

**Delta Dental PPO Plus Premier  
Denver Health & Hospital Authority High Plan – Group #587**

<b>Calendar Year Maximum</b>	\$2,000.00	Per Individual
<b>Calendar Year Deductible Applies to ALL services</b>	\$25.00	Individual Deductible
	\$75.00	Family Deductible
<b>Orthodontic Lifetime Maximum</b>	\$2,000.00	Per Individual - Employee, Spouse and dependent Children to age 26.
<b>Who Can Be Covered?</b>	Employee, Spouse and dependent Children to age 26. Orthodontics for dependent children to age 26.	

PPO DENTIST	PREMIER DENTIST	NON-PAR DENTIST	COVERED SERVICES	BENEFIT INFORMATION (SUBJECT TO DELTA DENTAL GUIDELINES)
<b>DIAGNOSTIC AND PREVENTATIVE – Deductible Applies</b>				
<b>100%</b>	<b>100%</b>	<b>100%</b>	Oral Exams	2 times in a calendar year.
			Routine Cleanings	2 times in a calendar year Two additional cleanings available per year for members with periodontal treatment.
			Sealants	Once per tooth in 36 months for permanent molars in children through age 14
			Bitewing X-Rays	2 times in a calendar year
			Full-mouth X-rays	Once in a 3 year period
			Fluoride	2 times in a calendar year, through age 15
			Space Maintainers	For posterior primary teeth, through age 13
<b>BASIC SERVICES – Deductible Applies</b>				
<b>70%</b>	<b>70%</b>	<b>70%</b>	Fillings	Once per tooth in a 12-month period; amalgam fillings on back teeth; composite (white) fillings on front teeth only
			Oral Surgery/Extractions	Includes local anesthesia and routine post-op care, which are not covered separately
			Endodontics	
			Periodontics	
<b>MAJOR SERVICES – Deductible Applies</b>				
<b>50%</b>	<b>50%</b>	<b>50%</b>	Implants	Once per tooth in a 60-month period; not covered for children under 16
			Crowns	Once per tooth in a 60-month period; not covered for children under 12
			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.
<b>ORTHODONTIC SERVICES</b>				
<b>50%</b>	<b>50%</b>	<b>50%</b>	Comprehensive Orthodontic Treatment for Employee, Spouse and dependent Children to age 26.	

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

**PPO Provider** – Payment is based on the PPO provider’s allowable fee, or the actual fee charged, whichever is less.

**Premier Provider** – Payment is based on the Premier Maximum Plan Allowance (MPA), or the fee actually charged, whichever is less.

**Non-Participating Provider** – Payment is based on the non-participating Maximum Plan Allowance. Members are responsible for the difference between the non-participating MPA and the full fee charged by the provider (balance-billing). You will receive the best benefit by choosing a PPO provider.

Open enrollment applies. Members may add coverage once per year. This is a brief description of services covered under the 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.