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

#### Maximum Benefit
- **Calendar Year Maximum**
  - $1,500 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.

#### Covered Services

<table>
<thead>
<tr>
<th>Service</th>
<th>PPO Dentist</th>
<th>Premier Dentist</th>
<th>NON-PAR Dentist</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Diagnostic and Preventive Services</strong></td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Oral Evaluation</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
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<tr>
<td>Bitewing X-rays</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Full Mouth/Panoramic X-rays</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Routine Cleaning</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Fluoride Treatments</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Space Maintainers</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Sealants</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Basic Services</strong></td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Fillings</td>
<td>80%</td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td>Oral Surgery (Extractions)</td>
<td>80%</td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td>General Anesthesia</td>
<td>80%</td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td>Surgical Periodontal</td>
<td>80%</td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td><strong>Major Services</strong></td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Crowns</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Dentures, Partialis, Bridges</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Implants (Restorative and Surgical)</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>TMJ Treatment</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Orthodontic Services</strong></td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Orthodontic Treatment</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

#### Benefit Information
(Subject to Delta Dental Guidelines and Limitations)

**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.

A Late Enrollee must be enrolled for 6 consecutive months for Basic Services and 12 consecutive months for Major, TMJ or Orthodontic Services before any Benefits other than Diagnostic & Preventive will be covered as noted on the Declaration Page are covered.

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