



# Greater Louisville Inc. Dental and Vision Plans

## Dental Plans

Dental benefit plan options are now available for members of GLI. These comprehensive plans are competitively priced and are available directly from Delta Dental of Kentucky or through your brokers.

All dental options are PPO plus Premier plans which utilize both of Delta Dental's extensive networks:

### The Delta Dental PPO<sup>™</sup> Network

60% of Kentucky dentists participate in this network, offering the deepest discounts.

### Delta Dental Premier<sup>®</sup> Network

89% of Kentucky dentists participate in this network.

## DeltaVision<sup>®</sup> Plans

DeltaVision, administered by VSP, are available for members of GLI. DeltaVision plans provide access to the largest national network of eye doctors with more than 109,000 access points nationwide.

To obtain a quote for dental or vision plans, please reach out to your Delta Dental of Kentucky sales representative or broker and ask for a quote for GLI members.

Delta Dental of Kentucky  
(800) 423-2184

[sales@deltadentalky.com](mailto:sales@deltadentalky.com)

## GLI Dental Plans

Basic Plan <i>(Delta Dental PPO Plus Premier)</i>		
<b>Diagnostic &amp; Preventive</b> Cleanings, Exams, X-rays, Sealants		100%
<b>Minor Services</b> Fillings, Extractions, Oral Surgery, Endodontics, Periodontics		50%
<b>Major Services</b> Crowns, Implants, Dentures & Bridges		50%
<b>Annual Maximum</b> Per covered individual		\$1,000
Standard Plan <i>(Delta Dental PPO Plus Premier)</i>		
<b>Diagnostic &amp; Preventive</b> Cleanings, Exams, X-rays, Sealants		100%
<b>Minor Services</b> Fillings, Extractions, Oral Surgery		80%
<b>Major Services</b> Crowns, Implants, Dentures & Bridges, Endodontics, Periodontics		50%
<b>Orthodontics</b> \$1,000 Lifetime Maximum		50%
<b>Annual Maximum</b> Per covered individual		\$1,000
Enhanced Plan <i>(Delta Dental PPO Plus Premier)</i>		
<b>Diagnostic &amp; Preventive</b> Cleanings, Exams, X-rays, Sealants		100%
<b>Minor Services</b> Fillings, Extractions, Oral Surgery, Endodontics, Periodontics		80%
<b>Major Services</b> Crowns, Implants, Dentures & Bridges		50%
<b>Orthodontics</b> \$1,000 Lifetime Maximum		50%
<b>Annual Maximum</b> Per covered individual		\$1,250

## Monthly Premiums

Basic Plan		Standard Plan		Enhanced Plan	
Subscriber Only	\$20.33	Subscriber Only	\$23.27	Subscriber Only	\$25.74
Subscriber + Spouse	\$40.07	Subscriber + Spouse	\$45.83	Subscriber + Spouse	\$50.68
Subscriber + Child(ren)	\$48.34	Subscriber + Child(ren)	\$63.64	Subscriber + Child(ren)	\$68.25
Family	\$72.17	Family	\$91.52	Family	\$100.34

## GLI Vision Plans

	Benefit Frequency	Copay or Allowance
<b>DeltaVision 130</b>		
WellVision Exam	12 months	\$10 copay
Lenses	12 months	\$25 copay
Frames	24 months	\$130 allowance
Contacts (in lieu of glasses)	12 months	\$130 allowance
<b>DeltaVision 150</b>		
WellVision Exam	12 months	\$10 copay
Lenses	12 months	\$10 copay
Frames	24 months	\$150 allowance
Contacts	12 months	\$150 allowance
<b>DeltaVision 150+</b>		
WellVision Exam	12 months	\$10 copay
Lenses	12 months	\$10 copay
Frames	24 months	\$150 allowance
Contacts	12 months	\$150 allowance
<b>DeltaVision 175</b>		
WellVision Exam	12 months	\$10 copay
Lenses	12 months	\$10 copay
Frames	12 months	\$175 allowance
Contacts	12 months	\$17 allowance

## Monthly Premiums

DeltaVision 130		DeltaVision 150	
Subscriber Only	\$5.99	Subscriber Only	\$7.06
Subscriber + Spouse	\$11.98	Subscriber + Spouse	\$14.12
Subscriber + Child(ren)	\$12.82	Subscriber + Child(ren)	\$15.11
Family	\$20.49	Family	\$24.15

  

DeltaVision 150+		DeltaVision 175	
Subscriber Only	\$8.23	Subscriber Only	\$11.08
Subscriber + Spouse	\$16.46	Subscriber + Spouse	\$22.15
Subscriber + Child(ren)	\$17.08	Subscriber + Child(ren)	\$23.70
Family	\$27.31	Family	\$37.87