

November 1, 2019

Tyler Moore
HOPKINS COUNTY BOARD OF EDUCATION
320 S Seminary St
Madisonville, KY 42431-2424

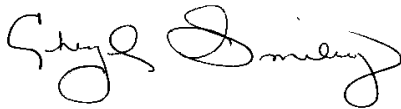
Re: Dental Plan Rate Review, Group #506430-1099

Dear Tyler Moore,

Enclosed are the rates and renewal documents related to your contract renewal.

If you have any questions or need additional information, please feel free to contact me at (502) 736-4682 or Cheryl.Smiley@deltadentalky.com.

Sincerely,

A handwritten signature in black ink, appearing to read "Cheryl Smiley", written in a cursive style.

Cheryl Smiley
Account Manager

Hopkins County Board of Education

Group Number 506430

Renewal Date 1/1/2020

RENEWAL PROJECTION

12 MONTH EXPERIENCE PERIOD ENDED: June-19

EXPERIENCE PERIOD INCURRED COSTS

Total paid claims	\$221,891	(=)
Net IBNR adjustment	-\$410	(+)
Experience period incurred claims	\$221,481	(=)
Inflationary trend adjustment (18 months @ 3% annual trend rate)	1.0453	(x)
Projected incurred claims cost	\$231,514	(=)
Experience period contract exposure	11,851	(/)
Projected incurred claims cost per contract per month (PCPM)	\$19.54	(=)

NEW CONTRACT PERIOD PROJECTED COSTS

Projected contract exposure	Jun-19 enrollment x 12 months	11,556	
Projected incurred claims cost per contract per month (PCPM)		\$19.54	(x)
Total projected claims cost		\$225,804	(=)
ASO Administrative Fee		12.80 %	of claims
Projected total cost		\$254,707	(=)

	Current Enrollment	Projected Claims	Projected Claims + Admin	COBRA Rates Claims + Admin
Employee only	963	\$19.54	\$22.04	\$22.48

Hopkins County Board of Education

Group Number 506430

Renewal Date 1/1/2020

RENEWAL PROJECTION

12 MONTH EXPERIENCE PERIOD ENDED: June-19

EXPERIENCE PERIOD INCURRED COSTS

Total paid claims	\$87,958
Net IBNR adjustment	-\$100
Experience period incurred claims	\$87,858
Inflationary trend adjustment (18 months @ 3% annual trend rate)	1.0453
Projected incurred claims cost	\$91,838
Experience period contract exposure	2,921
Projected incurred claims cost per contract per month (PCPM)	\$31.44

NEW CONTRACT PERIOD PROJECTED COSTS

Projected contract exposure	Jun-19 enrollment x 12 months	2,796
Projected incurred claims cost per contract per month (PCPM)		\$31.44
Total projected claims cost		\$87,906
Projected paid loss ratio		76.86%
Projected premium		\$114,365
Renewal adjustment	0.0%	

Delta Dental of Kentucky
Renewal Rates for HOPKINS COUNTY BOARD OF EDUCATION #506430
Effective January 1, 2020

Administrative Services Fees		
Rates per subscriber per month	Current Percentage September 1, 2018 through December 31, 2019	Renewal Percentage January 1, 2020 through December 31, 2020
Percentage of Claims	12.80%	12.80%
Rates per subscriber per month	Current Equivalency Rate(s) September 1, 2018 through December 31, 2019	Renewal Equivalency Rate(s) January 1, 2020 through December 31, 2020
Subscriber only	\$22.42	\$22.04
In addition to the Administrative Service Fee, Delta Dental shall invoice Contractor for Cost of Claims for the preceding month on the first (1st) of each month. Payment shall be due on or before the twentieth (20th) of that month.		

Rating Requirements
Tied to medical: No
Subscribers must enroll for a minimum of 12 months. If coverage is terminated after 12 months, they may not re-enroll prior to the open enrollment that occurs at least 12 months from the date of termination. Plan changes are only allowed during open enrollment periods, except that an election may be revoked or changed at any time if the change is the result of a qualifying event as defined under Internal Revenue Code Section 125.

Rating Assumptions
The fee is valid for the effective date noted above and is guaranteed through the period shown above.
Self-billing is not allowed and you agree to pay as invoiced each month.
Subscriber materials which are produced by Delta Dental will be updated and provided when plan changes apply and are always available to view or print at https://www.DeltaDentalKY.com .
Printed dentist directories are not included. You can find participating dentists on our website at https://www.DeltaDentalKY.com .
The plan specifications are subject to Delta Dental's standard exclusions and limitations, including: <ul style="list-style-type: none"> ➤ Oral exams (including evaluations by a specialist) are payable twice per benefit year. Limited oral evaluations for a specific problem or complaint are also payable twice per benefit year. ➤ Prophylaxes (cleanings) are payable twice per benefit year. Two periodontal maintenance procedures are payable per benefit year for individuals with a documented history of periodontal disease. Full mouth debridement is payable once in any 12-month period. ➤ People with specific at-risk health conditions may be eligible for additional prophylaxes (cleanings) or fluoride treatment. The patient should talk with his or her dentist about treatment. ➤ Fluoride treatments are payable once per benefit year for people up to age 19. ➤ Bitewing X-rays are payable once per benefit year and full mouth X-rays (which include bitewing X-rays) are payable once in any three-year period. ➤ Sealants are payable once per tooth per two-year period for first and second permanent molars up to age 16. The surface must be free from decay and restorations. ➤ Composite resin (white) restorations are optional treatment on posterior teeth. ➤ Porcelain and resin facings on bridges are Covered Services on posterior teeth. ➤ Implants and implant related services are not Covered Services. ➤ Crowns over implants are payable once per tooth in any five-year period. Services related to crowns over implants are Covered Services.



Delta Dental of Kentucky Delta Dental Premier Summary of Dental Plan Benefits

Group Name: HOPKINS COUNTY BOARD OF EDUCATION

Group Number: 506430-1000

Benefit Year: September 1 through August 31

Covered Services –

	Plan Pays*	You Pay
Diagnostic & Preventive		
Diagnostic and Preventive Services – exams, cleanings, fluoride, and space maintainers	100%	0%
Emergency Palliative Treatment – to temporarily relieve pain	100%	0%
Sealants – to prevent decay of permanent teeth	100%	0%
Brush Biopsy – to detect oral cancer	100%	0%
Radiographs – X-rays	100%	0%
Basic Services		
Minor Restorative Services – fillings and crown repair	80%	20%
Endodontic Services – root canals	80%	20%
Occlusal Guards/Adjustments – bite guards and occlusal adjustments	80%	20%
Oral Surgery Services – extractions and dental surgery	80%	20%
Major Restorative Services – crowns	80%	20%
Other Basic Services – misc. services	80%	20%
Denture Repair – repairs to complete or partial dentures	80%	20%
Major Services		
Periodontic Services – to treat gum disease	50%	50%
Fixed Prosthodontic Repair – to bridges	50%	50%
Implant Repair – implant maintenance, repair, and removal	50%	50%
Relines and Rebase – to dentures	50%	50%
Adjustments to Dentures – adjustments to complete or partial dentures	50%	50%
Prosthodontic Services – bridges and dentures	50%	50%

* When you receive services from a Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental's Nonparticipating Dentist Fee that will be paid for those services. The Nonparticipating Dentist Fee may be less than what the dentist charges and you are responsible for that difference.

- Oral exams (including evaluations by a specialist) are payable twice per benefit year. Limited oral evaluations for a specific problem or complaint are also payable twice per benefit year.
- Prophylaxes (cleanings) are payable twice per benefit year. Two periodontal maintenance procedures are payable per benefit year for individuals with a documented history of periodontal disease. Full mouth debridement is payable once in any 12-month period.
- People with specific at-risk health conditions may be eligible for additional prophylaxes (cleanings) or fluoride treatment. The patient should talk with his or her dentist about treatment.
- Fluoride treatments are payable once per benefit year for people up to age 19.
- Bitewing X-rays are payable once per benefit year and full mouth X-rays (which include bitewing X-rays) are payable once in any three-year period.

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<https://www.DeltaDentalKY.com>

- Sealants are payable once per tooth per two-year period for first and second permanent molars up to age 16. The surface must be free from decay and restorations.
- Composite resin (white) restorations are optional treatment on posterior teeth.
- Porcelain and resin facings on bridges are Covered Services on posterior teeth.
- Implants and implant related services are not Covered Services.
- Crowns over implants are payable once per tooth in any five-year period. Services related to crowns over implants are Covered Services.

Deductible – \$25 Deductible per person total per Benefit Year. The Deductible does not apply to diagnostic and preventive services, emergency palliative treatment, brush biopsy, X-rays, sealants, surgical and non-surgical periodontics, relines and repairs, and prosthodontics.

Maximum Payment – \$2,000 per person total per Benefit Year on all services.

Dependent Age Limit – Dependents are covered up to age 26.

Eligible People – The subscriber (you) is eligible for dental benefits when your employer or organization notifies Delta Dental.

Dependents are not eligible. You must enroll for a minimum of 12 months. If coverage is terminated after 12 months, you may not re-enroll prior to the open enrollment that occurs at least 12 months from the date of termination. Plan changes are only allowed during open enrollment periods, except that an election may be revoked or changed at any time if the change is the result of a qualifying event as defined under Internal Revenue Code Section 125.

Benefits will cease on the last day of the month in which the employee is terminated.

This Summary of Dental Plan Benefits should be read along with your Certificate. Your Certificate provides additional information about your Delta Dental plan, including information about plan exclusions and limitations. If a statement in this Summary conflict with a statement in the Certificate, the statement in this Summary applies to you and you should ignore the conflicting statement in the Certificate. The percentages above are applied to Delta Dental's allowance for each service and it may vary due to the dentist's network participation.*

Customer Service Toll-Free Number: 800-955-2030
<https://www.DeltaDentalKY.com>

Delta Dental of Kentucky
Renewal Rates for HOPKINS COUNTY BOARD OF EDUCATION #506430
Effective January 1, 2020

Rates		
Rates per subscriber per month	Current Rate(s) September 1, 2018 through December 31, 2019	Renewal Rate(s) January 1, 2020 through December 31, 2020
Spouse only or One Child Only	\$35.82	\$28.50
Spouse and 1 Child or Two Children	\$34.24	\$34.20
Spouse and 2+ children or Three + Children	\$55.72	\$45.62

Rating Requirements

Tied to medical: No

Subscribers and eligible dependents must enroll for a minimum of 12 months. If coverage is terminated after 12 months, they may not re-enroll prior to the open enrollment that occurs at least 12 months from the date of termination. Dependents may only enroll if the Subscriber is enrolled (except under COBRA) and must be enrolled in the same plan as the Subscriber. Plan changes are only allowed during open enrollment periods, except that an election may be revoked or changed at any time if the change is the result of a qualifying event as defined under Internal Revenue Code Section 125.

Rating Assumptions

Rates do not include any applicable claims taxes. The rates are valid only for the effective date noted above and are guaranteed for a one year contract.

Self-billing is not allowed and you agree to pay as invoiced each month.

Subscriber materials which are produced by Delta Dental will be updated and provided when plan changes apply and are always available to view or print at <https://www.DeltaDentalKY.com>.

Printed dentist directories are not included. You can find participating dentists on our website at <https://www.DeltaDentalKY.com>.

The plan specifications are subject to Delta Dental's standard exclusions and limitations, including:

- Oral exams (including evaluations by a specialist) are payable twice per benefit year. Limited oral evaluations for a specific problem or complaint are also payable twice per benefit year.
- Prophylaxes (cleanings) are payable twice per benefit year. Two periodontal maintenance procedures are payable per benefit year for individuals with a documented history of periodontal disease. Full mouth debridement is payable once in any 12-month period.
- People with specific at-risk health conditions may be eligible for additional prophylaxes (cleanings) or fluoride treatment. The patient should talk with his or her dentist about treatment.
- Fluoride treatments are payable once per benefit year for people up to age 19.
- Bitewing X-rays are payable once per benefit year and full mouth X-rays (which include bitewing X-rays) are payable once in any three-year period.
- Sealants are payable once per tooth per two-year period for first and second permanent molars up to age 16. The surface must be free from decay and restorations.
- Composite resin (white) restorations are optional treatment on posterior teeth.
- The initial installation of any prosthodontic service is not a Covered Service to replace missing teeth or teeth that were lost before coverage began, including congenitally missing teeth. Replacements of existing appliances can be considered.
- Porcelain and resin facings on bridges are Covered Services on posterior teeth.
- Implants and implant related services are not Covered Services.
- Crowns over implants are payable once per tooth in any five-year period. Services related to crowns over implants are Covered Services.



Delta Dental of Kentucky Delta Dental Premier Summary of Dental Plan Benefits

Group Name: HOPKINS COUNTY BOARD OF EDUCATION

Group Number: 506430-1001

Benefit Year: September 1 through August 31

Covered Services –

	Plan Pays*	You Pay
Diagnostic & Preventive		
Diagnostic and Preventive Services – exams, cleanings, fluoride, and space maintainers	100%	0%
Emergency Palliative Treatment – to temporarily relieve pain	100%	0%
Sealants – to prevent decay of permanent teeth	100%	0%
Brush Biopsy – to detect oral cancer	100%	0%
Radiographs – X-rays	100%	0%
Basic Services		
Minor Restorative Services – fillings and crown repair	50%	50%
Endodontic Services – root canals	50%	50%
Periodontic Services – to treat gum disease	50%	50%
Oral Surgery Services – extractions and dental surgery	50%	50%
Major Restorative Services – crowns	50%	50%
Other Basic Services – misc. services	50%	50%
Relines and Repairs – to bridges, implants, and dentures	50%	50%
Major Services		
Prosthodontic Services – bridges and dentures	50%	50%

* When you receive services from a Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental's Nonparticipating Dentist Fee that will be paid for those services. The Nonparticipating Dentist Fee may be less than what the dentist charges and you are responsible for that difference.

- Oral exams (including evaluations by a specialist) are payable twice per benefit year. Limited oral evaluations for a specific problem or complaint are also payable twice per benefit year.
- Prophylaxes (cleanings) are payable twice per benefit year. Two periodontal maintenance procedures are payable per benefit year for individuals with a documented history of periodontal disease. Full mouth debridement is payable once in any 12-month period.
- People with specific at-risk health conditions may be eligible for additional prophylaxes (cleanings) or fluoride treatment. The patient should talk with his or her dentist about treatment.
- Fluoride treatments are payable once per benefit year for people up to age 19.
- Bitewing X-rays are payable once per benefit year and full mouth X-rays (which include bitewing X-rays) are payable once in any three-year period.
- Sealants are payable once per tooth per two-year period for first and second permanent molars up to age 16. The surface must be free from decay and restorations.
- Composite resin (white) restorations are optional treatment on posterior teeth.
- The initial installation of any prosthodontic service is not a Covered Service to replace missing teeth or teeth that were lost before coverage began, including congenitally missing teeth. Replacements of existing appliances can be considered.
- Porcelain and resin facings on bridges are Covered Services on posterior teeth.

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<https://www.DeltaDentalKY.com>

- Implants and implant related services are not Covered Services.
- Crowns over implants are payable once per tooth in any five-year period. Services related to crowns over implants are Covered Services.

Deductible – None.

Maximum Payment – \$750 per person total per Benefit Year on all services.

Dependent Age Limit – Dependents are covered up to age 26.

Waiting Period – There is a 12-month waiting period for certain services. Periodontic Services, Major Restorative Services, Relines and Adjustments, Fixed Prosthodontic Repair, and Prosthodontic Services will not be covered until after a person is enrolled in the dental plan for 12 consecutive months.

Eligible People – The subscriber (you) is eligible for dental benefits when your employer or organization notifies Delta Dental.

Also eligible at your option are your legal spouse and your children who meet the age requirements noted above. You and your eligible dependents must enroll for a minimum of 12 months. If coverage is terminated after 12 months, you may not re-enroll prior to the open enrollment that occurs at least 12 months from the date of termination. Your dependents may only enroll if you are enrolled (except under COBRA) and must be enrolled in the same plan as you. Plan changes are only allowed during open enrollment periods, except that an election may be revoked or changed at any time if the change is the result of a qualifying event as defined under Internal Revenue Code Section 125.

If you and your spouse are both eligible under this Contract, you may be enrolled as both a Subscriber on your own application and as a dependent on your spouse's application. Your dependent children may be enrolled on both applications as well. Delta Dental will coordinate benefits.

Benefits will cease on the last day of the month in which the employee is terminated.

This Summary of Dental Plan Benefits should be read along with your Certificate. Your Certificate provides additional information about your Delta Dental plan, including information about plan exclusions and limitations. If a statement in this Summary conflict with a statement in the Certificate, the statement in this Summary applies to you and you should ignore the conflicting statement in the Certificate. The percentages above are applied to Delta Dental's allowance for each service and it may vary due to the dentist's network participation.*

Customer Service Toll-Free Number: 800-955-2030
<https://www.DeltaDentalKY.com>

Delta Dental of Kentucky
Renewal Rates for HOPKINS COUNTY BOARD OF EDUCATION #506430
Effective January 1, 2020

Rates		
Rates per subscriber per month	Current Rate(s) September 1, 2018 through December 31, 2019	Renewal Rate(s) January 1, 2020 through December 31, 2020
Spouse only or One Child Only	\$36.54	\$29.08
Spouse and 1 Child or Two Children	\$34.92	\$34.90
Spouse and 2+ children or Three + Children	\$56.83	\$46.52

Rating Requirements
Tied to medical: No
Subscribers and eligible dependents must enroll for a minimum of 12 months. If coverage is terminated after 12 months, they may not re-enroll prior to the open enrollment that occurs at least 12 months from the date of termination. Dependents may only enroll if the Subscriber is enrolled (except under COBRA) and must be enrolled in the same plan as the Subscriber. Plan changes are only allowed during open enrollment periods, except that an election may be revoked or changed at any time if the change is the result of a qualifying event as defined under Internal Revenue Code Section 125.

Rating Assumptions
Rates do not include any applicable claims taxes. The rates are valid only for the effective date noted above and are guaranteed for a one year contract.
Self-billing is not allowed and you agree to pay as invoiced each month.
Subscriber materials which are produced by Delta Dental will be updated and provided when plan changes apply and are always available to view or print at https://www.DeltaDentalKY.com .
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Delta Dental of Kentucky Delta Dental Premier Summary of Dental Plan Benefits

Group Name: HOPKINS COUNTY BOARD OF EDUCATION

Group Number: 506430-1099

Benefit Year: September 1 through August 31

Covered Services –

	Plan Pays*	You Pay
Diagnostic & Preventive		
Diagnostic and Preventive Services – exams, cleanings, fluoride, and space maintainers	100%	0%
Emergency Palliative Treatment – to temporarily relieve pain	100%	0%
Sealants – to prevent decay of permanent teeth	100%	0%
Brush Biopsy – to detect oral cancer	100%	0%
Radiographs – X-rays	100%	0%
Basic Services		
Minor Restorative Services – fillings and crown repair	50%	50%
Endodontic Services – root canals	50%	50%
Periodontic Services – to treat gum disease	50%	50%
Oral Surgery Services – extractions and dental surgery	50%	50%
Major Restorative Services – crowns	50%	50%
Other Basic Services – misc. services	50%	50%
Relines and Repairs – to bridges, implants, and dentures	50%	50%
Major Services		
Prosthodontic Services – bridges and dentures	50%	50%

* When you receive services from a Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental's Nonparticipating Dentist Fee that will be paid for those services. The Nonparticipating Dentist Fee may be less than what the dentist charges and you are responsible for that difference.

- Oral exams (including evaluations by a specialist) are payable twice per benefit year. Limited oral evaluations for a specific problem or complaint are also payable twice per benefit year.
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- Implants and implant related services are not Covered Services.
- Crowns over implants are payable once per tooth in any five-year period. Services related to crowns over implants are Covered Services.

Deductible – None.

Maximum Payment – \$750 per person total per Benefit Year on all services.

Dependent Age Limit – Dependents are covered up to age 26.

Waiting Period – There is a 12-month waiting period for certain services. Periodontic Services, Major Restorative Services, Relines and Adjustments, Fixed Prosthodontic Repair, and Prosthodontic Services will not be covered until after a person is enrolled in the dental plan for 12 consecutive months.

Eligible People – The subscriber (you) is eligible for dental benefits when your employer or organization notifies Delta Dental.

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Delta Dental of Kentucky
Renewal Rates for HOPKINS COUNTY BOARD OF EDUCATION #506430
Effective January 1, 2020

Administrative Services Fees		
Rates per subscriber per month	Current Percentage September 1, 2018 through December 31, 2019	Renewal Percentage January 1, 2020 through December 31, 2020
Percentage of Claims	12.80%	12.80%
Rates per subscriber per month	Current Equivalency Rate(s) September 1, 2018 through December 31, 2019	Renewal Equivalency Rate(s) January 1, 2020 through December 31, 2020
Subscriber only	\$22.87	\$22.48
In addition to the Administrative Service Fee, Delta Dental shall invoice Contractor for Cost of Claims for the preceding month on the first (1st) of each month. Payment shall be due on or before the twentieth (20th) of that month.		

Rating Requirements
Tied to medical: No
Subscribers must enroll for a minimum of 12 months. If coverage is terminated after 12 months, they may not re-enroll prior to the open enrollment that occurs at least 12 months from the date of termination. Plan changes are only allowed during open enrollment periods, except that an election may be revoked or changed at any time if the change is the result of a qualifying event as defined under Internal Revenue Code Section 125.

Rating Assumptions
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Delta Dental of Kentucky Delta Dental Premier Summary of Dental Plan Benefits

Group Name: HOPKINS COUNTY BOARD OF EDUCATION

Group Number: 506430-1999

Benefit Year: September 1 through August 31

Covered Services –

	Plan Pays*	You Pay
Diagnostic & Preventive		
Diagnostic and Preventive Services – exams, cleanings, fluoride, and space maintainers	100%	0%
Emergency Palliative Treatment – to temporarily relieve pain	100%	0%
Sealants – to prevent decay of permanent teeth	100%	0%
Brush Biopsy – to detect oral cancer	100%	0%
Radiographs – X-rays	100%	0%
Basic Services		
Minor Restorative Services – fillings and crown repair	80%	20%
Endodontic Services – root canals	80%	20%
Occlusal Guards/Adjustments – bite guards and occlusal adjustments	80%	20%
Oral Surgery Services – extractions and dental surgery	80%	20%
Major Restorative Services – crowns	80%	20%
Other Basic Services – misc. services	80%	20%
Denture Repair – repairs to complete or partial dentures	80%	20%
Major Services		
Periodontic Services – to treat gum disease	50%	50%
Fixed Prosthodontic Repair – to bridges	50%	50%
Implant Repair – implant maintenance, repair, and removal	50%	50%
Relines and Rebase – to dentures	50%	50%
Adjustments to Dentures – adjustments to complete or partial dentures	50%	50%
Prosthodontic Services – bridges and dentures	50%	50%

* When you receive services from a Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental's Nonparticipating Dentist Fee that will be paid for those services. The Nonparticipating Dentist Fee may be less than what the dentist charges and you are responsible for that difference.

- Oral exams (including evaluations by a specialist) are payable twice per benefit year. Limited oral evaluations for a specific problem or complaint are also payable twice per benefit year.
- Prophylaxes (cleanings) are payable twice per benefit year. Two periodontal maintenance procedures are payable per benefit year for individuals with a documented history of periodontal disease. Full mouth debridement is payable once in any 12-month period.
- People with specific at-risk health conditions may be eligible for additional prophylaxes (cleanings) or fluoride treatment. The patient should talk with his or her dentist about treatment.
- Fluoride treatments are payable once per benefit year for people up to age 19.
- Bitewing X-rays are payable once per benefit year and full mouth X-rays (which include bitewing X-rays) are payable once in any three-year period.

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- Sealants are payable once per tooth per two-year period for first and second permanent molars up to age 16. The surface must be free from decay and restorations.
- Composite resin (white) restorations are optional treatment on posterior teeth.
- Porcelain and resin facings on bridges are Covered Services on posterior teeth.
- Implants and implant related services are not Covered Services.
- Crowns over implants are payable once per tooth in any five-year period. Services related to crowns over implants are Covered Services.

Deductible – \$25 Deductible per person total per Benefit Year. The Deductible does not apply to diagnostic and preventive services, emergency palliative treatment, brush biopsy, X-rays, sealants, surgical and non-surgical periodontics, relines and repairs, and prosthodontics.

Maximum Payment – \$2,000 per person total per Benefit Year on all services.

Dependent Age Limit – Dependents are covered up to age 26.

Eligible People – The subscriber (you) is eligible for dental benefits when your employer or organization notifies Delta Dental.

Dependents are not eligible. You must enroll for a minimum of 12 months. If coverage is terminated after 12 months, you may not re-enroll prior to the open enrollment that occurs at least 12 months from the date of termination. Plan changes are only allowed during open enrollment periods, except that an election may be revoked or changed at any time if the change is the result of a qualifying event as defined under Internal Revenue Code Section 125.

Benefits will cease on the last day of the month in which the employee is terminated.

This Summary of Dental Plan Benefits should be read along with your Certificate. Your Certificate provides additional information about your Delta Dental plan, including information about plan exclusions and limitations. If a statement in this Summary conflict with a statement in the Certificate, the statement in this Summary applies to you and you should ignore the conflicting statement in the Certificate. The percentages above are applied to Delta Dental's allowance for each service and it may vary due to the dentist's network participation.*

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