



Calendar-year Deductible	\$50 – Individual \$150 – Family	Applies to Basic and Major services only
Calendar-year Maximum	\$1,500	Per Individual
Orthodontic Lifetime Maximum	Not Included	
Prevention First	Included	When you see a PPO or Premier provider for all services, covered Diagnostic & Preventive services do not count toward your calendar-year maximum.

Network	Delta Dental PPO Dentist	Delta Dental Premier Dentist	Non-Participating Dentist	Benefit Limitations
Diagnostic & Preventive Services				
Oral Exams & Cleanings	100%	80%	80%	Twice each in a 12-month period. Two additional cleanings available per 12 months for members with periodontal treatment.
Sealants	100%	80%	80%	Once per tooth for permanent molars in children through age 14
Bitewing X-Rays	100%	80%	80%	Once in a 12-month period
Full-mouth X-rays	100%	80%	80%	Once in a 60-month period
Fluoride	100%	80%	80%	Twice in a 12-month period, through age 15
Space Maintainers	100%	80%	80%	Children through age 13
Basic Services				
Fillings	80%	80%	80%	Once per tooth in a 12-month period; amalgam fillings on back teeth; composite (white) fillings on front teeth
Simple Extractions	80%	80%	80%	
Oral Surgery	80%	80%	80%	
Endodontics/Periodontics	80%	80%	80%	
Major Services				
Denture Repair/Reline	50%	50%	50%	
Implants, Crowns	50%	50%	50%	Once per tooth in a 60-month period
Dentures, Bridges	50%	50%	50%	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.
Orthodontic Services	Not Included	Not Included	Not Included	

You are enrolled in a Delta Dental PPO plus Premier plan. You and your family members may visit any licensed provider, but you will receive the greatest out-of-pocket savings if you see a Delta Dental PPO provider.

PPO Provider – Payment is based on the PPO dentist’s allowable fee, or the actual fee charged, whichever is less.

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

Non-Participating Provider – 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 provider (balance-billing). You will receive the best benefit by choosing a PPO provider.

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

This is a brief description of services covered under the 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 of Colorado Customer Service: 1-800-610-0201 | customer_service@ddpco.com. Find us online at deltadentalco.com.