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 VSP 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
- VSP vision 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 1-800-971-4108.

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

Delta Dental and VSP are working together to give you the best value you can find! Please see the enclosed VSP 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: 1-800-971-4108

* Registered Mary Kay Dental Plans Association
Underwritten by Delta Dental of Kentucky, Inc.
Delta Dental PPO or Delta Dental Premier...

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

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

- YES
- NO

Is your dentist in the Delta Dental PPO network?

- YES
- NO

We recommend you select the Delta Dental PPO Plan. Since your dentist is in our network and the premiums are the lowest we offer, this is your best choice. Benefits are reduced if services are received from a non-participating Delta Dental PPO network dentist.

We recommend you join the Delta Dental Premier Plan. You can go to any licensed dentist with full coverage under the Premier Plan, and with 90% of all Kentucky dentists participating in the Premier Plan, there is a good chance you will be protected from balance billing.

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

- YES
- NO

We recommend you select the Delta Dental PPO Plan since the premiums are the lowest we offer and you can choose a credentialed PPO network dentist convenient to your home. Benefits are reduced if services are received from a non-participating Delta Dental PPO network dentist.

We recommend you join the Delta Dental Premier Plan since 90% of all practicing dentists in Kentucky are in this plan. You should be able to find a dentist convenient to your home. Plus, you can go to any licensed dentist in Kentucky without reduced benefits.

In summary, the Delta Dental PPO plan has the lowest rates, but the Delta Dental Premier plan has the largest selection of dentists.

What is most important to you?

For additional information, call the Delta Dental Customer Service Department at 1-800-971-4108.
How to find a Delta Dental participating provider:

First, determine the Delta Dental plan(s) you are looking at for your dental benefits.

- 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.)

Second, choose one of the following methods to identify a participating provider who is in your plan:

Internet
If you have access to the Internet, you may use our website (www.deltadentalky.com or www.individualaccountmanager.com) and request the information by city, state, zip code, provider’s name or specialty.

Mobile App
Our mobile app is available for mobile devices using iOS (Apple or Andriod). To download, visit the App Store (Apple) or Google Play (Android) and search for Delta Dental. The dentist search tool makes it easy to search for a Delta Dental Premier or Delta Dental PPO dentist in your area.

Customer Service
You may call a Delta Dental customer service representative at the 1-800-971-4108 and ask if your provider is participating in the network associated with the plan that you have chosen.

Call Your Provider
You should 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.
KRS Retiree Individual and Family Plan Rate Sheet

Rates for effective dates of 8-1-2017 through 7-31-2018

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>$25.19</td>
<td>$31.72</td>
<td>$32.41</td>
<td>$38.94</td>
</tr>
<tr>
<td>Retiree Plus One Dependent</td>
<td>$48.35</td>
<td>$61.42</td>
<td>$62.22</td>
<td>$75.29</td>
</tr>
<tr>
<td>Retiree Plus Two or More Dependents</td>
<td>$83.14</td>
<td>$98.41</td>
<td>$106.94</td>
<td>$122.21</td>
</tr>
</tbody>
</table>

Annual Premium
(Check, Money Order, or Credit Card)

<table>
<thead>
<tr>
<th>Contract Type</th>
<th>Option 1 Delta Dental PPO Annual Premium</th>
<th>Option 1V Delta Dental PPO Plus VSP Vision Annual Premium</th>
<th>Option 2 Delta Dental Premier Annual Premium</th>
<th>Option 2V Delta Dental Premier Plus VSP Vision Annual Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retiree</td>
<td>$302.28</td>
<td>$380.64</td>
<td>$388.92</td>
<td>$467.28</td>
</tr>
<tr>
<td>Retiree Plus One Dependent</td>
<td>$580.20</td>
<td>$737.04</td>
<td>$746.64</td>
<td>$903.48</td>
</tr>
<tr>
<td>Retiree Plus Two or More Dependents</td>
<td>$997.68</td>
<td>$1,180.92</td>
<td>$1,283.28</td>
<td>$1,466.52</td>
</tr>
</tbody>
</table>

Applications received by the end of the month will be effective the first of the following month.
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 VSP Vision Plan Included
- Option 2 – Delta Dental Premier - Dental Coverage Only
- Option 2V – Delta Dental Premier - Dental Coverage with VSP Vision 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>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</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></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</th>
<th>First</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   F</td>
</tr>
</tbody>
</table>

- Spouse
- Dependent
- Dependent
- Dependent
- Dependent

Dependents covered through the end of the year in which they turn age 24.

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

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

   Card Number: ________________________________

   Expiration Date: ________________________________

   Signature: ________________________________

2. □ Paper Check or Money Order – Annual premium only

   (Please include your check or money order with this form.)

3. □ Bank Draft – Monthly premium only

   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 from our office on the 5th 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 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.

KRTA 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 www.mysmilecoverage.com/krsret
by phone at 1-800-971-4108
or, by mail:
Delta Dental of Kentucky, Inc.
32165 Collection Center Drive
Chicago, IL 60693-0321

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

SHADOW AREA FOR OFFICE USE ONLY

<table>
<thead>
<tr>
<th>Effective Date</th>
<th>Process Date</th>
<th>Processed By</th>
</tr>
</thead>
</table>
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: ____________________________
Enroll in VSP® Vision Care and Delta Dental today.

Why enroll in a VSP Vision Care plan? We’ll help keep you and your eyes healthy. Plus, you’ll get a great value on your eyecare and eyewear.

You’ll like what you see with VSP.

**Personalized Care.** You’ll get quality care that focuses on your eyes and overall wellness with a WellVision Exam® from a VSP doctor. They’ll look for vision problems and signs of other health conditions.

When you see a VSP doctor, you’ll get the most out of your benefit and have lower out-of-pocket costs. Plus, you’ll be 100% happy with your eyecare and eyewear from a VSP doctor, or we’ll make it right.

**Eyewear.** Choose the eyewear that’s right for you and your budget. From classic styles to the latest designer fashions, you’ll find hundreds of options for you and your family.

**Choice of Providers.** With open access to see any eyecare provider, you can see the one who’s right for you. Choose a VSP doctor or any other provider. To find a VSP doctor, visit vsp.com or call 800.877.7195.

**Value and Savings.** You’ll get great benefits on your exam and eyewear at an affordable price.

### Your VSP Vision Benefits Summary

**VSP Coverage Effective:** August 1, 2016

#### Your Coverage with a VSP Choice Network Doctor

**WellVision Exam** focuses on your eye health and overall wellness
- $10.00 copay • 
- KidsCare – Two eye exams for children

**Prescription Glasses**
- $20.00 copay
  - Lenses • 
  - Single vision, lined bifocal, and lined trifocal lenses
  - Polycarbonate lenses covered in full
  - KidsCare – Additional lenses covered when needed.

**Frame**
- $180.00 allowance for frame of your choice
- $200.00 allowance for featured frame brands*
- $100.00 allowance at Costco
- KidsCare – Frames covered up to your allowance for children • 
- 20% off the amount over your allowance

**Contacts (instead of glasses).**
- *Up to $60.00 copay for your contact lens exam (fitting & evaluation)
- *$150.00 allowance for contacts

#### Discounts and Savings at a Choice Network Doctor

**Glasses and Sunglasses**
- 20% off lens options like progressives and scratch-resistant and anti-reflective coatings
- 20% off additional glasses and sunglasses, including lens options*

**Contacts**
- *15% off cost of contact lens exam (fitting & evaluation)*

**Laser Vision Correction**
- Average 15% off the regular price or 5% off the promotional price from contracted facilities
- *Available from any VSP doctor within 12 months of your last eye exam.

#### Your Coverage with Other Providers

Visit vsp.com for details, if you plan to see a provider other than a VSP doctor.

**Exam**
- Up to $45

**Single vision lenses**
- Up to $30

**Bifocal lenses**
- Up to $50

**Trifocal lenses**
- Up to $65

**Frame**
- Up to $70

**Contacts**
- Up to $105

**Enrollment and Contact Information**

For enrollment and payment information on the vision and dental combo plan:
- Visit www.individualaccountmanager.com or call Delta Dental at 800.971.4108

For information about VSP benefits:
- Visit vsp.com/choice or call VSP Member Services at 800.877.7195.

*You automatically get an extra $20 to spend when you choose a featured frame brand like bebıell, ck Calvin Klein, Flexon®, Lacoste, Nike, Nine West, and more. Visit vsp.com to find a doctor who carries these brands.

**VSP** guarantees service from VSP doctors only. In the event of a conflict between this information and your organization’s contract with VSP, the terms of the contract will prevail.

---

*Comparison based on national averages for comprehensive eye exams and most commonly purchased brands.

Enroll today. You’ll be glad you did.

Contact us. vsp.com | 800.877.7195

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KRS VSP Plan 2017
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.deltadentalky.com.
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: 877-664-3576

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.

Healthy Mouth, Healthy Body Enrollment Form

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.

2009 021
You can enroll online at www.mysmilecoverage.com/krsret,
by phone at 1-800-971-4108
or, by mail:
Delta Dental of Kentucky, Inc.
32165 Collection Center Drive
Chicago, IL 60693-0321

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

Once enrolled, you can call our Customer Service department at 800.971.4108
or visit our website at www.individualaccountmanager.com for benefit information.

Thank you for choosing Delta Dental as your dental benefits carrier