

Delta Dental PPO Plus Premier

Boulder Valley School District- Group #1996

MAXIMUM BENEFIT (Plan Year July 1 to June 30) Orthodontic Lifetime- to age 19 TMJ- Lifetime			\$1,500 per person Combination of in and out of network \$1,250 per person Combination of in and out of network \$1,000 per person Combination of in and out of network.	
PLAN YEAR DEDUCTIBLE Orthodontic Deductible			None \$100 Lifetime Deductible on Orthodontic Services if Non-PPO provider renders services	
WHO CAN BE COVERED			Employee, Spouse and Dependent Children to age 26. Orthodontics for Dependent Children to age 19.	
IN- NETWORK		Out of Network	COVERED SERVICES	BENEFIT INFORMATION (subject to Delta Dental guidelines)
*PPO Dentist	**PREMIER Dentist	***NON-PAR Dentist		
PREVENTIVE AND DIAGNOSTIC SERVICES (Do not count against annual maximum)				
100%*	100%**	75%***	Oral Evaluation	Limited to 2 evaluations in a plan year
			Bitewing X-rays	Limited to 1 set in a plan year
			Full Mouth X-rays or Panoramic	Limited to 1 in a 60 month period
			Routine Cleaning	Limited to 2 cleanings in a plan year
			Fluoride Treatments	Limited to 1 treatment in a plan year – through age 15
			Space Maintainers	For posterior primary teeth- through age 13
			Sealants	1 per tooth in 36 months- through age 14 on unrestored molars
BASIC SERVICES (Fillings, Endodontics (Root Canal), Periodontics (Gum Disease) and Oral Surgery (extractions))				
80%*	75%**	75%***	Fillings	Benefits on the same surface limited to 1 in 12 months
			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, Implants)				
60%*	50%**	50%***	Crowns	Benefit 1 in 60 months on same tooth- not a benefit under age 12
			Dentures, Partials, Bridges, Implants	Benefit 1 in 60 months- not a benefit under age 16
			Occlusal Guards	Benefit 1 in 36 months
ORTHODONTICS (Braces)				
60%*	50%**	50%***	Complete Orthodontic Evaluation. Active Orthodontic Treatment. For dependents through age 18 only.	
TMJ (Temporomandibular Joint Dysfunction)				
50%*	50%**	50%***		

*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 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 Customer Service Phone # is 800 610-0201

Group has annual open enrollment.

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.