

## Dental <a href="Plan Options">Plan Options</a>





## Insured by Delta Dental and Beta Health

Good oral care enhances overall physical health, appearance and mental well-being. Problems with the teeth and gums are common and easily treated health conditions. The University of Denver offers you a choice of two dental plans with Delta Dental and one dental discount program with Beta Health.

With the Delta Dental options, you and your family members may visit any licensed dentist, but you will receive the greatest out-of-pocket savings if you see a Delta Dental PPO provider. If you choose to see an out-of-network dentist, you will incur additional out-of-pocket expenses, and you will be billed the difference between the total amount the provider charges and the approved amount (this is called balance-billing\*). When you see a Delta Dental PPO or Premier provider, you are protected from balance-billing.

The two Delta Dental plans include the Right Start 4 Kids program. This program provides all covered services for children up to their 13th birthday at 100% with no deductible when you see a PPO or Premier provider (for the same services outlined in the plan, up to the annual maximum, and subject to limitations and exclusions). Orthodontia is not covered at 100% but at the plan's listed coinsurance.

## **Beta Health**

The Beta Health Alpha plan is a network-only dental discount program that provides an average of up to 70% savings on the most commonly performed dental procedures (including cleanings, fillings, crowns, root canals, and even orthodontia for children and adults). Refer to the Plan's fee schedule to see how much each procedure will cost. To take advantage of the savings, you and your family can see one of over 700 Colorado providers. Your provider must be selected at enrollment, but can be changed during the year anytime you wish.

	Delta Base PPO Plan		Delta Enhanced PPO Plan		
Summary of Covered Benefits	PPO	Premier or Out-of- Network	PPO	Premier or Out- of- Network	Beta Health Alpha Plan
Annual Deductible (single/family)	\$50/up to \$150		\$50/up to \$150		N/A
Annual Benefit Maximum	\$1,000 per member		\$1,500 per member		Unlimited
PREVENTIVE DENTAL SERVICES					
Oral exam, cleanings, sealants, x-rays	Covered at 100%	Covered at 100%*	Covered at 100%	Covered at 100%*	
BASIC DENTAL SERVICES					
Fillings, simple extractions, oral surgery, endodontics, periodontics	20% after ded.	20% after ded.*	20% after ded.	20% after ded.*	See Fee Schedule
MAJOR DENTAL SERVICES					
Crowns, dentures, bridges, implants	50% after ded.	50% after ded.*	50% after ded.	50% after ded.*	
Orthodontia Services Adult & children	Not covered		50% to a \$1,500 lifetime maximum per member		
Late Entrant Waiting Period**	Not applicable for preventive service, 6 months on basic services and 12 months on major and orthodontia services				None

## To find a dental provider visit www.deltadentalco.com

<sup>\*</sup>Balance-billing applies if you see an out-of-network provider. The amount you may owe is the difference between the provider's billed charges and the payment received by Delta Dental based off of their "Maximum Allowable Charge" schedule.

<sup>\*\*</sup> 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 waiting period. The "Late Enrollee" penalty does not apply to those covered by another group dental plan who enroll within 30 days of loss of the other dental coverage and to children who are enrolled on any anniversary prior to the 4th birthday.