



**Delta Dental PPO
City of Boulder Group # 7572 (Low Option)**

MAXIMUM BENEFIT Calendar Year			\$1,500 per person (Preventive & Diagnostic services do not apply toward the calendar year maximum)	
Orthodontic Lifetime (to age 19)			\$1,500 per person	
TMJ Lifetime			\$ 800 per person	
CALENDAR YEAR DEDUCTIBLE Applies to Basic and Major only if PPO dentist is used. Applies to Preventive, Diagnostic, Basic and Major Services if a Non-PPO dentist is used.			Individual Deductible- \$ 50.00 Family Deductible - \$150.00	
WHO CAN BE COVERED			Employee, Spouse and Dependent Children to age 26.	
PPO Dentist	PREMIER Dentist	Non Network	COVERED SERVICES	BENEFIT INFORMATION (subject to Delta Dental guidelines)
PREVENTIVE AND DIAGNOSTIC SERVICES				
100%	80%	80%	Oral Evaluations	Limited to 2 evaluations in a 12 month period
			Bitewing X-rays	Limited to 2 sets in a 12 month period
			Full Mouth X-rays	Limited to 1 in a 36 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))				
80%	50%	50%	Fillings	Benefits on the same surface limited to 1 in 12 months
			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, Partials, Dentures)				
50%	50%	50%	Crowns	Benefit 1 in 60 months on same tooth- not a benefit under
			Dentures, Partials, Bridges	Benefit 1 in 60 months- not a benefit under age 16
ORTHODONTICS (Braces)				
50%	50%	50%	Complete Orthodontic Evaluation. Active Orthodontic Treatment. For dependents to age 19.	
TMJ (Temporomandibular Joint Dysfunction)				
80%	50%	50%	TMJ	

PPO Dentist- The PPO percentage of benefits is based on the PPO Schedule of Allowance.
Premier Dentist- The PREMIER percentage of benefits is limited to the Maximum Plan Allowance.
Non-participating Dentist- The non-participating percentage of benefits is limited to the out of network maximum. You will be responsible for the difference between the non-participating plan allowance and the full fee charged by the dentist.

Group has Annual Open Enrollment To Find a Dentist www.deltadentalco.com Customer Service Phone # is 800 610-0201

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.