### Delta Dental PPO plus Premier Plan
COLORADO MESA UNIVERSITY  Group # 11652

#### MAXIMUM BENEFIT

<table>
<thead>
<tr>
<th>Calendar year maximum</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>$2,000 per person</td>
<td>PPO Network</td>
</tr>
<tr>
<td>$1,500 per person</td>
<td>Premier Network and Non-Participating Dentist</td>
</tr>
<tr>
<td>$1,500 per person</td>
<td>Combination of in and out-of-network</td>
</tr>
</tbody>
</table>

#### Orthodontic Lifetime Maximum

- $2,000 per person Combination of in and out-of-network
- $1,500 per person PPO Network
- $1,500 per person Premier Network and Non-Participating Dentist
- $1,500 per person Combination of in and out-of-network

#### CALENDAR YEAR DEDUCTIBLE

<table>
<thead>
<tr>
<th>Applies to Basic and Major</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual Deductible- $50.00 Combination of in and out-of-network</td>
<td></td>
</tr>
<tr>
<td>Family Deductible- $150.00 Combination of in and out-of-network</td>
<td></td>
</tr>
</tbody>
</table>

#### DEPENDENT AGE FOR DENTAL BENEFITS

This plan covers dependents to age 26, regardless of student status

<table>
<thead>
<tr>
<th>In-Network</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>PPO Dentist</td>
<td>PREMIER Dentist</td>
</tr>
</tbody>
</table>

#### COVERED SERVICES

**DIAGNOSTIC AND PREVENTIVE SERVICES**

- Oral Exams and Cleanings: Twice each in a 12-month period. Two additional cleanings available per 12 months for members with periodontal treatment history
- Sealants: Once per tooth for permanent molars in children through age 14
- Bitewing X-Rays: Once in a 12-month period
- Full Mouth X-Rays: Once in a 60-month period
- Fluoride: Twice in a 12-month period, through age 15
- Space Maintainers: Children through age 13

**BASIC SERVICES**

- Fillings: Once per tooth in a 12-month period; amalgam fillings on back teeth; composite (white) fillings on front teeth
- Simple Extractions
- Oral Surgery
- Endodontics / Periodontics

**MAJOR SERVICES**

- Crowns, Implants: Once per tooth in a 60-month period
- Dentures, 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

**ORTHODONTICS - $1,500 lifetime maximum**

- For covered dependents to age 19

---

Under the dental plan you may visit the dentist of your choice. You will receive the best benefit by choosing a 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, or the fee actually charged, whichever is less.
- **Non-Participating Dentist** – Payment is based on the non-participating Maximum Plan Allowance (MPA). 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.

Enrollment type for this plan is Open Enrollment for initial enrollment January 1, 2014. Late Entrant provision applies thereafter. Six months wait on Basic Services; 12 months wait on Major and Orthodontics.

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.