CS Benefits
Service with a Human Touch.

Dental Plan Benefits For Employees Of
COMMONWEALTH OF KENTUCKY
EPO BRONZE

Kentucky UNBRIDLED SPIRIT

Rates Effective: January 1, 2026 through December 31, 2026
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 * Coverage available for dependent children under the age of 16.	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
$ 28.63	$ 53.90	$ 84.83

Dennis Krol Insurance ● 502.875.3477 ● 800.467.5765
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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.