



November 1, 2019

Karla Mitchell
Dawson Springs Board of Education
118 E Arcadia Ave
Dawson Springs, KY 42408-1657

Re: Dental Plan Rate Review, Group #708450-4001

Dear Karla Mitchell,

Thank you for choosing Delta Dental of Kentucky to provide dental benefits to your employees. Enclosed are the rates and renewal documents for your upcoming renewal. These new rates are guaranteed for 24 months.

For additional details regarding your dental plan, you can access the Benefit Manager Toolkit anytime at toolkitsonline.com.

Delta Dental greatly appreciates your business and we look forward to our continued relationship. If you have any questions or need additional information, please feel free to contact me at (502) 736-4667 or Tammy.Chapman@deltadentalky.com.

Sincerely,

A handwritten signature in cursive script that reads "Tammy Chapman".

Tamela Chapman
Account Specialist

cc: Mr. Clinton Schwab

Delta Dental of Kentucky
Dental Benefit Highlights for
Dawson Springs Board of Education #708450

Delta Dental PPO plus Premier

Coverage effective January 1, 2020

	Delta Dental PPO Dentist	Delta Dental Premier Dentist	Nonparticipating Dentist
	Plan Pays	Plan Pays	Plan Pays*
Diagnostic & Preventive			
Diagnostic and Preventive Services - exams, cleanings, fluoride, and space maintainers	100%	100%	100%
Emergency Palliative Treatment - to temporarily relieve pain	100%	100%	100%
Sealants - to prevent decay of permanent teeth	100%	100%	100%
Brush Biopsy - to detect oral cancer	100%	100%	100%
Radiographs - X-rays	100%	100%	100%
Basic Services			
Minor Restorative Services - fillings and crown repair	80%	80%	80%
Oral Surgery Services - extractions and dental surgery	80%	80%	80%
Other Basic Services - misc. services	80%	80%	80%
Denture Repair - repairs to complete or partial dentures	80%	80%	80%
Major Services			
Endodontic Services - root canals	50%	50%	50%
Periodontic Services - to treat gum disease	50%	50%	50%
Major Restorative Services - crowns	50%	50%	50%
Relines and Rebase - to dentures	50%	50%	50%
Fixed Prosthodontic Repair - to bridges	50%	50%	50%
Implant Repair - implant maintenance, repair, and removal	50%	50%	50%
Adjustments to Dentures - adjustments to complete or partial dentures	50%	50%	50%
Prosthodontic Services - bridges, implants, and dentures	50%	50%	50%
Orthodontic Services			
Orthodontic Services - braces	50%	50%	50%
Orthodontic Age Limit -	Dependent Children to the end of the month of age 19	Dependent Children to the end of the month of age 19	Dependent Children to the end of the month of age 19

* 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.



Welcome to Kentucky's largest dental benefits family!

As a member of Delta Dental of Kentucky, you have access to the nation's largest dental networks: Delta Dental PPO and Delta Dental Premier.

- It's easy to find a dentist! Four out of five dentists nationwide participate in our network.
- You have superior access to care and fee savings because of our agreements with participating dentists.
- Our dentists cannot balance bill you, which means more money in your pocket!
- No troublesome paperwork! Network dentists will fill out and file your claims.
- Pay only your copayments and/or deductibles when you receive care from network dentists -- there are no hidden fees.
- You can still visit nonparticipating dentists, but you may be billed the full amount at the time of service and then have to wait to be reimbursed.

Quality Dental Program

With our quick and accurate claims processing, we pay more than 90% of claims in 10 days or less. Delta Dental also offers world-class customer service from our award winning call center.

Online Access

Our online Consumer Toolkit lets you access your dental plan securely over the Internet. You can find a dentist, check benefits, select paperless notices, review claims and amounts used toward maximums, print ID cards, and more -- all at your own convenience.

A Healthy Smile

Keep your smile healthy with dental benefits from Delta Dental. Your smile is a good indicator of your health. Did you know that your dentist can detect up to 120 different diseases, including diabetes and heart disease? Early detection is one of the best ways to prevent further complications.

Questions?

If you have questions, please call our Customer Service team at 800-955-2030 or look online at <https://www.DeltaDentalKY.com>.

Delta Dental of Kentucky
Renewal Rates for Dawson Springs Board of Education #708450
Effective January 1, 2020

Rates		
Rates per subscriber per month	Current Rate(s)	Renewal Rate(s)
	01/01/2019 - 12/31/2019	Without EHB 01/01/2020 - 12/31/2020
Subscriber only	\$24.26	\$24.99
Subscriber and spouse	\$48.13	\$49.57
Subscriber and child(ren)	\$60.63	\$62.45
Subscriber, spouse and child(ren)	\$96.80	\$99.70

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 .
<p>The plan specifications are subject to Delta Dental's standard exclusions and limitations, including:</p> <ul style="list-style-type: none"> ➤ Oral exams (including evaluations by a specialist) are payable twice per calendar year. Limited oral evaluations for a specific problem or complaint are also payable twice in the same calendar year. ➤ Prophylaxes (cleanings) are payable twice per calendar year. Two additional periodontal maintenance procedures are payable per calendar year for individuals with a documented history of periodontal disease. Full mouth debridement is payable once in a lifetime. ➤ 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 calendar year for people age 18 and under. ➤ Bitewing X-rays are payable once per calendar year and full mouth X-rays (which include bitewing X-rays) are payable once in any five-year period. ➤ Sealants are payable once per tooth per two-year period for first and second permanent molars for people age 15 and under. The surface must be free from decay and restorations. ➤ Payment for crowns, inlays, and onlays are payable once per tooth in any five-year period. Stainless steel crowns are payable once per tooth in any two-year period on primary teeth only. ➤ Composite resin (white) restorations are Covered Services on posterior teeth. ➤ Root canal treatment is inclusive of periapical X-rays, cultures, follow-up care, treatments, pulpotomy or pulpectomy, and routine post-operative procedures. Separate charges are not payable for these procedures. Retreatment is payable two years after the initial treatment. ➤ Denture and/or bridge replacement is payable five years post initial place. Replacement is not a payable service for lost or stolen dentures and/or bridges. Interim dentures are payable only for people under age 17 to replace extracted anterior permanent 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. ➤ Fixed bridges or removable cast partials are payable only for Eligible Dependents over age 16. Services and appliances that replace missing natural teeth (such as bridges, endosteal implants, implant crowns, partial dentures, and complete dentures) may be subject to an Alternate Benefit. ➤ Porcelain and resin facings on bridges are Covered Services on posterior teeth. ➤ Implants are payable once per tooth in any five-year period. Implant related services are Covered Services. ➤ Crowns over implants are payable once per tooth in any five-year period. Services related to crowns over implants are Covered Services.