

November 1, 2021

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

At Delta Dental, we are committed to illustrating the link between oral health and overall health by providing increased access to care at competitive rates. This allows your enrollees to obtain the dental care they need to remain healthy. We thank you for placing your confidence in Delta Dental.

Enclosed are the administrative fees for your new contract period, along with other important documents related to your contract renewal. Payment of the new fees will be your consent to renew the Delta Dental contract. No action is required from you at this time unless you wish to change the benefits you offer.

If your coverage or budget goals have changed, please contact me for more plan design options. We can administer many different plan designs to suit your needs and will provide you with a comprehensive analysis of how any changes would affect your fees or funding factors. Benefit changes can be effective at your renewal, but you must request them no later than 15 days prior to your plan's renewal date.

Please call me at (502) 736-4682 if you have any questions or if I can help in any way. Thank you, we look forward to continuing our relationship with you and we greatly appreciate your business.

Sincerely,



Cheryl Smiley
Account Manager

Delta Dental of Kentucky
Renewal Rates for Hopkins County Board of Education Dependent Only Coverage #50643D
Effective January 1, 2022

Rates		
Rates per subscriber per month	Current Rate(s) January 1, 2021 through December 31, 2021	Renewal Rate(s) January 1, 2022 through December 31, 2022
Subscriber only	\$27.12	\$27.12
Subscriber with one dependent	\$32.54	\$32.54
Subscriber with two or more dependents	\$43.40	\$43.40
Surviving Spouse	\$27.12	\$27.12
Surviving Spouse with one dependent	\$32.54	\$32.54
Surviving Spouse with two or more dependents	\$43.40	\$43.40
Surviving child	\$27.12	\$27.12
Two Surviving Children	\$32.54	\$32.54
Three or more Surviving Children	\$43.40	\$43.40

Rating Requirements
Tied to medical: No
Enrollees and dependents choosing this dental plan are required to remain enrolled for a minimum of 12 months. Should an Enrollee or Dependent choose to drop coverage after that time, he or she may not re-enroll prior to the date on which 12 months have elapsed. Dependents may only enroll if the Enrollee is enrolled (except under COBRA) and must be enrolled in the same plan as the Enrollee. 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 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 age 18 and under. ➤ Space maintainers are payable once per area per lifetime for people age 13 and under. ➤ 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 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 optional treatment 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 Covered Services 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 Covered 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 to replace missing teeth or teeth that were lost before coverage began, including congenitally missing teeth is not payable. Replacements of existing appliances can be
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Delta Dental of Kentucky Delta Dental PPO plus Premier™ Summary of Dental Plan Benefits

Group Name: Hopkins County Board of Education Dependent Only Coverage

Group Number: 50643D-1001

Benefit Year: January 1 through December 31

Covered Services –

	Delta Dental PPO™ Dentist Plan Pays	Delta Dental Premier® Dentist Plan Pays	Non-participating Dentist 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	50%	50%	50%
Endodontic Services – root canals	50%	50%	50%
Periodontic Services – to treat gum disease	50%	50%	50%
Oral Surgery Services – extractions and dental surgery	50%	50%	50%
Major Restorative Services – crowns	50%	50%	50%
Other Basic Services – misc. services	50%	50%	50%
Relines and Repairs – to bridges, implants, and dentures	50%	50%	50%
Major Services			
Prosthodontic Services – bridges and dentures	50%	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 age 18 and under.
- Space maintainers are payable once per area per lifetime for people age 13 and under.
- 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 for people age 15 and under. The surface must be free from decay and restorations.

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

- 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 optional treatment 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 Covered Services 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 Covered 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 to replace missing teeth or teeth that were lost before coverage began, including congenitally missing teeth is not payable. 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 payable 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 – 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. Enrollees and dependents choosing this dental plan are required to remain enrolled for a minimum of 12 months. Should an Enrollee or Dependent choose to drop coverage after that time, he or she may not re-enroll prior to the date on which 12 months have elapsed. Dependents may only enroll if the Enrollee is enrolled (except under COBRA) and must be enrolled in the same plan as the Enrollee. 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.*

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Delta Dental of Kentucky
Renewal Rates for Hopkins County Board of Education Dependent Only Coverage #50643D
Effective January 1, 2022

Rates		
Rates per subscriber per month	Current Rate(s) February 1, 2021 through December 31, 2021	Renewal Rate(s) January 1, 2022 through December 31, 2022
Subscriber only	\$17.00	\$17.00
Subscriber and spouse	\$27.12	\$27.12
Subscriber and child(ren)	\$32.54	\$32.54
Subscriber, spouse and child(ren)	\$43.40	\$43.40

Rating Requirements
Tied to medical: No

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 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 age 18 and under. ➤ Space maintainers are payable once per area per lifetime for people age 13 and under. ➤ 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 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 optional treatment 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 Covered Services 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 Covered 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 to replace missing teeth or teeth that were lost before coverage began, including congenitally missing teeth is not payable. 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 payable 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 PPO plus Premier™ Summary of Dental Plan Benefits

Group Name: Hopkins County Board of Education Dependent Only Coverage

Group Number: 50643D-1002

Benefit Year: January 1 through December 31

Covered Services –

	Delta Dental PPO™ Dentist Plan Pays	Delta Dental Premier® Dentist Plan Pays	Non-participating Dentist 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	50%	50%	50%
Endodontic Services – root canals	50%	50%	50%
Periodontic Services – to treat gum disease	50%	50%	50%
Oral Surgery Services – extractions and dental surgery	50%	50%	50%
Major Restorative Services – crowns	50%	50%	50%
Other Basic Services – misc. services	50%	50%	50%
Relines and Repairs – to bridges, implants, and dentures	50%	50%	50%
Major Services			
Prosthodontic Services – bridges and dentures	50%	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 age 18 and under.
- Space maintainers are payable once per area per lifetime for people age 13 and under.
- 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 for people age 15 and under. The surface must be free from decay and restorations.

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- 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 optional treatment 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 Covered Services 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 Covered 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 to replace missing teeth or teeth that were lost before coverage began, including congenitally missing teeth is not payable. 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 payable 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 – 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 are your legal spouse and your children who meet the age requirements noted above.

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.*

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Delta Dental of Kentucky
Renewal Rates for Hopkins County Board of Education Dependent Only Coverage #50643D
Effective January 1, 2022

Rates		
Rates per subscriber per month	Current Rate(s) January 1, 2021 through December 31, 2021	Renewal Rate(s) January 1, 2022 through December 31, 2022
Subscriber only & Subscriber Spouse	\$27.66	\$27.66
Subscriber Spouse Children	\$44.27	\$44.27
Subscriber and 1 Child	\$27.66	\$27.66
Spouse and 1 Child	\$33.19	\$33.19
Subscriber and 2+ Children	\$44.27	\$44.27

Rating Requirements
Tied to medical: No
Enrollees and dependents choosing this dental plan are required to remain enrolled for a minimum of 12 months. Should an Enrollee or Dependent choose to drop coverage after that time, he or she may not re-enroll prior to the date on which 12 months have elapsed. Dependents may only enroll if the Enrollee is enrolled (except under COBRA) and must be enrolled in the same plan as the Enrollee. 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 .

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Delta Dental of Kentucky Delta Dental PPO plus Premier™ Summary of Dental Plan Benefits

Group Name: Hopkins County Board of Education Dependent Only Coverage

Group Number: 50643D-1099

Benefit Year: January 1 through December 31

Covered Services –

	Delta Dental PPO™ Dentist Plan Pays	Delta Dental Premier® Dentist Plan Pays	Non-participating Dentist 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	50%	50%	50%
Endodontic Services – root canals	50%	50%	50%
Periodontic Services – to treat gum disease	50%	50%	50%
Oral Surgery Services – extractions and dental surgery	50%	50%	50%
Major Restorative Services – crowns	50%	50%	50%
Other Basic Services – misc. services	50%	50%	50%
Relines and Repairs – to bridges, implants, and dentures	50%	50%	50%
Major Services			
Prosthodontic Services – bridges and dentures	50%	50%	50%

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- 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 age 18 and under.
- Space maintainers are payable once per area per lifetime for people age 13 and under.
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- 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 Covered Services for these procedures. Retreatment is payable two years after the initial treatment.
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- The initial installation of any prosthodontic service to replace missing teeth or teeth that were lost before coverage began, including congenitally missing teeth is not payable. 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 payable 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 – 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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Hopkins Co. BOE - Employees
Group Number 506430
Renewal Date 1/1/2022

RENEWAL PROJECTION

12 MONTH EXPERIENCE PERIOD ENDED: July-21

EXPERIENCE PERIOD INCURRED COSTS

Total paid claims	\$204,395	(=)
Net IBNR adjustment	-\$519	(+)
Experience period incurred claims	\$203,877	(=)
Inflationary trend adjustment (17 months @ 3% annual trend rate)	1.0428	(x)
Projected incurred claims cost	\$212,603	(=)
Experience period contract exposure	11,420	(/)
Projected incurred claims cost per contract per month (PCPM)	\$18.62	(=)

NEW CONTRACT PERIOD PROJECTED COSTS

Projected contract exposure	Jul-21 enrollment x 12 months	11,004	
Projected incurred claims cost per contract per month (PCPM)		\$18.62	(x)
Total projected claims cost		\$204,894	(=)
ASO Administrative Fee		\$2.65	PCPM
Projected total cost		\$234,085	(=)

	Current Enrollment	Projected Claims	Projected Claims + Admin	COBRA Rates Claims + Admin
Employee only	917	\$18.63	\$21.29	\$21.72



Delta Dental of Kentucky Delta Dental PPO plus Premier™ Summary of Dental Plan Benefits

Group Name: HOPKINS COUNTY BOARD OF EDUCATION

Group Number: 506430-1000

Benefit Year: January 1 through December 31

Covered Services –

	Delta Dental PPO™ Dentist Plan Pays	Delta Dental Premier® Dentist Plan Pays	Non-participating Dentist 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%
Endodontic Services – root canals	80%	80%	80%
Occlusal Guards/Adjustments – bite guards and occlusal adjustments	80%	80%	80%
Oral Surgery Services – extractions and dental surgery	80%	80%	80%
Major Restorative Services – crowns	80%	80%	80%
Other Basic Services – misc. services	80%	80%	80%
Denture Repair – repairs to complete or partial dentures	80%	80%	80%
Major Services			
Periodontic Services – to treat gum disease	50%	50%	50%
Fixed Prosthodontic Repair – to bridges	50%	50%	50%
Implant Repair – implant maintenance, repair, and removal	50%	50%	50%
Relines and Rebase – to dentures	50%	50%	50%
Adjustments to Dentures – adjustments to complete or partial dentures	50%	50%	50%
Prosthodontic Services – bridges and dentures	50%	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.

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<https://www.DeltaDentalKY.com>

- Fluoride treatments are payable once per benefit year for people age 18 and under.
- Space maintainers are payable once per area per lifetime for people age 13 and under.
- 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 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 optional treatment 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 Covered Services 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 Covered 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.
- 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 payable 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. Enrollees choosing this dental plan are required to remain enrolled for a period of 12 months. Should an Enrollee choose to drop coverage after that time, he or she may not re-enroll prior to the date on which 12 months have elapsed. 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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Delta Dental of Kentucky Delta Dental PPO plus Premier™ Summary of Dental Plan Benefits

Group Name: HOPKINS COUNTY BOARD OF EDUCATION

Group Number: 506430-1999

Benefit Year: January 1 through December 31

Covered Services –

	Delta Dental PPO™ Dentist Plan Pays	Delta Dental Premier® Dentist Plan Pays	Non-participating Dentist 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%
Endodontic Services – root canals	80%	80%	80%
Occlusal Guards/Adjustments – bite guards and occlusal adjustments	80%	80%	80%
Oral Surgery Services – extractions and dental surgery	80%	80%	80%
Major Restorative Services – crowns	80%	80%	80%
Other Basic Services – misc. services	80%	80%	80%
Denture Repair – repairs to complete or partial dentures	80%	80%	80%
Major Services			
Periodontic Services – to treat gum disease	50%	50%	50%
Fixed Prosthodontic Repair – to bridges	50%	50%	50%
Implant Repair – implant maintenance, repair, and removal	50%	50%	50%
Relines and Rebase – to dentures	50%	50%	50%
Adjustments to Dentures – adjustments to complete or partial dentures	50%	50%	50%
Prosthodontic Services – bridges and dentures	50%	50%	50%

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