

## Delta Dental PPO plus Premier – Base Plan University of Denver – Group #8826

MAXIMUM BENEFIT				\$1,000 per member, per calendar year		
Calendar Year Maximum				,		
CALENDAR YEAR DEDUCTIBLE				Individual Deductible – \$50.00 Combination of in and out-of-network		
Applies to Basic and Major Services				Family Deductible — \$150.00 Combination of in and out-of-network		
RIGHT START 4 KIDS PPO and Premier Networks Only				Covers children up to their 13th birthday at 100% with no deductible (for the same services outlined in the plan, up to the annual maximum, and subject to limitations and exclusions). The child must see a Delta Dental PPO or Premier provider to receive the 100% coinsurance. If an out-of-network provider is seen, the adult coinsurance levels will apply. Orthodontics, if selected as part of the group's plan, is not covered at 100% but at the plan's listed coinsurance.		
PPO Dentist	PREMIER Dentist	NON-PAR Dentist	COVERED SERVICES		BENEFIT INFORMATION (subject to Delta Dental guidelines)	
DIAGNO	STIC AND PE	REVENTIVE S	SERVICES			
100%	100%	100%	Oral Exams and Cleanings		Twice each in a calendar year. Two additional cleanings may be covered for those with a documented EBD condition.	
			Sealants		Once per tooth in a 36-month period for unrestored permanent molars, through age 14	
			Bitewing X-Rays		Once in a calendar year	
			Full Mouth X-Rays		Once in a 60-month period	
			Fluoride		Twice in a calendar year, through age 15	
			Space Maintainers		One per quadrant, per lifetime to maintain space for eruption of permanent posterior teeth, through age 13	
BASIC SE	RVICES					
80%	80%	80%	Fillings (Composite or Amalgam)		Once per tooth in a 12-month period	
			Simple Extractions			
			Oral Surgery			
			Endodontics / Periodontics			
MAJOR S	SERVICES					
50%	50%	50%	Crowns		Once per tooth in a 60-month period. Not a benefit under age 12.	
			Implants		Once per tooth in a 60-month period. Not a benefit under age 16.	
			Dentures, Bridges		Once in a 60-month period, only when existing prosthesis cannot be made serviceable. Fixed bridges or removable partials are not a benefit under age 16.	

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. You will receive the best benefit by choosing a PPO dentist.

Open Enrollment applies. Members may add coverage once per year.

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.