



Dental Benefits for Hopkins County Board of Education Dependents

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) None

Maximum Benefits

(Per Covered Person each Benefit Period) \$750

Age Limitations

Dependents covered up to age 26.

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)
- ◆ Space maintainers (up to age 11)

Reimbursement Amount

100% of the Allowable Amount

Minor Services

- ◆ Routine fillings
- ◆ Simple extractions
- ◆ Root canal therapy
- ◆ Simple denture repair
- ◆ Oral surgery

Reimbursement Amount

50% of the Allowable Amount

Major Services

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

Reimbursement Amount

50% of the Allowable Amount

Monthly Rates Effective 9-1-2012 through 8-31-2013

Spouse \$35.82 One or more children \$34.24 Spouse+ one or more children \$55.72

***12-month waiting period for Major Services. Replacement of teeth missing prior to the effective date are not covered.**

***NOTE: Please be sure to present your DEPENDENT ID Card when visiting a dentist.**

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**