

Delta Dental PPO plus Premier City & County of Denver #6026 – High Plan

MAXIMUM BENEFIT - Calendar Year Maximum			\$2,000 per member (implants are limited to a maximum of \$1,000 of this \$2,000 calendar year maximum)	
Orthodontic Lifetime			\$1,000 per person	
CALENDAR YEAR DEDUCTIBLE Applies to Basic and Major Services if a PPO dentist is used. Applies to Diagnostic/Preventive, Basic & Major if a Non-PPO dentist is used.			Individual Deductible – \$25.00 Combination of in and out-of-network Family Deductible – \$75.00 Combination of in and out-of-network	
PPO Dentist	PREMIER Dentist	NON-PAR Dentist	COVERED SERVICES*	BENEFIT INFORMATION (subject to Delta Dental guidelines)
DIAGNOSTIC AND PREVENTIVE SERVICES				
100%	100%	100% of Maximum Plan Allowance	Oral Exams (all exam types including consultation) and Cleanings	Twice in a 12-month period.
			Sealants	Once per tooth in 36 months on unrestored molars in children through age 14
			Bitewing X-Rays	Once in a 12-month period
			Full Mouth X-Rays	Once in a 60-month period
			Fluoride	Once in a 12-month period, through age 15
			Space Maintainers	For posterior primary teeth children through age 13
BASIC SERVICES				
90%	80%	80% of Maximum Plan Allowance	Amalgam Fillings	Benefits on the same surface limited to 1 in 12 months
			Resin, Composite Fillings	Benefit for anterior and posterior teeth
			Oral Surgery (Extractions)	Please see benefit booklet for details
			General Anesthesia	Benefit with oral surgery only
			Surgical Periodontics (gum)	Benefit once every 36 months
			Root Canal Therapy	Please see benefit booklet for details
MAJOR SERVICES				
60%	50%	50% of Maximum Plan Allowance	Crowns	Once per tooth in a 60-month period. Not a benefit for children under age 12.
			Dentures, Partials, Bridges	Once in a 60-month period, only when existing prosthesis cannot be made serviceable. Fixed bridges or removable partials are not a benefit for children under age 16.
			Occlusal Guard (night guard)	Once in a 36-month period
50%	50%	50%	Implants	Once in a 60-month period. Not a benefit for children under age 16.
ORTHODONTICS \$1,000 lifetime maximum (Adult and Child)				
50%	50%	50% of Maximum Plan Allowance	Complete Orthodontic Evaluation	
			Active Orthodontic Treatment	

PPO Dentist - Payment is based on the PPO dentist's allowable fee, or the actual fee charged, whichever is less.

Premier Dentist - Payment is based on the Premier Maximum Plan Allowance (MPA), or the fee actually charged, whichever is less.

Non-Participating Dentist - Payment is based on the non-participating Maximum Plan Allowance. Members are responsible for the difference between the non-participating MPA and the full fee charged by the dentist. You will receive the best benefit by choosing a PPO dentist.

Open Enrollment applies. Members may add coverage once per year.

Find a Dentist: deltadentalco.com or call (800)610-0201.

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

Delta Dental PPOSM plus Premier

With the Delta Dental PPO plus Premier plan, you and your family members may visit any licensed dentist. **You will receive the greatest out-of-pocket savings if you see a Delta Dental PPO provider.** PPO and Premier providers file claims directly with Delta Dental and accept Delta Dental's reimbursement in full. You are responsible only for your deductible and coinsurance (as determined by your plan), as well as any charges for non-covered services. If you choose to see an out-of-network provider, you will incur additional out-of-pocket expenses, and you will be billed the total amount the provider charges beyond what Delta Dental pays (called balance-billing). When you see a Delta Dental PPO or Premier[®] provider, you are protected from balance-billing for covered services.

Advantages of the Delta Dental PPO plus Premier plan:

- ▶ **SAVINGS:** Delta Dental PPO providers offer our members the greatest savings.
- ▶ **CHOICE:** If you choose to visit a Premier provider, you will 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's dual network has nearly 102,000 PPO providers and an additional 50,000 Premier providers, for a total of 152,000 participating providers nationwide.

To find a participating provider or to see if your current provider is in the network, visit our website at deltadentalco.com and click on the **Find a Dentist** search tool. Or use our free mobile app for iPhone and Android. You may even be able to schedule an appointment online or on the app if your provider has Brighter Schedule.

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

Looking for a dentist? Concerned about costs? PPO providers offer you the greatest savings.			
Service: Porcelain Crown (Benefit illustration only. Example assumes deductible has been met.)			
	Greatest Savings ←		→ Least Savings
	Protected from balance-billing (for covered services)		Not protected from balance-billing
Network	Delta Dental PPO Provider	Delta Dental Premier Provider	Out-of-Network Provider
Procedure Cost	\$1,000	\$1,000	\$1,000
Maximum Provider Can Charge Patient	\$700	\$850	\$1,000+*
Benefit Percentage	50%	50%	50%**
Delta Dental Pays	\$350	\$425	\$500
You Pay	\$350	\$425	\$500+

* Please note that an out-of-network provider is not bound by Delta Dental's in-network contractual obligations and may bill patients for the remaining balance, called balance-billing. The practice of balance-billing refers to a provider's ability to bill patients for outstanding balances after the insurance company pays the required portion of the bill (coinsurance percentage).

** Check your specific plan to see what the coinsurance rate is as they differ from plan to plan.