Fully Insured Rate
Kentucky Association

Effective Date: January 1, 2026
Domicile State: Kentucky

Plan A no Ortho - VOL

Deductibles	In-Network	Out-of-Network
Annual Deductible	$50	$50
Family Deductible Multiple	3X Individual	3X Individual
Deductible Waived - Diag/Prev	Yes	Yes
Deductible Waived – Orthodontics	N/A	N/A

Cost-Shares	In-Network	Out-of-Network
Diagnostic & Preventive	100% Coinsurance	100% Coinsurance
Basic Restorative	80% Coinsurance	80% Coinsurance
Non Surgical Endodontics	50% Coinsurance	50% Coinsurance
Surgical Endodontics	50% Coinsurance	50% Coinsurance
Non Surgical Periodontics	50% Coinsurance	50% Coinsurance
Surgical Periodontics	50% Coinsurance	50% Coinsurance
Simple Oral Surgery	50% Coinsurance	50% Coinsurance
Complex Oral Surgery	50% Coinsurance	50% Coinsurance
Major Restorative	50% Coinsurance	50% Coinsurance
Prosthetics	50% Coinsurance	50% Coinsurance
Prosthetic Repairs & Adjustments	50% Coinsurance	50% Coinsurance
Orthodontics	Not Covered	Not Covered
Orthodontic Covers	None	None

Maximums	In-Network	Out-of-Network
Annual Maximum	$1,000	$1,000
Annual Maximum Carryover/Carry in	Yes/No	Yes/No
Out of Pocket Maximum Individual/Family	Not Applicable	Not Applicable
Lifetime Orthodontic Maximum	Not applicable	Not applicable

Quote Details	
Product and Network	Essential Choice and Complete Network
Participation Requirement	Voluntary - min 2 enrolled
SIC	Various Industries
OON Reimbursement	Prime (MAC)
Dependent Age	Children to Age 26
Contract Length	Through 12/31/26
Posterior Composites	Covered as Composites
Implants	Limited to one per tooth/arch per 84 months
Brush Biopsy	Covered, 1 per 12 months; all ages
Cosmetic Teeth Whitening	Not Covered
TMJ	Not Covered
Sealants	Covered as D&P - 1 per 60 months; through age 18
Full Mouth X-Rays	Covered as D&P - 1 per 60 months
Bitewing X-Rays	Covered as D&P - 1 set per 12 months
Prior Coverage	With Prior Coverage
Waiting Periods - Bas/Maj	6 Month Basic/12 Month Major
Waiting Periods - Ortho	N/A
Waived (Initial Enrollees only)-Bas/Maj/Ortho	Yes / Yes / N/A
Kids Plus	Not Included

Tier	Premium Rates
Employee	$20.70
Employee + Spouse	$42.22
Employee + Child(ren)	$47.92
Employee + Family	$72.85

Accepted By:

Signature _____ Date _____

Title _____

Underwriter: CJ Cox
Sales Rep:

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Anthem

Assumptions:

Note 1:	Anthem Blue Cross and Blue Shield reserves the right to revise the premiums or charges should the group request changes in their benefits, networks, or service level, or should the total enrollment or enrollment distribution by product, membership type, or location differ by 10% or more from the ending of the enrollment noted above. Minimum participation and contribution requirements must be maintained at all times to continue coverage.
Note 2:	5.00% broker commission is included in this rate quote.
Note 3:	This Anthem plan assumes no underlying funding of any type including, but not limited to, copays, deductibles and other cost-shares.
Note 4:	Premium discounts may apply if dental coverage is combined with other Anthem lines. Please contact your Anthem sales representative for details. This quote is valid for 60 days.
Note 5:	This proposal is not valid as part of a dual option offering.

Enrollment Requirements

A minimum of 2 eligible employees must enroll in this plan. If 50% or more of the employees are located outside the employer's state of domicile, acceptance is contingent upon underwriting approval. Dental offices are not eligible for coverage. DHMO is not considered comparable coverage.

Final rates are subject to underwriting approval and verification of all assumptions used in the proposal rating.

Please note: Cosmetic benefits, such as teeth bleaching, in an insurance policy may have income tax implications for both employer groups and plan members. For example, the dollar value of the cosmetic benefit may be considered part of an individual's taxable income. For more information concerning the tax ramifications of cosmetic insurance benefits, please consult a legal or tax advisor.

Underwriter: CJ Cox
Sales Rep: