

Who is eligible?

You are eligible for dental coverage if you are a regular full-time employee of Louisville Metro Government or a non-union regular part-time employee who works 25 or more hours per week. Part-time employees in positions covered by collective bargaining agreements should refer to their contract for eligibility information.

Your spouse and dependent children are also eligible. Dependent children may be covered up to age 26.

What are my choices?

You have a choice of three dental plans:

- The DeltaCare plan is a dental health maintenance organization (DHMO). Like medical HMO plans, it offers a high level of coverage but requires you to receive all your dental care from dentists and specialists within the plan's network. Under this plan, you select a dentist from within the plan's network who will coordinate your care.
- The Delta Preferred plan is a dental preferred provider organization. Like a medical PPO, it covers care you receive from any dentist, but offers a higher level of coverage when you use dentists and specialists in the plan's network.

- The Delta Premier plan is an indemnity plan which offers the same level of coverage with any provider, but has a higher deductible than the other plans offered to you.

Note: If you were not enrolled in a dental plan during the previous 12 months, there will be a 12-month waiting period for coverage of major services and orthodontia if you enroll in the Delta Preferred or Delta Premier plans.

How much does dental coverage cost?

Listed below are the employee monthly costs for the dental plan options in 2011.

Level of Coverage	Delta Preferred (PPO)	Delta Premier (Indemnity)	DeltaCare DC04 (DHMO)
Employee Only	\$20.96	\$21.64	\$11.20
Employee + Spouse	\$40.26	\$42.08	\$21.52
Employee + Child/Children	\$40.26	\$42.08	\$22.10
Family	\$67.54	\$71.24	\$33.88

2011 Dental Options

Benefit	Delta Preferred (PPO)		Delta Premier (Indemnity)	DeltaCare DC04 (Dental HMO)
	In-Network	Out-of-Network ¹	Any Provider	In-Network Only
Need to select a participating dentist?	No	No	No	Yes ²
Annual deductible	\$0	\$25/\$75	\$50/\$150	N/A
Cleanings (2/year)	Covered in full	80%	Covered in full	Covered in full
Bitewing X-rays	Covered in full	80%	Covered in full	Covered in full
Filling (one surface)	50%	40%	50%	You pay \$38
Simple extraction (one tooth)	50%	40%	50%	You pay \$26
Crown (porcelain)	50%	40%	25%	You pay \$345
Root canal therapy (anterior)	50%	40%	50%	You pay \$188
Complete upper dentures	50%	50%	25%	You pay \$351
Orthodontic treatment ³				
Children (to age 19)	50% up to \$750 lifetime benefit	50% up to \$750 lifetime benefit	50% up to \$750 lifetime benefit	You pay \$2,070
Adults (19 and over)	Not covered	Not covered	Not covered	You pay \$2,270
Annual Maximum	\$1,000	\$1,000	\$1,000	N/A

¹ Benefit percentages under Delta Preferred plan are based on the allowable amount set by the plan for each service. Non-preferred dentists and specialists may charge more and bill you for the difference.

² You may select a different dentist for each covered family member.

³ Orthodontic treatment cost does not include treatment plans.