



## Delta Dental PPO™ plus Premier Colorado Mesa University – Group #11652

Maximum Benefit			\$2,000 Per Person All Covered Classes, PPO Network Only	
Calendar Year Maximum			\$1,500 Per Person All Covered Classes, Premier and Non-Par Network	
Orthodontic Lifetime Maximum			\$1,500 Lifetime Maximum, Combination of In and Out of Network; For Dependent Children only through the end of month in which they turn 19	
Calendar Year Deductible			Individual Deductible – \$50.00 Combination of In and Out of Network	
Applies to Basic and Major Services			Family Deductible – \$150.00 Combination of In and Out of Network	
Who Can Be Covered			Employee, Spouse and Dependent Children through the end of month in which they turn 26; Ortho for Dependent Children only through the end of month in which they turn 19	
PPO Dentist	Premier Dentist	NON-PAR Dentist	Covered Services	Benefit Information (Subject to Delta Dental Guidelines and Limitations)
Diagnostic and Preventive Services				
100%	100%	100%	Oral Evaluation	Allowed 3 evaluations in a calendar year
			Bitewing X-rays	Allowed 2 sets in a calendar year for dependent children through age 18; 1 set in a calendar year for all other covered persons
			Full Mouth/Panoramic X-rays	Allowed 1 in a 60-month period
			Routine Cleaning	Allowed 2 cleanings in a calendar year
			Fluoride Treatments	Allowed 2 treatments in a calendar year – through age 15
			Space Maintainers	Allowed one per lifetime for posterior primary teeth – through age 13
			Sealants	1 per tooth in 36 months – through age 14 on unrestored permanent molars
Basic Services (6-month waiting period applies to Late Enrollees Only)				
80%	80%	80%	Fillings	Benefit on the same surface limited to 1 in 12 months
			General Anesthesia	Benefit with covered oral surgery including extractions
			Surgical Periodontal	Benefit once every 36 months
			Oral Surgery (Extractions)	
Major Services (12-month waiting period applies to Late Enrollees Only)				
50%	50%	50%	Crowns	Benefit 1 in 60 months same tooth – not a benefit under age 12
			Dentures, Partials, Bridges	Benefit 1 in 60 months – not a benefit under age 16
			Implants (Restorative and Surgical)	Benefit 1 in 60 months – not a benefit under age 16
Orthodontic Services (12-month waiting period applies to Late Enrollees Only)				
50%	50%	50%	Orthodontic Treatment – \$1,500 Lifetime Maximum, Combination of In and Out of Network; For Dependent Children only through the end of month in which they turn 19	

You are enrolled in a Delta Dental PPO plus Premier plan. You and your family members may visit any licensed dentist, but will enjoy 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.

**Late Entrant:** Those who do not enroll in the dental plan when initially eligible, or re-enroll will have a six month wait on Basic Services and 12 month wait on Major and Orthodontic Services.

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.