

Delta Dental PPO Plan Colorado College—Group #284

MAXIMUM BENEFIT			\$1,500 per person (Combination of in and out-of-network)	
Calendar Year				
Orthodontic Lifetime - to age 19			\$1,600 per person (Combination of in and out-of-network)	
CALENDAR YEAR DEDUCTIBLE			PPO Provider- \$25 per person / \$75 per family	
PPO: Applies to Basic and Major			Non-PPO Provider- \$50 per person / \$150 per family	
Premier & Non-Participating: Applies to all services except orthodontia				
WHO CAN BE COVERED			Employee, Spouse and Dependent Children to age 26	
PREVENTION FIRST			Included - Covered Diagnostic & Preventative services do not count toward your calendar year maximum	
PPO*	**Premier	***Non-Participating	COVERED SERVICES	BENEFIT INFORMATION (subject to Delta Dental guidelines)
PREVENTIVE AND DIAGNOSTIC SERVICES				
100%	80%	80%	Oral Evaluation	Limited to 2 evaluations in a 12 month period
			Bitewing X-rays	Limited to 1 set in a 12 month period
			Full Mouth X-rays or Panoramic	Limited to 1 in a 60 month period
			Routine Cleaning	Limited to 2 cleanings in a 12 month period
			Fluoride Treatments	Limited to 1 treatment in a 12 month period- to age 16
			Space Maintainers	For posterior primary teeth- to age 14
			Sealants	1 per tooth in 36 months- to age 15 on unrestored molars
BASIC SERVICES (Fillings, Endodontics (Root Canal), Periodontics (Gum Disease) and Oral Surgery (extractions))				
80%	50%	50%	Amalgam, Resin & Composite Fillings	Benefits on the same surface limited to 1 in 12 months
			Oral Surgery (Extractions)	
			General Anesthesia	Benefit with covered Oral Surgery only
			Root Canal	
			Surgical Periodontal (gums)	Benefit once every 36 months
MAJOR SERVICES (Crowns, Bridges, Partials, Dentures)				
50%	50%	50%	Crowns	Benefit 1 in 60 months on same tooth- not a benefit under age 12
			Dentures, Partials, Bridges	Benefit 1 in 60 months- not a benefit under age 16
ORTHODONTICS (Braces)				
50%	50%	50%	Active Orthodontic Treatment. Orthodontic benefits provided to age 19.	

* The PPO percentage of benefits is based on the PPO Schedule of Allowance. **The Premier percentage of benefits is limited to the Premier Maximum Plan Allowance. ***The Non-Participating percentage of benefits is limited to the non-participating Maximum Plan Allowance. You will be responsible for the difference between the non-participating Maximum Plan Allowance and the full fee charged by the dental provider.

To Find a Dental Provider- www.deltadentalco.com—Customer Service Phone (800) 610-0201

LATE ENROLLMENT BENEFIT RESTRICTION: Those who do not enroll in the dental plan when initially eligible, or re-enroll, will be considered "Late Enrollees" and will be subject to a 12 month waiting period on Basic, Major, and Orthodontic 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.

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 85 million Americans, and offering the largest dental network with more than **154,000 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 7:30 a.m. to 5 p.m. Mountain Time, at customer_service@ddpco.com or 1-800-610-0201 (toll-free).

deltadentalco.com

