Phone</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Sex (Circle one)</th>
<th>Date of Birth</th>
<th>Home Address – Number and Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td>M or F</td>
<td>MO DAY YR</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Email Address</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Check the type of contract and list all covered dependents below, if applicable:

- Retiree Only
- Retiree Plus One Dependent
- Retiree Plus Two or More Dependents

**COVERED DEPENDENTS** List all Covered Dependents below. If additional space is required, attach a list to this form.

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>MI</th>
<th>SSN</th>
<th>Date of Birth</th>
<th>Sex</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>MO DAY YR</td>
<td>M</td>
</tr>
</tbody>
</table>

Dependents covered through the end of the year in which they turn 25.

Please select one of the three payment methods below. Please provide all necessary information.

1. Credit Card – Annual SemiAnnual Quarterly Monthly
   - Visa MasterCard American Express Discover

   Card Number ____________________________

   Expiration Date __________________________

   Signature ____________________________

2. Paper Check – Annual premium only
   (Please include your check with this form.)

3. Bank Draft – Annual SemiAnnual Quarterly Monthly

   A) Please complete the enclosed “Did You Know?” authorization form or send a voided check with this form in order to accurately establish your new withdrawal. The draft process will originate the 18th of each month and should reach your account for processing within three working days.

   B) Monthly bank drafts will remain in full force and effective until Delta Dental of Kentucky/Morgan White and your bank (depository) have received written notification from you of termination and in such time and in such manner as to afford the depository a reasonable time to act on it.

* Registered Marks Delta Dental Plans Association

Please carefully read the Contract Provisions on the back of this form. Signature required.
Please carefully read the Contract Provisions below. Signature required.

KRS Contract Provisions

IMPORTANT: If you do not want the contract for any reason, you may return it to us within 10 days after you receive it. Upon return, the contract will be deemed void, and any money you have paid will be refunded. This is an annual contract. If you have elected the annual payment option, you may not terminate this contract prior to the end of the term. If you have elected the monthly payment option and we do not receive your premium within 30 days of the date the premium is due, your contract will be cancelled effective the due date of your premium, whether or not a specific condition was incurred prior to the termination date. Your Covered Dependents will terminate on your termination date. Covered Services are eligible for payment only if your contract is in effect at the time such services are provided.

I acknowledge that I have read the provisions of this enrollment form and I expressly accept such provisions as a condition of coverage. I understand that my membership is for a 12-month period and on my anniversary date I can renew or cancel or change how I pay my premium. I represent the answers given to all questions on this form are true and accurate to the best of my knowledge and I understand they are being relied on by Delta Dental of Kentucky, Inc. in accepting this form. Any material misrepresentation found in this application may result in denial of benefits or cancellation of my coverage(s). Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime. If accepted, this form, the dental contract, and the identification card will constitute the contract.

Applicant Signature ___________________________ Date ___________________________

You can enroll online at deltadentalky.com/KRS
by phone at 1-800-955-2030
or
Delta Dental of Kentucky, Inc.
ATTN: IPU
PO Box 242810
Louisville, KY 40224

If enrolling by mail, please make a copy for your records.

SHADED AREA FOR OFFICE USE ONLY

Effective Date ___________ Process Date ___________ Processed By ___________
DID YOU KNOW?

Delta Dental can automatically debit your monthly payment from a checking or savings account.

If you would like to be set up for the automatic debit process, please fill out the form below, attach a copy of your blank voided check and mail it with your enrollment form.

Bank Name: ____________________________

Account Holder Name: ____________________________

☐ Checking Account

☐ Savings Account

__________ Bank Routing Number ____________ Bank Account Number

Please do not include the check number.

I hereby authorize Delta Dental, subsidiaries, and affiliates to initiate automatic withdrawals (ACH) from the account indicated above. This authorization will remain in effect until I choose to not to renew my contract with Delta Dental or change payment methods.

Name on account (please print): ____________________________

Account Holder Signature: ____________________________ Date: ____________________________
Delta Dental PPO Plus Premier™

How do I choose the best plan for me and my family?

Do you have an established relationship with a specific dentist that is important to you and your family?

Yes

Is your dentist in the Delta Dental PPO™ network or the Delta Dental Premier® network?

Yes

Continue regular visits to your family dentist. You'll receive the lowest out-of-pocket costs! Members will only pay for deductibles, coinsurance, and non-covered services provided by in-network dentists. Delta Dental Premier Network members are guaranteed not to be balance billed by the in-network dentist.

No

Is there a Delta Dental PPO™ general dentist convenient to where you live?

No

Services by a Delta Dental PPO network dentist will save you claims dollars due to the dentist agreeing to the PPO fee schedule, which is lower than the Premier fee schedule. Members are guaranteed not to be balance billed by an in-network dentist.

Yes

Good news, you're still covered! You may go to any licensed dentist.

Keep in mind, you will save the most amount of money by going to an in-network dentist. 90% of Kentucky dentists participate in the Delta Dental Premier Network, so finding a dentist near you is easy!

You may be balance billed if your out-of-network dentist's charges are higher than our Premier allowable amount.

90% of Kentucky dentists participate in the Delta Dental Premier Network. 65% of Kentucky dentists participate in the Delta Dental PPO Network.

All Delta Dental PPO Network dentists are fully credentialed.

Delta Dental of Kentucky
ky.deltadental.com | 800-955-2030
How to find a Delta Dental participating provider:

First, determine the Delta Dental plan(s) you are looking at for your dental benefits and then search using the methods below:

**Delta Dental PPO** - In-network benefits are available through providers who participate in the Delta Dental PPO network. (See your benefit summary for specific coverage levels by network.)

**Delta Dental Premier** - In-network benefits are available through providers who participate in the Delta Dental Premier network. (See your benefit summary for specific coverage levels by network.)

**Delta Dental PPO Plus Premier** - In-network benefits are available through providers who participate in the Delta Dental PPO or Delta Dental Premier network. (See your benefit summary for specific coverage levels by network.)

**DeltaCare USA** - Benefits are only available through providers who participate in the DeltaCare network.

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**Internet**
Visit ky.deltadental.com and request the information by city, state, zip code, provider’s name or specialty.

**Mobile App**
Download the mobile app for Apple or Android. To download, visit the App Store (Apple) or Google Play (Android) and search for Delta Dental.

**Customer Service**
Call Delta Dental customer service at 800-955-2030 and ask if your provider is participating in the network associated with the plan that you have chosen.

**Call Your Provider**
Call your provider’s office and ask if he/she participates in the network associated with the plan that you have chosen.

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How to find a VSP participating provider:

Search under the VSP Choice Network for any DeltaVision® plan:

**Internet**
Visit VSP.com and request the information by city, state, zip code, provider’s name or specialty.

**Mobile App**
Download the mobile app for Apple or Android. To download, visit the App Store (Apple) or Google Play (Android) and search for VSP.

**Customer Service**
Call VSP customer service representatives at 800-877-7195 and ask if your provider is participating in the VSP Choice Network.

**Call Your Provider**
Call your provider’s office and ask if he/she participates in the network associated with the plan that you have chosen.

It is important that you verify a provider’s status each time you seek care as a provider contract may change. It is your responsibility to verify that the provider you use is contracted with the Delta Dental network associated with the plan that you have chosen. If you receive treatment from a non-network provider, your benefits may be paid at a lower percentage or you may be balance billed.

Delta Dental of Kentucky
ky.deltadental.com | 800-955-2030

*Registered Mark of Delta Dental Plans Association*
Good health starts with a healthy smile.
Congratulations! Your Delta Dental coverage has been enhanced to keep you healthy, happy, and active. Your plan now provides enhanced coverage for enrollees with certain high-risk medical conditions. These benefits will help you better manage your oral and overall health. Keep reading to learn more about your benefits!

A healthy smile makes you feel good all over.

Enhanced coverage for at-risk conditions
Scientific research shows that oral health can have a significant impact on specific medical conditions. Because of this connection, your new coverage includes up to four routine teeth cleanings (prophylaxes) or periodontal maintenance cleanings per benefit period (rather than the standard two) for people with the following at-risk conditions:

- **Diabetes and periodontal (gum) disease**
  Diabetes is the sixth leading cause of death in the United States. It can lead to serious health complications, such as blindness, kidney failure, heart disease, stroke, nervous system disease, amputations, and pregnancy complications. Several studies suggest that diabetics with gum disease who have their teeth cleaned professionally can better manage their diabetes. And better management of diabetes has proven to be one of the best ways to prevent further complications.

- **Pregnancy and periodontal (gum) disease**
  Some studies have shown that women with gum disease may be up to 7 1/2 times more likely to have a pregnancy complication. Clinical studies of pregnant women with gum disease strongly suggest that more frequent professional teeth cleanings will benefit the health of both the baby and the mother.

  (Note: Scientific evidence to date does not support providing this benefit to all pregnant women—only women with periodontal (gum) disease.)

- **Individuals at risk for infective endocarditis**
  Scientific research indicates that an individual’s overall oral health may be the most important factor in avoiding infective endocarditis, a serious heart infection with a 20 percent mortality rate. More frequent cleanings for those with certain heart conditions can greatly reduce their risk of contracting this potentially deadly infection.

  Conditions include:
  - A history of infective endocarditis
  - Certain congenital heart defects (such as having one ventricle instead of the normal two)
  - Individuals with artificial heart valves
  - Heart valve defects caused by acquired conditions like rheumatic heart disease
  - Hypertrophic cardiomyopathy, which causes abnormal thickening of the heart muscle
  - Individuals with pulmonary shunts or conduits
  - Mitral valve prolapse with regurgitation (blood leakage)

- **Other at-risk conditions**
  Infections in the mouth can increase the risk of serious infections elsewhere in the body. This risk is highest for people who have certain medical conditions, including people with kidney failure or who are undergoing dialysis, or for those whose immune systems are weakened due to chemotherapy and/or radiation, HIV positive status, organ transplant and/or stem cell (bone marrow) transplant. Because a common side effect of head and neck radiation is an increase in cavities and other oral problems, people who are undergoing these treatments will also have coverage for up to two fluoride treatments per benefit period.

If you have one or more of the conditions listed above, ask your dentist and physician how you can better manage your oral health to prevent infection and improve your condition. Keep in mind, the timing of your treatment can be critically important. Your dentist and physician can help you make the best treatment decisions at the most appropriate time, based on your health and history.

A healthy smile, a healthy life
Good oral health is an important part of overall health and quality of life. Daily brushing and flossing, and regular visits to your dentist will help you keep your mouth healthy. And the benefits added to your Delta Dental plan will help you keep your whole body healthy, too. Brush up for your smile—and for your health!

Scientific research leads to new benefits
Delta Dental closely monitors oral health-related scientific studies and technology through our Research and Data Institute. We use this information to enhance our plan designs in ways that improve your health and save you money.

Questions?
Please call Delta Dental of Kentucky’s Customer Service department at (800) 955-2030, or visit our website at www.ky.deltadental.com.
Healthy Mouth, Healthy Body

Enrollment Form

Enrolling in the Healthy Mouth, Healthy Body program will help you manage your oral and overall health! Scientific research shows that oral health can have a significant impact on special medical conditions. Once enrolled, you will be eligible for two additional cleanings* (or periodontal maintenance procedures if you have a history of periodontal surgery) — regardless of your plan’s normal frequency limits.

ENROLLING IS AS EASY AS IMPROVING YOUR SMILE.

Complete the form below, including your physician’s name and signature. Mail or fax the completed form to Delta Dental of Kentucky:

Delta Dental of Kentucky
ATTN: Healthy Mouth, Healthy Body
PO Box 242810, Louisville, KY 40224-2810
Fax: 877-664-5576

You will be enrolled in Delta Dental of Kentucky’s Healthy Mouth, Healthy Body program when your completed enrollment form is received by us. Questions? For more information, please call our Customer Service Department at 800.955.2030.

Enrollee name: ________________________________

Subscriber name: ________________________________

Subscriber ID number: ___________________________ Group (plan) number: ___________________

Group name: ________________________________

Condition (please check one):

☐ Pregnancy - Due date: __________________________

☐ Diabetes - Diagnosis date: __________________________

Pregnancy and diabetes require proof of prior periodontal (gum) disease. Please have your dentist sign and date this form along with your physician.

Dentist signature: ___________________________ Date: ___________________

☐ Renal failure/dialysis - Diagnosis date: __________________________

☐ Suppressed immune system - Diagnosis date: __________________________

☐ Head/neck radiation - Diagnosis date: __________________________

☐ Infective endocarditis - Diagnosis date: __________________________

Enrollee signature: ________________________________

Physician name: ________________________________

Physician signature: ___________________________ Date: ___________________

NOTE: Your coverage is limited to two oral examinations per benefit period.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.
You can enroll online at www.deltadentalky.com/KRS, by phone at 1-800-955-2030 or by mail: Delta Dental of Kentucky, Inc. ATTN: IPU PO Box 242810 Louisville, KY 40224

If enrolling by mail, please make a copy for your records.

Once enrolled, you can call our Customer Service department at 800.955.2030 or visit our consumer toolkit @ toolkitsonline.com for benefit information.

Thank you for choosing Delta Dental as your dental benefits carrier.