

Delta Dental PPO plus Premier Denver Employees Retirement Plan (DERP) #11356 - High Plan

MAXIMUM BENEFIT – Calendar Year Maximum Orthodontic Lifetime			\$2,000 per member \$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 Family Deductible – \$75.00 (Accumulates separately for PPO Providers and Non-PPO providers)	
PPO Dentist	PREMIER Dentist	NON-PAR Dentist	COVERED SERVICES*	BENEFIT INFORMATION (subject to Delta Dental guidelines)
DIAGNOSTIC AND PREVENTIVE SERVICES – Do not accumulate towards annual maximum				
100%	100%	100% of Maximum Plan Allowance	Oral Exams (all exam types including consultation)	Twice in a calendar year
			Cleanings	3 times in a calendar year
			Sealants	Once per tooth in 36 months on unrestored molars in children through age 14
			Bitewing X-Rays	Once in a calendar year
			Full Mouth X-Rays	Once in a 60-month period
			Fluoride	Twice 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 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 80 million Americans, and offering the largest dental network with approximately 157,000 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 and use the Find a Dentist search tool.

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