

## Delta Dental PPO plus Premier BOULDER COUNTY – GROUP #12109

Effective 1/1/21

<b>MAXIMUM BENEFIT</b> Calendar Year Maximum	\$2,000 per individual, per calendar year Preventive & Diagnostic Services do not apply toward annual maximum.
<b>CALENDAR YEAR DEDUCTIBLE</b> Applies to Basic and Major	Individual Deductible - \$ 50.00 Family Deductible - \$150.00
<b>RIGHT START 4 KIDS</b> PPO and Premier Networks Only	Covers children up to their 13th birthday at 100% with no deductible (for the same services outlined in the plan, up to the annual maximum, and subject to limitations and exclusions). The child must see a Delta Dental PPO or Premier provider to receive the 100% coinsurance. If an out-of-network provider is seen, the adult coinsurance levels will apply. Orthodontics, if selected as part of the group's plan, is not covered at 100% but at the plan's listed coinsurance.

PPO Dentist	PREMIER Dentist	OON Dentist	COVERED SERVICES	BENEFIT INFORMATION
<b>DIAGNOSTIC AND PREVENTIVE SERVICES (these services do not apply to the annual maximum)</b>				
100%	100%	100%	Oral Exams and Cleanings	Limited to two per calendar year
			Sealants	Posterior teeth – children through age 15
			Bitewing X-Rays	Limited to two sets per calendar year
			Full Mouth X-Rays	Limited to one per two calendar years
			Fluoride	Two per calendar year
			Periodontal Maintenance	Limited to 4 cleanings, any combination of perio & regular cleanings
			Space Maintainers	A fixed unilateral space maintainer is covered for children to maintain space left by prematurely lost baby back teeth. The space maintainer is only covered if it is not related to orthodontic treatment. All other space maintainers are not a covered benefit.
<b>BASIC SERVICES - Deductible Applies</b>				
80%	80%	80%	Fillings-Composite and Amalgam	
			Simple Extraction	
			Oral Surgery/Anesthesia	General anesthesia only covered with complex oral surgery – call customer service for coverage details.
			Endodontics/Periodontics	
<b>MAJOR SERVICES - Deductible Applies</b>				
50%	50%	50%	Crowns	Covered for ages 12 and older
			Implants, Dentures/Bridges	Covered once in 60 months for age 16 and older
			Occlusal Guard	Covered once in 60 months
<b>ORTHODONTICS - \$1,500 LIFETIME MAXIMUM</b>				
50%	50%	50%	Children and adults; \$1,500 lifetime maximum	

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.

**Out-of-Network Dentist** – Payment is based on the out-of-network Maximum Plan Allowance (MPA). Members are responsible for the difference between the out-of-network MPA and the full fee charged by the dentist. You will receive the best benefit by choosing a PPO dentist.

Open Enrollment applies. Members may add coverage once per year or with a special enrollment event.

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.

# Delta Dental PPO™ plus Premier



With the Delta Dental PPO plus Premier plan, you and your family members may visit any licensed provider. However, you will receive the greatest out-of-pocket savings if you see a Delta Dental PPO provider.

Advantages of the Delta Dental PPO Plus Premier Plan:

- SAVINGS:** Delta Dental providers offer our members the greatest savings and protection from balance-billing for covered services. That means they can't bill you for the difference between what they usually charge and the amount they've agreed to charge Delta Dental members. You can also ask your provider to submit a pre-determination estimate. Delta Dental will review the treatment plan and tell your provider how much you'd be responsible for so you'll have a clear understanding of cost prior to treatment.
- CHOICE:** If you choose to visit a Delta Dental Premier® provider, you'll still save money because Premier providers also accept discounted fees (however, discounts are not as great as if you see a PPO provider).
- NETWORK:** Delta Dental is the nation's largest provider of dental insurance, covering more than 80 million Americans, and offering the largest dental network with approximately 157,000 participating providers nationwide. Network providers file claims directly with Delta Dental on your behalf and accept Delta Dental's reimbursement in full.

Savings Example for a Major Procedure*							
	Estimated Charge	Maximum Allowed Fees	Percentage Paid by Delta Dental	Amount Delta Dental Pays	Amount Dentist can Balance-Bill	Total Amount You Pay	Your Total Cost Savings
PPO Network	\$1,200	\$850	50%	\$425	\$0	\$425	\$350
Premier Network	\$1,200	\$975	50%	\$487.50	\$0	\$487.50	\$225
Out of Network	\$1,200	\$700	50%	\$350	\$500	\$850	\$0

\*NOTE: Payment examples above are for illustration purpose only. Check your specific plan for fees, coinsurance rates, and what procedures are considered "major", as they differ from plan to plan. Example assumes deductible has been met.

It pays to use Delta Dental network providers — especially those in our PPO network. To find a participating provider or to see if your current provider is in the network, visit our website at [deltadentalco.com](http://deltadentalco.com) and use the Find a Dentist search tool.

You can also contact our customer service department, Monday–Friday 8 a.m. to 6 p.m. Mountain Time, at [customer\\_service@ddpco.com](mailto:customer_service@ddpco.com) or 1-800-610-0201 (toll-free).