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

Maximum Benefit Calendar Year Maximum			\$1,000 Per Person All Covered Classes, In and Out of Network	
Calendar Year Deductible Applies to Basic and Major Services			Individual Deductible – \$50.00 Combination of In and Out of Network 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 and Limitations)
Diagnostic and Preventive Services				
100%	100%	100%	Oral Evaluation	Two exams in a calendar year are covered
			Bitewing X-rays	Covered once in a calendar year
			Full Mouth/Panoramic X-rays	Covered once in a 60-month period
			Routine Cleaning	Two cleanings in a calendar year are covered. Two additional cleanings may be covered for those with a documented Evidence Based Dentistry condition.
			Fluoride Treatments	Covered twice in a calendar year through age 15
			Space Maintainers	Allowed one per lifetime for posterior primary teeth – through age 13
			Sealants	1 per tooth in 36 months – through age 14 on unrestored permanent molars
Basic Serv	ices			
80%	80%	80%	Fillings	Benefits on the same surface limited to 1 in 12 months
			Oral Surgery (Extractions)	
			General Anesthesia	Benefit with covered oral surgery
			Surgical Periodontal	Benefit once every 24 months
Major Services				
50%	50%	50%	Crowns	Benefit 1 in 60 months same tooth – not a benefit under age 12
			Dentures, Partials, Bridges	Benefit 1 in 60 months – not a benefit under age 16
			Implants (Restorative and Surgical)	Benefit 1 in 60 months – 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-ofpocket 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.

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 Delta Dental of Colorado. Customer Service: 1-800-610-0201 | customer_service@ddpco.com. Find us online at deltadentalco.com