

**Delta Dental PPO
City of Boulder—Group # 7574 (High Option)**

MAXIMUM BENEFIT (Calendar Year)			\$2,000 per person (Covered Diagnostic & Preventive services do not count toward your calendar year maximum.)	
Orthodontic Lifetime (to age 19)			\$2,000 per person	
TMJ Lifetime			\$800 per person	
CALENDAR YEAR DEDUCTIBLE Applies to Basic and Major only			Individual Deductible- \$ 50.00 Combination of in and out-of-network Family Deductible - \$150.00 Combination of in and out-of-network	
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%	100%	100%	Oral Evaluation	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 or Panoramic	Limited to 1 in a 36 month period
			Routine Cleaning	Limited to 2 cleanings in a 12 month period- (2 additional cleanings may be allowed if special need)
			Fluoride Treatments	Limited to 2 treatments 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%	80%	80%	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 age 12
			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%	80%	80%	TMJ	

PPO Dental Provider- The PPO percentage of benefits is based on the PPO Schedule of Allowance.

Premier Dental Provider- The PREMIER percentage of benefits is limited to the Maximum Plan Allowance.

Non-participating Dental Provider- 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 dental provider.

Group has Annual Open Enrollment To Find a Dental Provider- 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.