

Dental Benefits for Fayette County Board of Education Option 2

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

This dental program allows members to utilize any licensed provider. Members who choose a Delta Dental PPO network provider have the lowest out of pocket expenses and cannot be balance billed.

	Network Benefits	Out of Network Benefits
Deductible (Each Benefit Period)	\$0 individual/\$0 family	\$25 individual/\$75 family
Maximum Benefits (Per Covered Person each Benefit Period)	\$1,200	\$1,200
Age Limitations	Dependents covered up to age 23.	
Diagnostic and Preventive Services	Reimbursement Amount	Reimbursement Amount
<ul style="list-style-type: none"> ◆ 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) 	100% of the Allowable Amount No deductible	75% of the Allowable Amount Subject to deductible
Minor Services (Class I, and II)	Reimbursement Amount	Reimbursement Amount
<ul style="list-style-type: none"> ◆ Routine fillings (composites) ◆ Simple extractions ◆ Oral surgery ◆ Root canal therapy ◆ Periodontic services 	80% of the Allowable Amount No deductible	55% of the Allowable Amount Subject to deductible
Class III		
<ul style="list-style-type: none"> ◆ Simple Prosthetic repairs 	50% of the Allowable Amount No deductible	50% of the Allowable Amount Subject to deductible
Major Services (Class IV)	Reimbursement Amount	Reimbursement Amount
<ul style="list-style-type: none"> ◆ Inlays or crowns ◆ Prosthetic services (bridges, dentures and partials) 	50% of the Allowable Amount No deductible	40% of the Allowable Amount Subject to deductible
Orthodontic Services	Reimbursement Amount	Reimbursement Amount
<ul style="list-style-type: none"> ◆ Diagnosis and treatment plan ◆ Minor treatment for tooth guidance 	50% of the Allowable Amount No deductible	50% of the Allowable Amount Subject to deductible
	Benefits are limited to \$1,000 lifetime maximum for covered dependents under age 19. No adult orthodontic coverage. Subject to a 12 month waiting period.	

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.