



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 Delta Dental PPO.

**Please note:**

- 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 covered at 80% for front (anterior) and back (posterior) teeth.**
- 3. New Program for 2010!! Healthy Mouth Healthy Body Program added. See brochures in your packet.**
- 4. New for 2010: Implants are now covered under Delta Premier and Delta PPO plans.**

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 enclosed.

The second plan you may select is our **Delta Dental PPO (Option 2)**, 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 be “balanced billed.” The Delta Dental PPO summary (Option 2) and the Delta Dental PPO 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:

	<b>Delta Premier (Option 1)</b>		<b>Delta Dental PPO (Preferred) (Option 2)</b>		<b>Delta Care (Option 3)</b>	
	<b>(18)</b>	<b>(24)</b>	<b>(18)</b>	<b>(24)</b>	<b>(18)</b>	<b>(24)</b>
<b>Number of Deductions:</b>						
Employee	\$17.82	\$13.36	\$15.84	\$11.88	\$ 6.92	\$ 5.20
E + Spouse or E + child	\$34.65	\$26.00	\$30.98	\$23.24	\$ 13.26	\$ 9.96
Employee + Children	\$40.68	\$30.52	\$38.42	\$28.82	\$ 13.68	\$10.26
Employee + Family	\$63.66	\$47.76	\$59.78	\$44.84	\$20.94	\$15.72

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 – Delta Premier, Delta Dental PPO or DeltaCare.** 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 8:00 a.m. to 5:30 p.m. EST at 1-800-955-2030.

Sincerely,  
**Delta Dental of Kentucky**