

Plan(s) Administered By:

Delta Dental of Colorado

Phone Number:

(800) 610-0201

Website:
www.deltadentalco.com/

You can choose from three comprehensive dental plan options through Delta Dental of Colorado. You can go to any dentist, but your costs are lower when you see a Delta Dental PPO Plus Premier network provider. For more information or to find a Delta Dental PPO Plus Premier network provider, go to www.deltadentalco.com or visit MyBenefits found on EmployeeCentral.

	DELTA BASIC	DELTA STANDARD		DELTA ENHANCED	
	PASSIVE PPO	PPO	NON-PPO	PPO	NON-PPO
Annual Deductible	\$50 per person / \$150 per family	\$50 per person / \$150 per family		\$25 per person / \$75 per family	
Annual Maximum	\$1,000 per person	\$1,500 per person		\$2,500 per person	
Ortho/TMJ Lifetime Maximum	Not covered	\$2500 (combined Ortho/TMJ)		\$2500 (combined Ortho/TMJ)	
Preventive/Diagnostic: Exams, X-rays and Fluoride	80%	100%		100%	
Basic Services: Fillings, Extractions and Oral Surgery	80% (after deductible)	90% (after deductible)	80% (after deductible)	90% (after deductible)	80% (after deductible)
Major Services: Crowns, Jackets, Dental Implants	50% (after deductible)	60% (after deductible)	50% (after deductible)	60% (after deductible)	

Frequencies				
Preventive/Diagnostic				
Exams	Exams - 2 in calendar year	Exams - 2 in calendar year	Exams - 2 in calendar year	Exams - 2 in calendar year
X-rays – Full/Panorex	Full Mouth Series/PANO 1 in 60 months	Full Mouth Series/PANO 1 in 60 months	Full Mouth Series/PANO 1 in 60 months	Full Mouth Series/PANO 1 in 60 months
X-rays – Bitewings	1 in a calendar year	1 in a calendar year	1 in a calendar year	1 in a calendar year
Fluoride	No age limit; 2 in calendar year	No age limit; 2 in calendar year	No age limit; 2 in calendar year	No age limit; 2 in calendar year
Space Maintainers	Through age 13 1 in lifetime	Through age 13 1 in lifetime	Through age 13 1 in lifetime	Through age 13 1 in lifetime
Sealants	Through age 14 1 in 36 months benefitted on posterior permanent molar teeth	Through age 14 1 in 36 months benefitted on posterior permanent molar teeth	Through age 14 1 in 36 months benefitted on posterior permanent molar teeth	Through age 14 1 in 36 months benefitted on posterior permanent molar teeth
Basic Services				
Fillings (Same Tooth)	1 in 12 months	1 in 12 months	1 in 12 months	1 in 12 months
Oral Surgery	Anesthesia is covered with covered Oral Surgery procedures	Anesthesia is covered with covered Oral Surgery procedures	Anesthesia is covered with covered Oral Surgery procedures	Anesthesia is covered with covered Oral Surgery procedures
Endodontics	1 in 24 months	1 in 24 months	1 in 24 months	1 in 24 months
Periodontal Surgery	1 in 36 months	1 in 36 months	1 in 36 months	1 in 36 months
Periodontal Maintenance	2 in calendar year combined with regular cleaning	2 in calendar year combined with regular cleaning	2 in calendar year combined with regular cleaning	2 in calendar year combined with regular cleaning
Major Services				
Denture	1 in 60 months	1 in 60 months	1 in 60 months	1 in 60 months
Denture Reline/Rebase	1 in 36 months	1 in 36 months	1 in 36 months	1 in 36 months
Adjust Dentures	2 in 12 months	2 in 12 months	2 in 12 months	2 in 12 months
Crowns (Same Tooth)	1 in 60 months	1 in 60 months	1 in 60 months	1 in 60 months
Implants	Not covered	1 in 60 months	1 in 60 months	1 in 60 months

This is a brief description of services covered under the dental plan. Please refer to the summary plan description for full plan details. If differences exist between this summary and the summary plan description, the summary plan description will govern.