

**Delta Dental of Kentucky**  
**Renewal Rates for ANDERSON COUNTY BOARD OF EDUCATION #689590**  
*Effective January 1, 2023*

<b>Rates</b>		
<b>Rates per subscriber per month</b>	<b>Current Rate(s)</b>	<b>Renewal Rate(s)</b>
	January 1, 2022 through December 31, 2022	January 1, 2023 through December 31, 2023
Subscriber only	\$17.92	\$17.92
Subscriber and spouse	\$36.51	\$36.51
Subscriber and child(ren)	\$35.44	\$35.44
Subscriber, spouse and child(ren)	\$58.67	\$58.67
Overall Percent Change	0.00%	

**Rating Requirements**  
Tied to medical: No

Covered Persons choosing this dental plan are required to remain enrolled for a period of 12 months. Should a Covered Person 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.

**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>.

**The plan specifications are subject to Delta Dental's standard exclusions and limitations, including:**

- 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. Periodontal maintenance procedures and full mouth debridement are not Covered Services.
- 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.
- Space maintainers are payable once per area per lifetime for people age 13 and under.
- Bitewing X-rays are payable once per calendar year and full mouth X-rays (which include bitewing X-rays) or a panorex 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.
- Recementation of inlay, onlay, cast and crowns, repair of cast restorations and prefabricated crowns are Covered Services.
- Composite resin (white) restorations are payable on posterior teeth.
- Scaling in presence of generalized moderate or severe gingival inflammation is a Covered Service. Biologic materials to aid in tissue regeneration are not Covered Services.
- Implants and implant related services are not Covered Services.

\* no rate increase on high plan