



Dental Benefits for Jessamine County Board of Education

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

This dental program allows members to utilize any licensed provider. Members who choose a Delta Dental PPO network provider have the lowest out of pocket expenses and cannot be balance billed.

	Network Benefits	Out of Network Benefits
Deductible (Each Benefit Period)	\$50 individual/\$150 family	\$100 individual/\$300 family
Maximum Benefits (Per Covered Person each Benefit Period)	\$2,000	\$2,000
Age Limitations	Dependents covered up to age 26.	
Diagnostic and Preventive Services	Reimbursement Amount	Reimbursement Amount
<ul style="list-style-type: none"> ◆ Oral examination (limited to 2 per calendar year) ◆ Palliative emergency treatment ◆ Periapical, bitewing, panoramic or complete series x-ray ◆ Topical fluoride application (up to age 19) ◆ Routine cleanings (limited to 2 per calendar year) ◆ Sealants (up to age 16) ◆ Space maintainers (up to age 14) 	100% of the Allowable Amount Deductible does not apply.	100% of the Allowable Amount Subject to deductible.
Minor Services (Class I, II and III)	Reimbursement Amount	Reimbursement Amount
<ul style="list-style-type: none"> ◆ Routine fillings ◆ Simple extractions ◆ Simple denture repair ◆ Oral surgery 	80% of the Allowable Amount Subject to deductible.	60% of the Allowable Amount Subject to deductible.
Major Services (Class IV)*	Reimbursement Amount	Reimbursement Amount
<ul style="list-style-type: none"> ◆ Inlays or crowns ◆ Prosthetic services (bridges, dentures and partials) ◆ Root canal therapy ◆ Periodontic services ◆ Implants 	50% of the Allowable Amount Subject to deductible.	25% of the Allowable Amount Subject to deductible.
Orthodontic Services*	Reimbursement Amount	Reimbursement Amount
<ul style="list-style-type: none"> ◆ Diagnosis and treatment plan ◆ Minor treatment for tooth guidance 	50% of the Allowable Amount Deductible does not apply. Benefits are limited to \$2,000 lifetime maximum for covered dependents under age 19.	50% of the Allowable Amount Deductible does not apply.

***12-month waiting period on Major and Orthodontic Services. Replacement of teeth missing prior to the effective date are not covered.**

Please note: 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.



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Deductible

(Each Benefit Period) \$50 individual/\$150 family

Maximum Benefits

(Per Covered Person each Benefit Period) \$2,000

Age Limitations

Dependents covered up to age 26.

Diagnostic and Preventive Services

- ◆ Oral examination (limited to 2 per calendar year)
- ◆ Palliative emergency treatment
- ◆ Periapical, bitewing, panoramic or complete series x-ray
- ◆ Topical fluoride application (up to age 19)
- ◆ Routine cleanings (limited to 2 per calendar year)
- ◆ Sealants (up to age 16)
- ◆ Space maintainers (up to age 14)

Reimbursement Amount

100% of the Allowable Amount
Deductible does not apply.

Minor Services

- ◆ Routine fillings
- ◆ Simple extractions
- ◆ Simple denture repair
- ◆ Oral surgery

Reimbursement Amount

80% of the Allowable Amount
Subject to deductible.

Major Services*

- ◆ Inlays or crowns
- ◆ Prosthetic services (bridges, dentures and partials)
- ◆ Root canal therapy
- ◆ Periodontic services
- ◆ Implants

Reimbursement Amount

50% of the Allowable Amount
Subject to deductible.

Orthodontic Services*

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

Reimbursement Amount

50% of the Allowable Amount
Deductible does not apply
Benefits are limited to \$2,000 lifetime maximum for covered dependents under age 19.

***12-month waiting period for Major and Orthodontic Services. Replacement of teeth missing prior to the effective date are not covered.**

Please note: 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.