



**Delta Dental Voluntary PPO plus Premier – Enhanced Plan
University of Denver – Group #8826**

MAXIMUM BENEFIT Calendar Year Maximum			\$1,500 per member, per calendar year	
CALENDAR YEAR DEDUCTIBLE Applies to Basic and Major			Individual Deductible – \$50.00 Combination of in and out-of-network Family Deductible – \$150.00 Combination of in and out-of-network	
PPO Dentist	PREMIER Dentist	NON-PAR Dentist	COVERED SERVICES	BENEFIT INFORMATION (subject to Delta Dental guidelines)
DIAGNOSTIC AND PREVENTIVE SERVICES				
100%	100%	100%	Oral Exams and Cleanings	Once in a 6-month period.
			Sealants	Once per tooth in 36 months for permanent molars in children through age 14
			Bitewing X-Rays	Once in a 12-month period
			Full Mouth X-Rays	Once in a 60-month period
			Fluoride	Once in a 12-month period, through age 15
			Space Maintainers	Children through age 13
BASIC SERVICES				
80%	80%	80%	Fillings	Amalgam fillings on back teeth, composite fillings on front teeth
			Simple Extraction	
			Oral Surgery	General anesthesia is a benefit with covered oral surgery procedures only
			Endodontics / Periodontics	
MAJOR SERVICES				
50%	50%	50%	Implants, Crowns	Once per tooth in a 84-month period
			Dentures	Once in a 60-month period; not a benefit under age 16
			Bridges	Once per tooth in an 84-month period; not a benefit for children under age 16
ORTHODONTICS \$1,000 lifetime maximum				
50%	50%	50%	For covered adults and children	

You are enrolled in a Delta Dental PPO plus Premier plan. You and your family members may visit any licensed dentist, but will enjoy the greatest out-of-pocket savings if you see a Delta Dental PPO dentist. There are three levels of dentists to choose from.

PPO Dentist - Payment is based on the PPO dentist's allowable fee, or the actual fee charged, whichever is less.

Premier Dentist - Payment is based on the Premier Maximum Plan Allowance (MPA), or the fee actually charged, whichever is less.

Non-Participating Dentist - Payment is based on the non-participating Maximum Plan Allowance. **Members are responsible for the difference between the non-participating MPA and the full fee charged by the dentist.**

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 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.

This is a brief description of services covered under your dental plan. Please refer to the Employee Benefit Booklet for full plan details. If differences exist between this summary and the Employee Benefit Booklet, the Employee Benefit Booklet will govern.