

# Delta Dental PPO Plus Premier

## Perfect Smiles Plan

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

Plan Benefit	Year 1		Year 2		Year 3	
	PPO	Premier or Non-Par	PPO	Premier or Non-Par	PPO	Premier or Non-Par
<b>Diagnostic &amp; Preventive Services - deductible does not apply</b>						
Cleanings	100%	100%	100%	100%	100%	100%
Exams	100%	100%	100%	100%	100%	100%
X-rays	100%	100%	100%	100%	100%	100%
Sealants (through age 15)	100%	100%	100%	100%	100%	100%
Fluoride (through age 18)	100%	100%	100%	100%	100%	100%
<b>Minor Services</b>						
Fillings	10%	10%	30%	30%	50%	50%
Extractions	10%	10%	30%	30%	50%	50%
<b>Major Services</b>						
Crowns	10%	10%	30%	30%	50%	50%
Implants	10%	10%	30%	30%	50%	50%
Dentures	10%	10%	30%	30%	50%	50%
Oral Surgery	10%	10%	30%	30%	50%	50%
Endodontics	10%	10%	30%	30%	50%	50%
Periodontics	10%	10%	30%	30%	50%	50%
<b>Annual Maximum - per covered person benefit year</b>						
	\$750		\$1,000		\$1,250	
<b>Deductible - per benefit year; does not apply to Diagnostic &amp; Preventive Services</b>						
	\$50 single \$150 family		\$50 single \$150 family		\$50 single \$150 family	

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 pre-authorization and/or are subject to limitations.

**If you or your dependents have current dental coverage that has been in force a minimum of 12 months, we will move you to the fully mature year three benefits. You will need to provide a certificate of credible coverage from your prior carrier.**

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

*(More information on back)*

**Delta Dental of Kentucky | [www.deltadentalky.com](http://www.deltadentalky.com)**

Dental Benefits are offered by Delta Dental of Kentucky, Inc.

\*Registered Mark of Delta Dental Plans Association, Inc.

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