DELTA DENTAL

Delta Dental PPO
City of Boulder—Group # 7572 (Low Option)

MAXIMUM BENEFIT (Calendar Year) **TMJ Lifetime**	**$1,000 per person** (Covered Diagnostic & Preventive services do not count toward your calendar year maximum.) **$800 per person**
CALENDAR YEAR DEDUCTIBLE Applies to Basic and Major only if PPO dentist is used. Applies to Preventive, Diagnostic, Basic and Major Services if a Non-PPO dentist is used.	**Individual Deductible - $ 50.00** **Family Deductible - $150.00**
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%	80%	80%	Oral Evaluations	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	Limited to 1 in a 36 month period
			Routine Cleaning	Limited to 2 cleanings in a 12 month period
			Fluoride Treatments	Limited to 2 treatments 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%	Fillings	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
			Dentures, Partials, Bridges	Benefit 1 in 60 months-not a benefit under age 16
ORTHODONTIA SERVICES: NOT COVERED				
TMJ (Temporomandibular Joint Dysfunction)				
80%	50%	50%	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.