

Calendar-year Deductible		\$50/\$150		Applies to Basic & Major services only	
Calendar-year Maximum		\$2,000		Per individual	
	Delta Dental PPO™ Dentist	Delta Dental Premier® Dentist	Non-Participating Dentist	Benefit Limitations	
Diagnostic & Preventive Services					
Oral exams & cleanings	100%	90%	90%	2 per calendar year; up to 2 additional cleanings with any Evidence-based Dentistry condition	
Limited oral evaluation: problem focused	100%	90%	90%	2 per calendar year (in addition to oral exam)	
Screenings	100%	90%	90%	2 per calendar year (in addition to oral exam)	
Sealants	100%	90%	90%	1 per tooth (permanent posterior molars) in any 3-year period through age 19	
Bitewing X-rays	100%	90%	90%	1 set (any # of films) per calendar year (includes vertical bitewing X-ray)	
Full-mouth X-rays	100%	90%	90%	1 per 5 years unless documentation of special need; full-mouth or panoramic X-ray covered	
Fluoride	100%	90%	90%	2 per calendar year, no age limitation	
Space maintainers	100%	90%	90%	1 per quadrant per lifetime (to include unilateral or bilateral) to maintain space for eruption of permanent posterior teeth through age 19	
Basic Services					
Fillings	80%	80%	80%	Posterior composites: 1 per tooth and surface per 5 years	
Basic Services					
Oral surgery	80%	80%	80%		
Endodontics/periodontics	80%	80%	80%	Periodontal cleanings: 4 maintenance cleanings per year (not to exceed 4 cleanings per year)	
Anesthesia Services	80%	80%	80%	General IV sedation or analgesia (nitrous oxide): Up to 1 hour covered with endodontics, periodontal surgery, surgical implant placement, and oral surgery	
Major Services					
Denture repair/reline	50%	50%	50%	1 per 3 years per appliance	
Crowns, implants	50%	50%	50%	Crowns: 1 per 7 years; not a benefit under age 12 Implants: 1 per 7 years; not a benefit under age 16	
Dentures, bridges	50%	50%	50%	1 per 7 years; not a benefit under age 16	
Occlusal guards	50%	50%	50%	1 per 5 years; adjustments covered 1 per year following 6 months of initial placement	
Secondary Benefit Features					
Posterior Composite Fillings	Yes				
Surgical Implants	Yes				
Prevention First	Included	D&P services do not apply to annual maximum.			
RS4K®	Included	Children up to age 13 covered at 100% when in-network provider seen.			
Orthodontic Services					
Ortho (Yes/No)	No				
Lifetime Maximum	N/A				
Age Limit	N/A				
Waiting Period	N/A				

You are enrolled in a PPO reimbursement plan. Reimbursement for all providers is based on the PPO contracted fee. You may visit any licensed provider, but you will receive the greatest savings when you choose a PPO provider. If you do not see a PPO provider and your provider charges the provider's Allowable Fee, you will be responsible for the difference between the PPO provider's Allowable Fee and the fee from the Premier Maximum Plan Allowance (MPA). If you see a non-participating provider, you will be responsible for the PPO provider's Allowable Fee and the full charges you are billed.

Open enrollment applies. Members may add coverage once a year.

This is a brief description of the services covered under the dental plan. Please refer to the Benefit Booklet for full plan details. If differences exist between this summary and the Benefit Booklet, the Benefit Booklet will govern.

Delta Dental of Colorado
Customer Experience: 1-800-610-0201 | customer_experience@ddpco.com
Find us online at deltadentalco.com