

Dear Fayette County Board of Education:

Delta Dental of Kentucky is pleased to offer you the choice of three dental benefit plans. You do not have to select a specific dentist with either DeltaPremier or DeltaPreferred.

CHANGES TO THE DELTA PROGRAM EFFECTIVE JAN 1, 2009:

1. Qualified dependents are eligible until the end of the year they turn 23 years of age. No proof of student status is now required. Dependents are still covered for orthodontia until age 19.

2. Coverage for white composite fillings under the minor restorative services are now covered at 80% for front (anterior) and back (posterior) teeth. The DeltaCare plan covers these services with a copay.

One is our traditional plan, **DeltaPremier (Option 1)**, which offers you total freedom of choice in selecting a dentist. However, if you do go to a participating dentist from our extensive network, you will not be balanced billed if the dentist's charges are higher than our allowable amount. The participating dentist will also file all claim forms. The DeltaPremier benefit summary (Option 1) and the DeltaPremier provider directory are enclosed.

The second plan you may select is our **DeltaPreferred Option (Option 2)**, a PPO plan, which gives you in and out-of-network benefits. The dentists participating in our PPO network agree to accept a negotiated fee that is lower than the standard allowable amount. Therefore, you would be paying a lower fee per procedure if you go to a dentist from the PPO network. If you opt to go to a dentist outside of the network, your benefits would be reduced and you may also be balanced billed. The DeltaPreferred benefit summary (Option 2) and the DeltaPreferred provider directory are also enclosed.

The third plan, the **DeltaCare D73A (Option 3)**, is a DHMO option from Delta Dental. With this plan you must use a provider from the DeltaCare directory. If you do not use a DeltaCare dentist, you will not have any benefits on this plan. When you enroll, **you do not need to fill in the dentist's name or number.**

The bi-weekly premiums for eighteen (18) and twenty-four (24) deductions would be as follows:

| | DeltaPremier (Option 1) | | DeltaPreferred (Option 2) | | DeltaCare D73A (Option 3) | |
|------------------------------|------------------------------------|-------------|--------------------------------------|-------------|--------------------------------------|-------------|
| Number of Deductions: | (18) | (24) | (18) | (24) | (18) | (24) |
| Employee | \$17.46 | \$13.10 | \$15.54 | \$11.66 | \$ 6.78 | \$ 5.10 |
| E + Spouse or E + child | \$33.98 | \$25.48 | \$30.38 | \$22.78 | \$13.00 | \$ 9.76 |
| Employee + Children | \$39.88 | \$29.92 | \$37.66 | \$28.26 | \$13.42 | \$10.06 |
| Employee + Family | \$62.42 | \$46.82 | \$58.62 | \$43.96 | \$20.54 | \$15.40 |

To enroll in any of the Delta Dental plans, please complete the enclosed enrollment form. **Be sure to mark the appropriate box at the top of the form as to which plan you are selecting – DeltaPremier, DeltaPreferred or DeltaCare.** Also, fill in the top portion of the form with your name, address, Social Security number, phone number, date of birth, etc. Lastly, if you will be insuring dependents, you must fill in the middle portion with each dependent's name and date of birth.

Should you have additional questions, please attend one of the scheduled information meetings or call customer service any weekday from 9:00 a.m. to 4:30 p.m. at 1-800-955-2030.

Sincerely,
Delta Dental of Kentucky