



# Delta Dental PPO<sup>SM</sup> plus Premier Plan 4V Summary of Benefits

Calendar-year Deductible	\$50 - Individual \$150 - Family	Applies to Basic and Major services only
Calendar-year Maximum	\$2,000	Per Individual
Orthodontic Lifetime Maximum	Not Included	
Prevention First	Included	When you see a PPO dentist for all services, covered Diagnostic & Preventive services do not count toward your calendar-year maximum

Network	Delta Dental PPO Dentist	Delta Dental Premier <sup>®</sup> Dentist	Non-Participating Dentist	Benefit Limitations
<b>Diagnostic &amp; Preventive Services</b>				
Oral Exams and Cleanings	100%	100%	100%	Once each in a 6-month period.
Sealants	100%	100%	100%	Once per tooth for permanent molars in children through age 14
Bitewing X-Rays	100%	100%	100%	Once in a 12-month period
Full Mouth X-Rays	100%	100%	100%	Once in a 60-month period
Fluoride	100%	100%	100%	Twice in a 12-month period, through age 15
Space Maintainers	100%	100%	100%	Children through age 13
<b>Basic Services</b>				
<b>6-Month Waiting Period</b>				
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%	
<b>Major Services</b>				
<b>12-Month Waiting Period</b>				
Endodontics/Periodontics	50%	50%	50%	
Oral Surgery	50%	50%	50%	
Denture Repair/Reline	50%	50%	50%	
<b>Major Services</b>				
<b>24-Month Waiting Period</b>				
Implants, Crowns	50%	50%	50%	Once per tooth in an 84-month period
Dentures, Bridges	50%	50%	50%	Only a benefit to replace a functioning, natural tooth that was extracted while the patient was covered under this plan.
<b>Orthodontic Services</b>	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 dentist, but you will receive the greatest out-of-pocket savings if you see a Delta Dental PPO dentist. There are three levels of dentists to choose from.

**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. Benefit waiting periods apply.

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 of Colorado Customer Service: 1-800-610-0201 | [customer\\_service@ddpco.com](mailto:customer_service@ddpco.com). Find us online at [deltadentalco.com](http://deltadentalco.com).