



Voluntary PPO Dental Plan

University of Denver -- Group # 8826-0100
Enhanced Plan

Calendar Year Deductible	\$50 - Individual \$150 - Family	Applies to Type 2 & 3 services only
Calendar Year Maximum	\$1,500	Per Individual
Orthodontic Lifetime Maximum	\$1,000	Per Individual
Who can be covered	Employee, spouse, dependent children to age 26 and domestic partners are eligible for both dental and orthodontic coverage	

Network	Delta Dental PPO SM Dentist	Delta Dental Premier [®] Dentist	Benefit Limitations
Type 1: Preventive Services			
Oral Exams & Cleanings	100%	100%	Limited to one evaluation/cleaning in a 6-month period
Sealants	100%	100%	Once per tooth in 36 months under age 15 - for unrestored 1st and 2nd permanent molars
Bitewing X-Rays	100%	100%	Once in a 12-month period
Full Mouth X-Rays	100%	100%	Once in a 60-month period
Fluoride	100%	100%	One treatment in a 12-month period under age 16
Space Maintainers	100%	100%	For premature loss of baby teeth only under age 14
Type 2: Basic Services			
Fillings	80%	80%	Amalgam fillings on back teeth, composite (white) fillings on front teeth only
Oral Surgery (Extractions)	80%	80%	General anesthesia is a benefit with covered oral surgery procedures only
Endodontics/Periodontics	80%	80%	
Type 3: Major Services			
Denture Reline/Rebase	50%	50%	Six months after initial insertion; then once in 36 months
Special Resorative	50%	50%	Inlays and onlays
Crowns	50%	50%	Once per tooth in a 84-month period
Dentures	50%	50%	Once in a 60-month period; not a benefit under age 16
Fixed Bridgework	50%	50%	Once per tooth in a 84-month period, not a benefit under age 16
Implants/TMJ	50%	50%	
Type 4: Orthodontic (Braces) Services			
Orthodontic Evaluation and/or Treatment	50%	50%	Complete orthodontic evaluation and/or active treatment

The PPO percentage of benefits is based on the PPO Schedule of Allowance.

The Premier percentage of benefits is limited to the Premier Maximum Plan Allowance.

The out-of-network percentage of benefits is limited to the out-of-network Maximum Plan Allowance.

You are responsible for the difference between the out-of-network Maximum Plan Allowance and the full fee charged by your dentist.

Late enrollment benefits restriction (waived for those who enrolled prior to or during the May 2012 open enrollment)

There is an annual open enrollment period for dental. Those who do not enroll in the dental plan when initially eligible as a new hire, or re-enroll, will be considered Late Enrollees and will be subject to a 6 month waiting period on Basic Services and a 12 month waiting period on Major and Orthodontic Services. The "Late Enrollee" penalty does not apply to those covered by another group dental plan who enroll within 31 days of loss of the other dental coverage and to children who are enrolled on any anniversary prior to the 4th birthday.

Important Note: This form provides only a brief description of services covered under your contract and does not list those services which are limited or excluded from coverage. Your Employee Benefit Booklet provides a more complete explanation of your coverage, including limitations and exclusions. If differences exist between this Summary of Benefits and your Employee Benefit Booklet, the Benefit Booklet will govern.