



Dental Plan Benefits For Employees Of
COMMONWEALTH OF KENTUCKY



EPO BRONZE

Rates Effective: January 1, 2024 through December 31, 2024
12 Month Benefit Period

Benefit Overview	In-Network	Out-of-Network
Deductible (Calendar Year)	\$50.00 Individual \$150.00 Family	
Diagnostic & Preventative Services Oral Exams Bitewing X-Rays Cleanings *Topical Fluoride *Sealants *Space Maintainers <small>* Coverage available for dependent children under the age of 16.</small>	No Deductible No Waiting Period 100%	No Benefits
Basic Services Simple Restorative Emergency Care Treatment Full Mouth X-Rays Simple Tooth Extractions Bridge, Denture Repair	Subject to Deductible 6 Month Waiting Period for New Enrollees Without Prior Credible Coverage 80%	No Benefits
Major Restorative Inlays, Onlays Crowns Bridges/ Dentures Surgical Extractions Endodontics Periodontics Oral Surgery Anesthesia	Subject to Deductible 12 Month Waiting Period for New Enrollees Without Prior Credible Coverage 50%	No Benefits
Annual Maximum		
	\$1,000	\$0
Orthodontia Services Limited to dependent children under age 19	No Deductible 12 Month Waiting Period for New Enrollees Without Prior Credible Coverage 50% Lifetime Maximum \$1,000	No Benefits

Monthly Rates		
Employee	Employee + One	Family
\$ 25.79	\$ 48.56	\$ 76.42

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This is only a brief summary of the benefits of your dental plan. Please refer to your Certificate for a complete description of covered services and any limitations or exclusions that may apply.