



**Delta Dental PPO – BASE Plan**  
**PUEBLO SCHOOL DISTRICT 60 / Account # 000000R0069**

<b>MAXIMUM BENEFIT</b> Does not apply to Diagnostic & Preventative Services Orthodontia is combined with Maximum Benefit		\$1,000 per person    Combination of in and out-of-network	
<b>WHO CAN BE COVERED</b>		Employee, Spouse and Dependent Children to age 26.	
<b>PPO*</b>	<b>NON-PPO</b> **Premier & ***Non-Par	<b>COVERED SERVICES</b>	<b>BENEFIT INFORMATION (subject to Delta Dental guidelines)</b>
<b>PREVENTIVE AND DIAGNOSTIC SERVICES ***These procedures DO NOT apply to maximum benefit***</b>			
<b>90%</b>	<b>80%</b>	Oral Evaluation	Limited to 2 evaluations in a calendar year
		Bitewing X-rays	Limited to 2 sets in a calendar year
		Full Mouth X-rays or Panoramic	Limited to 1 in a 36 month period
		Routine Cleaning	Limited to 2 cleanings in a calendar year
		Fluoride Treatments	Limited to 2 treatment in a calendar year – through age 18
		Space Maintainers	For posterior primary teeth- through age 18
		Sealants	1 per tooth in 24 months- through age 18 on unrestored molars
<b>BASIC SERVICES (Fillings, Endodontics (Root Canal), Periodontics (Gum Disease) and Oral Surgery (extractions))</b>			
<b>80%</b>	<b>80%</b>	Amalgam Fillings	Benefits on the same surface limited to 1 in 12 months
		Resin, Composite	Benefit for anterior teeth only allowance for amalgam on posterior
		Oral Surgery (Extractions)	
		General Anesthesia	Benefit with covered Oral Surgery only
		Surgical Periodontal (gums)	Benefit once every 36 months
		Root Canal Therapy	
<b>MAJOR SERVICES (Crowns, Bridges, Partials, Dentures)</b>			
<b>50%</b>	<b>50%</b>	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
		Bridge/Denture Repair	
		Denture Rebase/Reline	Benefit 6 months after initial insertion- then benefit 1 in 36 months
<b>ORTHODONTICS (Braces) Maximum Benefit is combined with General Maximum</b>			
<b>50%</b>	<b>50%</b>	Complete Orthodontic Evaluation	
		Active Orthodontic Treatment	

\* 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 Dentist.

To Find a Dentist- [www.deltadentalco.com](http://www.deltadentalco.com) Customer Service Phone- (303) 741-9305 or (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 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](http://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](mailto:customer_service@ddpco.com) or 1-800-610-0201 (toll-free).