

Benefit Summary

Dear State of Kentucky Employee:

We appreciate the opportunity to make available Vision and Dental Benefits for 2009. You may select coverage that best meets your needs. Following is information concerning the plans. Policy effective dates are the 1st of the month following your first payroll deduction. Please refer to www.denniskrolinsurance.com for the most up-to-date provider directories.

PPO (EP510) Plan - High Option*

- Select your "Favorite Dentist"
- 100% Type I - Diagnostic - Oral Exams and Cleanings (one every 6 months)
- 80% Type II - Simple Restorative Services (fillings), Periodontics, and surgical tooth extractions
- 50% Type III - Major restorative services - Bridge and Crowns
- 50% Type IV - Orthodontic - through age 19
- Waiting Periods - Type I - none; Type II - 6 months; Types III & IV 12 months

Advantage (AVK3) Plan*

- No deductibles, annual maximums, or claim forms to file
- No waiting periods or pre-existing conditions
- Orthodontics for children and adults
- No office visit co-pay
- No need to pre-select a dentist
- 20% discount on specialty services and procedures not listed

DHMO (C250Z) Plan*

- No deductibles, annual maximums or claim forms to file
- No waiting periods or pre-existing conditions
- Orthodontics for children and adults
- \$5 visit co-pay
- Must select a dentist during enrollment from list in order to be placed on roster
- 25% discount on specialty services and procedures not listed

VisionCare Plan*

- Comprehensive eye exam
- Obtain a pair of glasses or elect contact lenses
- Maximize benefits by utilizing an In-Network Provider
- Out-of-Network benefits available

Dependents are covered until age 19 unless they are a full-time student in which they will be covered until age 23.

The monthly rates of these plans effective January 1, 2009 through December 31, 2009 are:

	Dental PPO (EP510) Plan	Dental Advantage (AVK3) Plan	Dental DHMO (C250Z) Plan	Vision VisionCare Plan
Employee	\$22.56	\$18.75	\$15.12	\$7.50
Employee + One	\$42.06	\$34.98	\$30.24	\$18.00
Employee + Family	\$59.02	\$49.08	\$45.36	\$21.00

Coverage will be effective the first of the month after your payroll deduction is made. Enrollment in CompBenefits plans are for a minimum of 12 months. Any questions can be answered by calling Krol Insurance at 800-467-5765.

*Please refer to the full schedule of benefits to review actual coverages.