

# Kentucky League of Cities

## DENTAL PROGRAM V with Orthodontics

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

This dental program will reduce the financial burden of the rising cost of dental care. It is designed to help cover the cost of quality dental treatment by combining the positive aspects of preventive dentistry with the convenience of prepayment.

### Benefits

The following list provides examples of the types of services covered under this program:

#### Covered Services

##### Diagnostic and Preventive

- ◆ Oral examination
- ◆ Palliative emergency treatment
- ◆ Periapical, bitewing, panoramic or complete series x-ray
- ◆ Topical fluoride application
- ◆ Prophylaxis
- ◆ Sealants
- ◆ Space maintainers

##### Minor Services

- ◆ Routine fillings
- ◆ Simple extractions
- ◆ Root canal therapy
- ◆ Simple denture repair
- ◆ Oral surgery

##### Major Services

- ◆ Inlays or crowns
- ◆ Prosthetic services
- ◆ Periodontic services

##### Orthodontic Services

- ◆ Diagnosis and treatment plan
- ◆ Minor treatment for tooth guidance

#### Reimbursement Amounts

100% of the Allowable Amount

80% of the Allowable Amount

50% of the Allowable Amount

50% of the Allowable Amount

No deductible.

Benefits are limited to \$1,000 lifetime maximum for covered dependents under age 19.

#### **RATES\***

##### (1) No Deductible Plan

S – \$22.84

2 – \$45.54

F – \$73.65

##### (2) \$50 Deductible Plan

S – \$16.58

2 – \$33.45

F – \$55.35

Dependent coverage to age 19, and full time students to age 23

**\*The rates above are effective  
July 1, 2006 thru  
June 30, 2007**

This program pays a maximum of \$1,000 in benefits per Covered Person during any Benefit Period.

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 preauthorization and/or are subject to limitations.

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

# Announcing a NEW Vision Discount Program

*EyeMed offers savings to Delta Dental Members*



## ***VISION WELLNESS***

Regular eye examinations play a crucial role in ensuring healthy vision and overall health.

- An eye examination can not only detect vision problems, but also can detect the early stages of serious health problems such as diabetes and hypertension.
- 1 in 4 children has an undetected vision problem that can interfere with learning, according to the Vision Council of America.
- Undetected eye diseases can lead to worsening eyesight and in some cases irreversible vision loss.

## **Great Savings— Up to 35% off eyewear**

Choose from any available frame including quality name-brand products such as Brooks Brothers<sup>®</sup>, Anne Klein<sup>®</sup>, Vogue<sup>®</sup> and more at provider locations.

*With EyeMed Vision Care, Delta Dental members have access to over 30,000 vision care providers nationwide at 16,000 locations including optometrists, ophthalmologists, opticians and the nation's leading optical retailers:*



*It's easy! To request your discount, simply present your Delta Dental Member ID Card when you arrive at the provider office or location. Your EyeMed provider will take care of the rest!*

*To learn more about the EyeMed Vision Care Discount Plan or other great discounts available to Delta Dental members, please visit [www.eyemedvisioncare.com/deltadental](http://www.eyemedvisioncare.com/deltadental). Don't have access to the Internet? You can call EyeMed's Customer Care Center toll-free at 1-866-246-9041.*

**Call Today to Schedule an Appointment!**

**See Other Side For Details.**

Check [www.eyemedvisioncare.com/deltadental](http://www.eyemedvisioncare.com/deltadental) or call 1-866-246-9041 for EyeMed provider locations.

## BENEFIT DESIGN SUMMARY

### VISION CARE SERVICES

### MEMBER BENEFIT

#### Exam with Dilation as necessary –

Comprehensive Exam:	\$5 off
Contact Lens Exam:	\$10 off

#### Prescription Glasses –

*The following frame, lenses, and lens options discounts and fees apply only if a complete pair of glasses is purchased in the same transaction. Items purchased separately will be discounted 20% off the retail price.*

#### Standard Plastic Lenses including Standard Scratch

Single Vision:	Member cost – \$ 75
Bifocal:	Member cost – \$ 95
Trifocal:	Member cost – \$125

#### Frames

Any available frame at provider location	30% off retail price
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#### Lens Options

Standard UV:	Member cost – \$ 15
Standard Tint:	Member cost – \$ 15
Standard Polycarbonate:	Member cost – \$ 40
Standard Antireflective Coating:	Member cost – \$ 45
Standard Progressive (add-on to bifocal)	Member cost – \$ 70

#### Contacts\* –

*Discount applied to materials only*

Conventional:	15% off retail price
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\*After initial purchase, replacement contact lenses may be obtained via the internet at substantial savings and mailed directly to you. Details are available at [www.eyemedvisioncare.com](http://www.eyemedvisioncare.com).

#### Laser Vision Correction –

Lasik or PRK:	15% off retail price or 5% off promotional price
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You will receive a 20% discount on items purchased at participating providers not included under plan coverage. 20% discount may not be combined with any other discounts or promotional offers, and the discount does not apply to EyeMed provider's professional services, or contact lenses. Retail prices may vary by location. Benefits are subject to change without notice.

#### The following Plan Limitations and Exclusions are not covered under this plan:

- Orthoptic or vision training, subnormal vision aids, and any associated supplemental testing.
- Medical and/or surgical treatment of the eye, eyes, or supporting structures.
- Corrective eyewear required by an employer as a condition of employment, and safety eyewear unless specifically covered under plan.
- Services provided as a result of any Worker's Compensation law.
- Plano non-prescription lenses and non-prescription sunglasses (except for 20% discount).

### IT'S EASY TO UTILIZE YOUR BENEFITS

1. Find an EyeMed participating provider by calling 1-866-246-9041 or accessing their website at [www.eyemedvisioncare.com/deltadental](http://www.eyemedvisioncare.com/deltadental). To find a laser vision correction provider, please call 1-877-552-7376.
2. Show the provider your Delta Dental identification card.
3. Your doctor and EyeMed will handle the rest.

### QUESTIONS?

If you have questions or need assistance in utilizing benefits, please call the EyeMed Care Center at 1-866-246-9041 or access the EyeMed website at [www.eyemedvisioncare.com/deltadental](http://www.eyemedvisioncare.com/deltadental).

### ABOUT DELTAVISION

DeltaVision is a discount optical benefit providing a reduced fee on eye exams, prescription lenses, eyeglass frames, and contact lenses. These benefits are extended automatically to those enrolled in all Delta Dental plans. This is not an insurance product. DeltaVision offers a discount from the provider's regular (normal) fee.