



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 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
- Rate sheet that gives the monthly and annual prices of the options available
- Enrollment form
- DeltaVision plan overview
- Healthy Mouth, Healthy Body program overview for members with high-risk medical conditions
- Automatic Debit form for monthly payment
- How to find a participating provider guide

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

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 largest, most experienced dental benefits company in Kentucky. Our knowledge and focus allow us to present an individual benefit plans that will meet your needs. We recognize the importance of good dental health, even after you retire. Learn more about our PPO™ and Premier® networks.

Which network is best for you?

Delta Dental PPO™

- Access to more than 1,400 in-network dentists in Kentucky.
- 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 for more than 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 dentist.

Delta Dental Premier®

- Access to more than 2,000 in-network dentists in Kentucky.
- You may visit *any* licensed provider.
- Out-of-pocket expenses will be lower if seeing a participating Premier dentist.
- Delta Dental Premier participating providers will not be able to balance bill for more than 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 dentist.

KRS Retiree Benefit Plan Options

	Option 1		Option 2
	PPO™ Participating Dentist	Non- participating PPO™ Dentist	Premier® Participating Dentist
Preventive and Diagnostic			
Exams (initial, periodic, and emergency; limited to 2 in a benefit period)	100%	80%	100%
Bitewing x-rays (limited to 1 in a benefit period)	100%	80%	100%
Full-mouth or panoramic (limited to 1 in a 5 year period)	100%	80%	100%
Cleanings (limited to 2 in a benefit period)	100%	80%	100%
Pulp Vitality Test	100%	80%	100%
Emergency Treatment (relief of pain)	100%	80%	100%
Minor Services			
Routine Fillings	50%	40%	50%
Stainless Steel Crown	50%	40%	50%
Sedative Filling (relief of pain)	50%	40%	50%
Pin Retention	50%	40%	50%
Crown Repair	50%	40%	50%
Root Canal and Pulp Therapy (excluding final restoration)	50%	40%	50%
Periodontal Procedures	50%	40%	50%
Simple denture repairs to an existing denture or partial	50%	40%	50%
Oral Surgery	50%	40%	50%
Major Services — 12 Month Waiting Period on Major Services			
Crowns (permanent; limited to once per tooth in 5 years)	50%	40%	50%
Recement Crown	50%	40%	50%
Crown Build-up	50%	40%	50%
Periodontal Procedures	50%	40%	50%
Dentures (complete and partial)*	50%	40%	50%
Denture repairs for adding a tooth or clasp to an existing denture or partial*	50%	40%	50%
Bridges*	50%	40%	50%

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

- Policy is an annual contract.
- Deductibles: \$50 individual/\$150 family deductible per year for Minor and Major Services. No deductible for Preventive and Diagnostic Services.
- Plan pays a maximum of \$1,000 per member, per benefit year for covered services. Only services listed above will be covered.
- Dependents covered through age 19; Full-time students covered through age 25.

This is a partial list of covered services and is not a contract of insurance. Your coverage is subject to the limitations, exclusions, and other terms and conditions of the member certificate of insurance.

To enroll, please complete the enrollment form and include payment in the envelope provided.



You'll see the difference with DeltaVision®



3 in 4
adults need
vision correction.¹

1 in 4

children need
vision correction.¹



Only 1 in 5
Americans get an
annual medical exam.²

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/KRS | (800) 955-2030

KRS DeltaVision

Benefit	Description	Copay
WellVision Exam		
Exams 1 exam every 12 months	Comprehensive eye exam to ensure overall visual wellness	\$10
Prescription Glasses		
Frames 1 pair every 24 months	\$180 allowance for wide selection of frames 20% savings on amount over allowance \$100 Costco frame allowance	Included in Prescription Glasses Copay
Lenses 1 pair every 12 months	Single vision, lined bifocal and lined trifocal lenses Polycarbonate lenses for children	Included in Prescription Glasses Copay
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	\$41 \$95 - \$105 \$150 - \$175
Contact Lenses - instead of glasses		
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
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VSP Choice Network
38,000 preferred providers - 91,000 Access Points

KRS Retiree Individual and Family Plan Rate Sheet

Rates for effective dates of 8-1-2020 through 7-31-2021

Monthly Premium Payment Option

	Option 1	Option 1V	Option 2	Option 2V
	Delta Dental PPO™	Delta Dental PPO™ plus DeltaVision®	Delta Dental Premier®	Delta Dental Premier® plus DeltaVision®
Retiree	\$25.69	\$31.85	\$33.05	\$39.21
Retiree plus One Dependent	\$49.31	\$61.64	\$63.46	\$75.79
Retiree plus Two or more Dependents	\$84.79	\$99.20	\$109.07	\$123.48

Paid on a monthly basis by credit card or bank draft

Annual Premium Payment Option

	Option 1	Option 1V	Option 2	Option 2V
	Delta Dental PPO™	Delta Dental PPO™ plus DeltaVision®	Delta Dental Premier®	Delta Dental Premier® plus DeltaVision®
Retiree	\$308.28	\$382.20	\$396.60	\$470.52
Retiree plus One Dependent	\$591.72	\$739.68	\$761.52	\$909.48
Retiree plus Two or more Dependents	\$1,017.48	\$1,190.40	\$1,308.84	\$1,481.76

Paid on an annual basis by credit card or bank draft

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 and 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.

Social Security Number		Name - Last		First	MI	Home Phone () - -	
Sex (Circle one) M or F	Date of Birth MO DAY YR	Home Address - Number and Street		City		State KY	Zip
Email Address							

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.

Last	First	MI	SSN	Date of Birth			Sex	
				MO	DAY	YR	M	F
Spouse								
Dependent								
Dependent								
Dependent								

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.

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
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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: 877-664-3607

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.

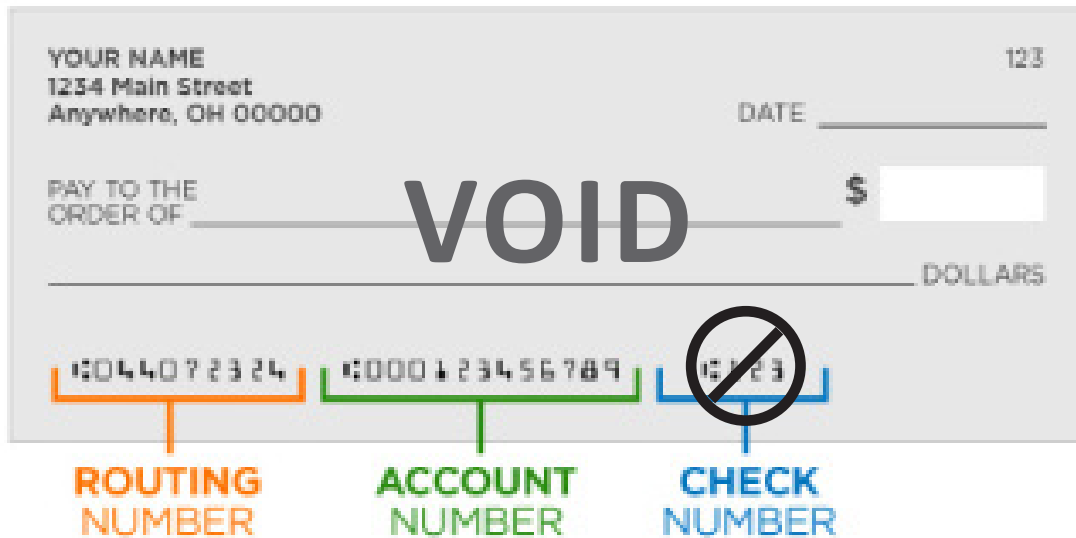
Delta Dental of Kentucky
ky.deltadental.com | 800-955-2030



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: _____

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.



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.

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.



You can enroll online at 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 at toolkitsonline.com for benefit information.

Thank you for choosing Delta Dental as your dental and vision benefits carrier!