### Delta Dental of Kentucky Delta Dental PPO plus Premier Summary of Dental Plan Benefits

Group Name: Diocese of Covington

Group Number: 714610

Benefit Year: July 1, 2023 - June 30, 2024

Covered Services -

|   | Delta Dental<br>PPO Dentist | Delta Dental<br>Premier Dentist | Non-<br>participating<br>Dentist |
|---|-----------------------------|---------------------------------|----------------------------------|
|   | Plan Pays                   | Plan Pays                       | Plan Pays*                       |
| Diagnosti   | c & Preventive              |                                 | AND A DECKER AND A               |
| Diagnostic and Preventive Services – exams,<br>cleanings, fluoride, and space maintainers | 100%                        | 100%                            | 100%                             |
| Emergency Palliative Treatment – to temporarily<br>relieve pain                           | 100%                        | 100%                            | 100%                             |
| Brush Biopsy – to detect oral cancer  | 100%                        | 100%                            | 100%                             |
| Radiographs – X-rays  | 100%                        | 100%                            | 100%                             |
| Basi  | c Services                  |                                 | Part State Market                |
| Sealants - to prevent decay of permanent teeth  | 50%                         | 50%                             | 50%                              |
| Minor Restorative Services – fillings and crown<br>repair                                 | 50%                         | 50%                             | 50%                              |
| Endodontic Services – root canals   | 50%                         | 50%                             | 50%                              |
| Periodontic Services – to treat gum disease   | 50%                         | 50%                             | 50%                              |
| Oral Surgery Services – extractions and dental<br>surgery                                 | 50%                         | 50%                             | 50%                              |
| Major Restorative Services – crowns   | 50%                         | 50%                             | 50%                              |
| Other Basic Services – misc. services   | 50%                         | 50%                             | 50%                              |
| Relines and Repairs – to bridges, implants, and dentures                                  | 50%                         | 50%                             | 50%                              |
| Majo  | r Services                  | STRUCTURE STRUCT                | The state of the second          |
| <b>Prosthodontic Services</b> – bridges, implants, and dentures                           | 50%                         | 50%                             | 50%                              |
|   | ontic Services              |                                 | 14 : 19 EA AR                    |
| Orthodontic Services – braces   | 50%                         | 50%                             | 50%                              |
| Orthodontic Age Limit – Dependent children to the end of the month of                     |                             |                                 | month of age 19                  |

\* When you receive services from a Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental's Nonparticipating Dentist Fee that will be paid for those services. The Nonparticipating Dentist Fee may be less than what your dentist charges and you are responsible for that difference.

- 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. Two additional periodontal maintenance procedures are payable per calendar year for individuals with a documented history of periodontal disease. Full mouth debridement is payable once in a lifetime.

Customer Service Toll-Free Number: (800) 955-2030 www.DeltaDentalKY.com

- > Fluoride treatments are payable once per calendar year for people up to age 14.
- Bitewing X-rays are payable once per calendar year and full mouth X-rays (which include bitewing X-rays) are payable once in any five-year period.
- Sealants are payable once per tooth per two-year period for the occlusal surface of first and second permanent molars up to age 14. The surface must be free from decay and restorations.
- Composite resin (white) restorations are Covered Services on posterior teeth.
- > Porcelain and resin facings on bridges are Covered Services on posterior teeth.
- > Implants and implant related services are payable once per tooth in any five-year period.

**Deductible** – \$50 Deductible per person total per Benefit Year limited to a maximum Deductible of \$150 per family per Benefit Year. The Deductible does not apply to diagnostic and preventive services, emergency palliative treatment, brush biopsy, X-rays, sealants, cephalometric films, photos, diagnostic casts and orthodontic services (including surgical repositioning of teeth).

Maximum Payment – \$2,000 per person total per Benefit Year on all services, except cephalometric films, photos, diagnostic casts and orthodontic services (including surgical repositioning of teeth). \$1,000 per person total per lifetime on cephalometric films, photos, diagnostic casts and orthodontic services (including surgical repositioning of teeth).

Dependent Age Limit - Dependents are covered up to age 26.

**Eligible People** – The subscriber (you) is eligible for dental benefits when your employer or organization notifies Delta Dental.

Also eligible at your option are your legal spouse and your children who meet the age requirements noted above. You and your eligible dependents must enroll for a minimum of 12 months. If coverage is terminated after 12 months, you may not re-enroll prior to the open enrollment that occurs at least 12 months from the date of termination. Your dependents may only enroll if you are enrolled (except under COBRA) and must be enrolled in the same plan as you. Plan changes are only allowed during open enrollment periods, except that 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.

If you and your spouse are both eligible under this Contract, you may be enrolled as both a Subscriber on your own application and as a dependent on your spouse's application. Your dependent children may be enrolled on both applications as well. Delta Dental will coordinate benefits.

Benefits will cease on the last day of the month in which the employee is terminated.

This Summary of Dental Plan Benefits should be read along with your Certificate. Your Certificate provides additional information about your Delta Dental plan, including information about plan exclusions and limitations. If a statement in this Summary conflict with a statement in the Certificate, the statement in this Summary applies to you and you should ignore the conflicting statement in the Certificate. The percentages above are applied to Delta Dental's allowance for each service and it may vary due to the dentist's network participation.\*

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# **Delta Dental of Kentucky ID Cards**

Good news! Your ID card is not required to receive services. The provider can verify eligibility with your name/date of birth, social security number, or enrollee ID number. However, if you want a copy of your card, it's easy for you or your employer representative to obtain.

## Print a temporary card:

Members can use the **Member Portal** to print a temporary ID card.

- 1. Visit ky.deltadental.com/memberportal
- 2. Sign into the Member Portal or Sign Up as a new user.
- 3. Click View & Print ID card on the upper right side of the portal home page.
- 4. Click Print to print a temporary card.

Employers can use the **Benefit Manager Toolkit** to print a temporary ID card.

- 1. Visit ky.deltadental.com/bmt
- 2. Sign into the Benefit Manager Toolkit.
- 3. Use "Inquiry" to search for member and then click Print ID card at bottom of screen.

## Utilize the Mobile App:

Members can use the **Delta Dental Mobile App** to view their ID card.

2

- 1. Download the Delta Dental Mobile App in the Apple or Android store.
- 2. Register for an account.
- View and share your ID card from your phone or easily save it to your device for quick access.

## Request a new card:

Members can call or email for a new card to be mailed to their home.

- 1. Call Delta Dental of Kentucky at (800) 955-2030, or;
- 2. Email Delta Dental of Kentucky at customerservice@deltadentalky.com

#### Delta Dental of Kentucky | ky.deltadental.com | 800-955-2030

Delta Dental of Kentucky has provided more than \$20 million to Non-profits across Kentucky since 2003. \*Registered Mark of Delta Dental Plans Association

# Delta Dental Mobile App

Manage your oral health anytime, anywhere

Your oral health is important to Delta Dental — and to your overall health! We've designed our mobile app to make it easy for you to make the most of your dental benefits. Maximize your health, wherever you are! Search for a dentist near you, view ID cards and more, right on your mobile device.



#### **Getting started**

The Delta Dental Mobile App is optimized for iOS (Apple) and Android devices. To download our app on your device, visit the App Store (Apple) or Google Play (Android) and search for Delta Dental Mobile App. Or, scan the QR code below. You will need an internet connection in order to download and use most features of our free app.

#### Logging in to view benefits

Delta Dental members can sign in using the username and password they use to sign in to our website. If you haven't registered for an account yet, you can do that within the app. If you've forgotten your username or password, you can also retrieve these via the Delta Dental Mobile App.



SCAN TO DOWNLOAD DELTA DENTAL MOBILE APP

# Delta Dental Mobile App features

Sign in to access the full range of tools and resources

| <b>Mobile ID card</b><br>No need for a paper card. View and share your ID card from your phone, and easily<br>save it to your device for quick access, including Apple Passbook and Google Wallet.   |
|--|
| <b>Find a dentist</b><br>It's easy to find a dentist near you. Search and compare dental offices to find one<br>that suits your needs. Save your family's preferred dentists to your account for easy<br>access.   |
| <b>Dental Care Cost Estimator</b><br>Find out what to expect with our Dental Care Cost Estimator. Our easy to use tool<br>provides estimated cost ranges on common dental care needs for dentists in your<br>area, now with the option to select your dentist for tailored cost estimates. |
| <b>Save your preferred dentist for quick access</b><br>Save your favorite dentists using the Delta Dental Mobile App for quick access to<br>contact information making it easy to schedule your routine cleaning.  |

## Secure access to your benefits

You must sign in each time you access the secure portion of the mobile app. No personal health information is ever stored on your device. For more details on security, our Privacy Policy can be viewed by clicking the lock icon on the main menu.

Please note information displayed may vary based on your particular coverage. For more information on your coverage, contact your Delta Dental company. "Delta Dental" refers to the national network of 39 independent Delta Dental companies that provide dental benefits and is a registered trademark of Delta Dental Plans Association.

#### ky.deltadental.com





## Delta Dental of Kentucky Accessing Online Benefits

# Stay informed about your dental benefits with Member Portal



### Stay current on your dental benefits with Delta Dental's easy-to-use Member Portal.

This secure online tool is designed to give you 24/7 access to important information regarding your dental benefits, including:

- Eligibility information
- Current benefits information (such as how much of your yearly benefit has been used to date)
- Specific claims information, including what has been approved and when it was paid

The site also allows you to sign up for electronic delivery of Explanation of Benefits (EOB) statements, print claim forms and identification cards, and browse oral health information.

All users must first register to gain access to the Member Portal. Privacy of your online benefit information is assured through highly secure encryption technology.

### Get started today

To start taking advantage of this innovative tool, follow these simple steps:

- 1. Visit www.memberportal.com.
- 2. Select "Sign Up" on the home page.
- 3. Complete the required fields under "Validate Membership" and click "Create Account." NOTE: You will need the subscriber's (the person whose name is on the benefit package) member ID. In many cases, the member ID is the same as the subscriber's Social Security number.
- 4. Complete required fields and follow the on-screen instructions.
- 5. Return to the home screen and log in using the unique username and password you created.

If you need further assistance, contact Member Portal support at 866-356-0301.

**Mobile App** - Delta Dental's mobile app provides the ability to search for a Delta Dental Premier<sup>®</sup> or Delta Dental PPO<sup>™</sup> dentist in your area, check your claims and coverage information on the go, get estimated cost ranges for common dental services, and access a mobile ID card that you can show your dental office.

#### Delta Dental of Kentucky | ky.deltadental.com | 800-955-2030

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# Easy Reference Guide

DASI (Delta Dental Automated Service Inquiry)

DASI is quick and easy to use. You're able to access coverage and claims information 24 hours a day, 7 days a week.

#### What do you need to use DASI?

Members, clients and other non-dental office callers need to provide the subscriber's member number (usually social security number), relationship of the patient/ member to the subscriber, and the date of birth of the patient/member.

#### What information is available?

With DASI, you can receive the following for any Delta Dental of Arkansas, Indiana, Kentucky, Michigan, New Mexico, North Carolina, Ohio or Tennessee member:

- Eligibility
- Current effective date of coverage
- Eligibility for specific benefits (exams, cleanings, fluoride, X-rays, and occlusal guard)
- ID cards by fax or mail
- Fax copies of benefits and eligibility, explanation of benefits, and pre-treatment estimates
- · Lists of participating dentists via voice, fax or mail
- Mailing address information
- Claim and pre-treatment estimate status
- Check status for paid claims
- Maximums and deductibles, including amount met to date and services that apply
- Coordination of benefits allowance

To assist you in navigating the system efficiently, the main menu is listed here. Listening to the entire menu is not necessary. Once you become familiar with the system and know what information you want, you can speak or press the digits on your touch-tone keypad and go directly to the data.

#### At the greeting:

#### SAY "SUBSCRIBER" or PRESS 2

- DASI will then offer the following menu of choices:
- SAY "COVERAGE INFORMATION"<sup>1</sup> or PRESS 1 for general eligibility, availability of benefits for services with time limitations (cleanings, exams and more), FaxBack of benefits and eligibility, and maximums and deductibles.
- SAY "FIND A DENTIST" or PRESS 2 to find an in-network dentist.
- SAY "ID CARDS" or PRESS 3 to receive an ID card by fax or mail.
- SAY "SOMETHING ELSE" or PRESS 4 for additional content within the "something else" menu.
- SAY "CLAIMS"<sup>1</sup> or PRESS 1 for claim and pre-treatment estimate status, process dates, check date, check status, and fax copy of a processed claim or pre-treatment estimate.
- SAY "TOOLKIT SUPPORT" or PRESS 2 to be transferred to a Consumer Toolkit support representative.
- SAY "DELTA DENTAL'S MAILING ADDRESS" or PRESS 3 to hear the mailing address for claims and inquiries.
- SAY "REPRESENTATIVE" or PRESS 4 to speak with a customer service representative.

'Member number and patient's date of birth required

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## Delta Dental of Kentucky Find a Dentist

## How to find a Delta Dental participating provider:

First, determine the Delta Dental plan(s) you are looking at for your dental benefits and then search using the methods below:

**Delta Dental PPO™** – In-network benefits are available through providers who participate in the Delta Dental PPO network. (See your benefit summary for specific coverage levels by network.)

**Delta Dental Premier**<sup>®</sup> – In-network benefits are available through providers who participate in the Delta Dental Premier network. (See your benefit summary for specific coverage levels by network.)

Delta Dental PPO Plus Premier<sup>™</sup> – In-network benefits are available through providers who participate in the Delta Dental PPO or Delta Dental Premier network. (See your benefit summary for specific coverage levels by network.)

DeltaCare® USA - Benefits are only available through providers who participate in the DeltaCare network.

Second, choose one of the following methods to identify a participating provider who is in your plan:



#### Internet

Visit ky.deltadental.com and request the information by city, state, zip code, provider's name or specialty.

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|     |       |

#### Mobile App

Download the mobile app for Apple or Android. To download, visit the App Store (Apple) or Google Play (Android) and search for Delta Dental.



**Customer Service** Call Delta Dental customer service at 800-955-2030 and ask if your provider is participating in the network associated with the plan that you have chosen.



#### **Call Your Provider**

Call your provider's office and ask if he/ she participates in the network associated with the plan that you have chosen.

It is important that you verify a provider's status each time you seek care as a provider contract may change. It is your responsibility to verify that the provider you use is contracted with the Delta Dental network associated with the plan that you have chosen. If you receive treatment from a non-network provider, your benefits may be paid at a lower percentage or you may be balance billed.

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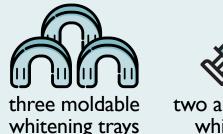


Special offer for employees and families

As Delta Dental of Kentucky members, You receive **50% off** CustMbite Smile Whitening Kits!

Visit custmbite.com and use code SMILEKIT50 at checkout. Retail Value \$39.77 / With Code \$19.89

Smile Kits include:



two applicators of whitening gel

CustMbite Smile Kits provide radiant smiles for everyone. Our whitening trays, made from our patented Vistamaxx<sup>™</sup> material, provides a comfortable and secure fit while our gel and foam give you a brighter cleaner, more radiant smile.

CustMBite is a wholly-owned subsidiary of Delta Dental of Kentucky, Inc.

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855-253-4680 I customerservice@custmbite.com





# VSP® Vision Savings Pass™

VSP Vision Savings Pass is a discount vision program that offers immediate savings on eye care and eyewear. This is not an insurance plan.

#### See the Savings

- · Access to discounts through a trusted, private-practice VSP doctor
- One rate of \$50 for an eye exam<sup>1</sup>
- · Special pricing on complete pairs of glasses and sunglasses
- 15% savings on a contact lens exam<sup>2</sup>
- Unlimited use on materials throughout the year
- Exclusive Member Extras, like rebates and special offers



#### Unlimited Annual Material Use<sup>3</sup>

Your VSP Vision Savings Pass can be used as often as you like throughout the year. With the best choices in eyewear, we make it easy to find the perfect frame that's right for you, your family, and your budget. Choose from great brands like Anne Klein, bebe®, Calvin Klein, Flexon®, Lacoste, Nike, Nine West, and more.<sup>4</sup>

| How to            | Use Your     |
|-------------------|--------------|
| <b>VSP</b> Vision | Savings Pass |

1. Find a VSP doctor at **vsp.com** or call **800.877.7915**.

 Save immediately on eye exam<sup>1</sup> and eyewear at the time of service.
 Take advantage of your VSP Vision Savings Pass over and over - use is unlimited on materials.<sup>3</sup>

| Service                 | Reduced prices and savings   |  |  |
|-------------------------|--|--|--|
| Wellvision Exam*        | <ul> <li>\$50 with purchase of a complete pair of prescription glasses</li> <li>20% off without purchase.</li> <li>Once every calendar year.</li> </ul>  |  |  |
| Retinal Screening       | <ul> <li>Guaranteed pricing with Wellvision Exam, not to<br/>exceed \$39.</li> </ul>   |  |  |
| Lenses                  | <ul> <li>With purchase of a complete pair of prescription glasses:</li> <li>Single Vision \$40</li> <li>Lined trifocals \$75</li> <li>Lined bifocals \$60</li> <li>Polycarbonate for children \$0</li> </ul> |  |  |
| Lens Enhancements       | <ul> <li>Average savings of 20-25% on lens enhancements such as<br/>progressive, scratch-resistant and anti-reflective coating.</li> </ul>   |  |  |
| Frames                  | <ul> <li>25% savings when a complete pair of prescription glasses is<br/>purchased.</li> </ul>   |  |  |
| Sunglasses              | • 20% savings on unlimited non-prescription sunglasses from any VSP doctor within 12 months of your last Wellvison Exam.   |  |  |
| Contact Lenses          | • 15% savings on contact lens exam (fitting and evaluation).   |  |  |
| Laser Vision Correction | • Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities.  |  |  |

SEE WHY WE'RE CONSUMERS' #1 CHOICE IN VISION CARE<sup>5</sup>

Contact us. vsp.com | 800.877.7195

1. This cost is only available with the purchase of a complete pair of prescription glasses; otherwise, you'll receive 20% off an eye exam only.

- Applies only to contact lens exam, not materials. You are responsible for 100% of the contact lens material cost.
   Unlimited use is for materials only. An eye exam is limited to once a year per member.
- Brands subject to change.
- 5.Blueocean Market Intelligence National Vision Plan Member Research, 2014.

THIS PLAN IS NOT INSURANCE and is not intended to replace health insurance. This plan is not a Qualified Health Plan under the Affordable Care Act. THIS IS NOT A MEDICARE PRESCRIPTION DRUG PLAN. There is no cost to join this discount program. The plan provides discounts at certain health care providers for services. The range of discounts will vary depending on the type of provider and service. Plan members are obligated to pay for all health care services but will receive a discount from those health care providers who have agreed to provide discounts. The plan and its administrators have no liability for providing or guaranteeing service by providers or the quality of service rendered by providers. This plan is not available in Washington. Void where prohibited.

#### Delta Dental of Kentucky | ky.deltadental.com | 800-955-2030

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VSP and WellVision Exam are redistered trademarks, and Vision Savings Pass is a trademark of Vision Service Plan. Flexon is a registered trademark of Marchon Evewear. Inc.



**Listen Up!** 1 in 9 Americans are affected by hearing loss. If you think you may have hearing loss, rest easy. Delta Dental Of Kentucky has teamed up with Amplifon to offer you quality hearing health care.

# AMPLIFON HEARING HEALTH CARE PROGRAM

| Your Program        | Benefit Description  | Benefit Plan              |  |
|---------------------|--|---------------------------|--|
| Diagnostic Services | Hearing Exam   | Up to \$125*              |  |
| Hearing Devices     | Includes all major brands and technology levels  | Up to \$2,995* Per Device |  |
| Other Services**    | 1 year of free follow-up care<br>2 years of free batteries<br>3-year warranty for loss, repairs, or damage | Included                  |  |

\*The cost of a hearing exam may be as low as \$45. The cost per hearing aid through the Essential Plan may be as low as \$695.



#### Custom hearing solutions

We find the solution that best fits your lifestyle and your budget from one of our 10 manufacturers.

3

#### Continuous Care

One year free follow-up care, two years free batteries, and a three-year warranty.

Risk-free 60-day Trial



100% money-back guarantee.



#### Hearing aid low price guarantee

If you find the same product at a lower price, bring us the local quote and we'll not only match it, we'll beat it by 5%!

### HEARING LOSS AFFECTS PEOPLE OF ALL AGES

Percentage of hearing loss by age

| Age 75+   | 50% | Age 45-60 | 18%  | School Age | 3%  |
|-----------|-----|-----------|------|------------|-----|
| Age 65-74 | 33% | Age 18-44 | 6.5% | Newborn    | .3% |

# amplifon

#### WHAT CAUSES HEARING LOSS

- Excessive noise exposure is the leading cause of hearing loss in the United States in adults
- Ototoxic drugs can cause hearing loss, tinnitus or balance disorders. There are over 200 known medications including: NSAIDS, antibiotics, diuretics, some cardiac medicine, and more.
- Aging is also a cause of hearing loss. Over time, our ears change and the tiny hair cells that help us hear become damaged and cannot re-grow.
- Various illnesses and diseases can be associated with hearing loss. Some include Meningitis, Heart Disease, Diabetes, Ménière's disease and Alzheimer's, among others.
- Other factors can lead to a higher risk of hearing loss as well, such as obesity, birth defects, head injuries, family history, smoking, and more

#### HOW CAN I PREVENT HEARING LOSS

- · Wear hearing protection and limit the time you're exposed to noise
- Turn down the volume keep music and TV volume at 50% or less
- Maintain a healthy lifestyle to avoid conditions such as high blood pressure and diabetes which contribute to hearing loss
- Avoid ototoxic medications talk to your healthcare professional when drugs are prescribed

#### WHEN SHOULD I GET MY HEARING CHECKED

Hearing loss can come on gradually. You may not even notice it's happening. As a rule of thumb, if your hearing test reports your hearing is OK, stick to once every three to five years. You should test your hearing annually if you are 55 or older or are experiencing any of the following:

- Consistent exposure to loud noises
- Difficulty understanding in noisy environments or in groups
- · Hearing mumbling or feeling as though people are not speaking clearly
- Ringing in your ears

#### DO I REALLY NEED HEARING AIDS?

#### My hearing isn't THAT bad...

Even mild hearing loss can negatively affect

key areas of your life, including: mental health, physical health and income. Additionally, untreated hearing loss is usually more noticeable to other people than the actual hearing aids.

#### ARE HEARING AIDS AFFORDABLE?

Hearing aids are an investment, but don't let the price tag scare you away from getting the treatment you deserve. A few ways to find cost savings while purchasing hearing aids, including:

#### The Amplifon Program

With Amplifon, you have access to substantial savings on hearing devices and services.

#### Financing

Amplifon offers interest free financing to those who qualify.

#### HSA, HRA, FSA

You can use your pre-tax dollars from your health savings account to help pay for hearing aids.

### www.amplifonusa.com/deltadentalky

\*\*Batteries - Maximum of 80 cells/ear per year. Risk-free trial - 100% money-back guarantee if not completely satisfied. No restocking or return fees. Warranty - Some exclusions apply. Limited to one-time claim for loss and damage. Manufacturer deductible may apply. 1 Source: https://www.asha.org/articles/untreated-hearing-loss-in-adults/

Amplifon Hearing Health Care is solely responsible for the administration of hearing health care services, and its own financial and contractual obligations. Delta Dental Of Kentucky and Amplifon are independent, unaffiliated companies. The Amplifon Hearing Health Care discount program is not approved for use with any 3rd party payor program, including government and private third-party payor programs. Hearing services are administered by Amplifon Hearing Health Care, Corp.

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