



**Delta Dental PPO + Premier
City of Boulder—Group # W2274 High Option**

MAXIMUM BENEFIT (Calendar Year)			\$2,000 per person (Covered Diagnostic & Preventive services do not count toward your calendar year maximum.)	
Orthodontic Lifetime (to age 19)			\$2,000 per person	
TMJ Lifetime			\$800 per person	
CALENDAR YEAR DEDUCTIBLE Applies to Basic and Major only			Individual Deductible- \$ 50.00 Combination of in and out-of-network Family Deductible - \$150.00 Combination of in and out-of-network	
WHO CAN BE COVERED			Employee, Spouse and Dependent Children to age 26.	
PPO Dentist	PREMIER Dentist	Non-Network	COVERED SERVICES	BENEFIT INFORMATION (subject to Delta Dental guidelines)
PREVENTIVE AND DIAGNOSTIC SERVICES				
100%	100%	100%	Oral Evaluation	Limited to 2 evaluations in a 12 month period
			Bitewing X-rays	Limited to 2 sets in a 12 month period
			Full Mouth X-rays or Panoramic	Limited to 1 in a 36 month period
			Routine Cleaning	Limited to 2 cleanings in a 12 month period- (2 additional cleanings may be allowed if special need)
			Fluoride Treatments	Limited to 2 treatments in a 12 month period-through age 15
			Space Maintainers	For posterior primary teeth- through age 13
			Sealants	1 per tooth in 36 months- through age 14 on unrestored molars
BASIC SERVICES (Fillings, Endodontics (Root Canal), Periodontics (Gum Disease) and Oral Surgery (extractions))				
80%	80%	80%	Fillings (Amalgam & Composite)	Benefits on the same surface limited to 1 in 12 months
			Oral Surgery (Extractions)	
			General Anesthesia	Benefit with covered Oral Surgery only
			Surgical Periodontal (gums)	Benefit once every 36 months
			Root Canal Therapy	
MAJOR SERVICES (Crowns, Bridges, Partials, Dentures)				
50%	50%	50%	Crowns	Benefit 1 in 60 months on same tooth-not a benefit under age 12
			Implants	Benefit 1 per tooth in 60 months – not a benefit under age 16
			Dentures, Partials, Bridges	Benefit 1 in 60 months- not a benefit under age 16
ORTHODONTICS (Braces)				
50%	50%	50%	Complete Orthodontic Evaluation. Active Orthodontic Treatment. For dependents to age 19.	
TMJ (Temporomandibular Joint Dysfunction)				
80%	80%	80%	TMJ	

PPO Dental Provider- The PPO percentage of benefits is based on the PPO Schedule of Allowance.
 Premier Dental Provider- The PREMIER percentage of benefits is limited to the Maximum Plan Allowance.
 Non-participating Dental Provider- The non-participating percentage of benefits is limited to the out of network maximum. You will be responsible for the difference between the non-participating plan allowance and the full fee charged by the dental provider.

Group has Annual Open Enrollment To Find a Dental Provider- www.deltadentalco.com Customer Service Phone # is 800 610-0201
Important Note: This form provides only a brief description of services covered under your contract and does not list those services which are limited or excluded from coverage. Your Employee Benefit Booklet provides a more complete explanation of your coverage, including limitations and exclusions. If differences exist between this Summary of Benefits and your Employee Benefit Booklet, the Benefit Booklet will govern.

Delta Dental PPO™ plus Premier



With the Delta Dental PPO plus Premier plan, you and your family members may visit any licensed provider. However, you will receive the greatest out-of-pocket savings if you see a Delta Dental PPO provider.

Advantages of the Delta Dental PPO Plus Premier Plan:

- SAVINGS:** Delta Dental providers offer our members the greatest savings and protection from balance-billing for covered services. That means they can't bill you for the difference between what they usually charge and the amount they've agreed to charge Delta Dental members. You can also ask your provider to submit a pre-determination estimate. Delta Dental will review the treatment plan and tell your provider how much you'd be responsible for so you'll have a clear understanding of cost prior to treatment.
- CHOICE:** If you choose to visit a Delta Dental Premier® provider, you'll still save money because Premier providers also accept discounted fees (however, discounts are not as great as if you see a PPO provider).
- NETWORK:** Delta Dental is the nation's largest provider of dental insurance, covering more than 80 million Americans, and offering the largest dental network with approximately 157,000 participating providers nationwide. Network providers file claims directly with Delta Dental on your behalf and accept Delta Dental's reimbursement in full.

Savings Example for a Major Procedure*							
	Estimated Charge	Maximum Allowed Fees	Percentage Paid by Delta Dental	Amount Delta Dental Pays	Amount Dentist can Balance-Bill	Total Amount You Pay	Your Total Cost Savings
PPO Network	\$1,200	\$850	50%	\$425	\$0	\$425	\$350
Premier Network	\$1,200	\$975	50%	\$487.50	\$0	\$487.50	\$225
Out of Network	\$1,200	\$700	50%	\$350	\$500	\$850	\$0

*NOTE: Payment examples above are for illustration purpose only. Check your specific plan for fees, coinsurance rates, and what procedures are considered "major", as they differ from plan to plan. Example assumes deductible has been met.

It pays to use Delta Dental network providers — especially those in our PPO network. To find a participating provider or to see if your current provider is in the network, visit our website at deltadentalco.com and use the Find a Dentist search tool.

You can also contact our customer service department, Monday–Friday 8 a.m. to 6 p.m. Mountain Time, at customer_service@ddpco.com or 1-800-610-0201 (toll-free).