

Delta Dental PPO

CITY AND COUNTY OF DENVER Group # 6793 OPTION II (HIGH)

MAXIMUM BENEFIT			
Calendar Year		\$2000 per person Combination of in and out-of-network	
Orthodontic Lifetime		\$1,000 per person Combination of in and out-of-network	
CALENDAR YEAR DEDUCTIBLE			
Applies to Basic and Major only if PPO dentist is used.		Individual Deductible- \$ 25.00 Combination of in and out-of-network	
Applies to all Services if a NON-PPO dentist is used		Family Deductible - \$75.00 Combination of in and out-of-network	
WHO CAN BE COVERED		Determined by Employer.	
PPO*	NON-PPO** Premier & Non-Par	COVERED SERVICES	BENEFIT INFORMATION (subject to Delta Dental guidelines)
PREVENTIVE AND DIAGNOSTIC SERVICES			
100%	100%	Oral Evaluation	Limited to 2 evaluations in a 12 month period
		Bitewing X-rays	Limited to 1 set in a 12 month period
		Full Mouth X-rays or Panoramic	Limited to 1 in a 60 month period
		Routine Cleaning	Limited to 2 cleanings in a 12 month period
		Fluoride Treatments	Limited to 1 treatment in a 12 month period. To age 16
		Space Maintainers	For posterior primary teeth. To age 14
		Sealants	1 per tooth in 36 months. To age 15 on unrestored molars
BASIC SERVICES (Fillings, Endodontics (Root Canal), Periodontics (Gum Disease) and Oral Surgery (extractions))			
90%	80%	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	
MAJOR SERVICES (Crowns, Bridges, Partial, Dentures)			
60%	50%	Crowns	Benefit 1 in 60 months on same tooth. Not a benefit under age 12
		Dentures, Partial, 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
		Recent Bridges, Crowns	
ORTHODONTICS (Braces)			
50%	50%	Complete Orthodontic Evaluation	
		Active Orthodontic Treatment. Orthodontic benefits provided to age 19 only.	

*PPO dentists are considered in-network providers. The PPO percentage of benefits is based on the PPO Schedule of Allowance. ** The NON-PPO percentage of benefits is limited to the Maximum Plan Allowance. You may have additional out-of-pocket costs by using a NON-PPO dentist

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.