



# University of Kentucky

## Delta Dental of Kentucky Benefit Comparison

	Delta Dental PPO Plus Premier Basic Plan		Delta Dental PPO Plus Premier Enhanced Plan	
<b>Deductible</b>	\$25 Individual \$75 Family (Delta Dental PPO In-Network)	\$25 Individual \$75 Family (Delta Dental Premier or Out-Network)	\$25 Individual \$75 Family (Delta Dental PPO In-Network)	\$25 Individual \$75 Family (Delta Dental Premier or Out-Network)
<b>Preventative Services</b> Oral Exams X-rays Teeth Cleaning Fluoride Treatment	(Not Subject to Deductible) 100% 100% 100% 100%	(Not Subject to Deductible) 100% 100% 100% 100%	(Not Subject to Deductible) 100% 100% 100% 100%	(Not Subject to Deductible) 100% 100% 100% 100%
<b>Minor Services</b> Fillings/Extractions Oral Surgery Root Canal	(Subject to Deductible) 80% 80% 80%	(Subject to Deductible) 80% 80% 80%	(Subject to Deductible) 80% 80% 80%	(Subject to Deductible) 80% 80% 80%
<b>Periodontics</b>	(Subject to Deductible) 80%	(Subject to Deductible) 80%	(Subject to Deductible) 80%	(Subject to Deductible) 80%
<b>Major Services</b> Crowns Bridges Dentures Implants	Not Covered		(Subject to Deductible) 50% 50% 50% 50%	(Subject to Deductible) 50% 50% 50% 50%
<b>Orthodontics</b>	Not Covered		(No Deductible) 50% subject to \$1,000 lifetime maximum for covered dependents under age 19	
<b>Annual Maximum</b>	\$1,500		\$1,500	
<b>Dependents</b>	Dependents up to Age 26		Dependents up to Age 26	

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