

Vibrant Smiles Plan

Delta Dental PPO Plus Premier

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
Annual Maximum			
Per covered person, per benefit year	\$1,000	\$1,750	\$2,000
Diagnostic & Preventive Services			
Cleanings	100% coverage No deductible	100% coverage No deductible	100% coverage No deductible
Exams			
X-rays			
Sealants (through age 15)			
Fluoride (through age 18)			
Minor Services			
Fillings (includes white fillings)	25% coverage	50% coverage	80% coverage
Extractions			
Major Services			
Crowns	25% coverage	40% coverage	50% coverage
Implants			
Dentures			
Oral Surgery			
Endodontics			
Periodontics			
Deductible - \$50 per person, per benefit year; \$150 maximum per family. Applies to Minor and Major Services. Does not apply to Diagnostic & Preventive Services.			

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 year two 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.