

Dental Benefits for Hopkins County Board of Education

This is not a contract. It is a *partial list* of benefits and services. For complete details refer to your certificate.

Deductible

(Each Benefit Period) \$25 individual

Maximum Benefits

(Per Covered Person each contract year
September 1 through August 31) \$2,000

Diagnostic and Preventive Services

- ◆ Oral examination (limited to 2 per calendar year)
- ◆ Palliative emergency treatment
- ◆ Periapical, bitewing, panoramic or complete series x-ray
- ◆ Topical fluoride application (up to age 19)
- ◆ Routine cleanings
- ◆ Sealants (up to age 16)

Reimbursement Amount

100% of the Allowable Amount
No deductible.

Minor Services

- ◆ Routine fillings
- ◆ Simple extractions
- ◆ Root canal therapy
- ◆ Simple denture repair
- ◆ Oral surgery
- ◆ Space maintainers (up to age 11)
- ◆ Inlays or crowns

Reimbursement Amount

80% of the Allowable Amount
Subject to the \$25 individual deductible

Major Services

- ◆ Prosthetic services (bridges, dentures and partials)
- ◆ Periodontic services

Reimbursement Amount

50% of the Allowable Amount
Subject to the \$25 individual deductible

Please note: Dentists who have signed participating agreements with Delta Dental of Kentucky agree to accept the Allowable Amount as payment in full for Covered Services as these terms are defined in the Certificate of Coverage. Each Covered Person is responsible for the amount of Coinsurance, Deductible, and non-covered charges. Dentists who have not signed a participating agreement may bill you directly for any amount of their charge in excess of the Allowable Amount. In cases where the dentist's charges exceed the Allowable Amount, your coinsurance will be larger. Certain procedures require preauthorization and/or are subject to limitations.

Customer Service

1-800-955-2030

Visit our website to check your benefits and claims.

www.deltadentalky.com