



**Delta Dental PPO Only  
Option 1**

**Mapleton Public Schools – Group # 1223**

<b>MAXIMUM BENEFIT</b> Plan Year Maximum (7/1 – 6/30)			\$1,000 per member, per plan year	
<b>PLAN YEAR DEDUCTIBLE (7/1 – 6/30)</b> Applies to Basic and Major			Individual Deductible – \$50.00 Combination of in and out-of-network Family Deductible – \$150.00 Combination of in and out-of-network	
<b>PPO Dentist</b>	<b>PREMIER Dentist</b>	<b>NON-PAR Dentist</b>	<b>COVERED SERVICES</b>	<b>BENEFIT INFORMATION (subject to Delta Dental guidelines)</b>
<b>DIAGNOSTIC AND PREVENTIVE SERVICES</b>				
100%	Not Covered	Not Covered	Oral Exams and Cleanings	Twice in a plan year
			Sealants	Once per tooth for permanent molars in children through age 14
			Bitewing X-Rays	Twice in a plan year
			Full Mouth X-Rays	Once in a 36-month period
			Fluoride	Once in a plan year, through age 15
			Space Maintainers	Children through age 13
<b>BASIC SERVICES</b>				
80%	Not Covered	Not Covered	Fillings	Composite (white) fillings limited to front teeth
			Simple Extraction	
			Oral Surgery	
			Endodontics / Periodontics	
<b>MAJOR SERVICES</b>				
50%	Not Covered	Not Covered	Crowns	Once per tooth in a 60-month period. Not a benefit for children under age 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>ORTHODONTICS \$1,000 lifetime maximum</b>				
50%	Not Covered	Not Covered	For covered children to age 19	

**You are enrolled in a Delta Dental PPO Only plan. You and your family members must seek treatment from a PPO dental provider. There is no benefit outside of the PPO network.**

**PPO Dentist** - Payment is based on the PPO dentist's allowable fee, or the actual fee charged, whichever is less.

Open Enrollment applies. Members may add coverage once per year.

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<sup>SM</sup> Only

If you choose a PPO Only dental plan, you must see a PPO provider in order to receive benefits. **If you receive treatment from a non-PPO provider, you will be responsible for all fees charged.** Of course, with more than 2,200 PPO providers practicing across the state, you have many choices.

- ▶ When looking for a provider using our Find a Dentist online tool, limit your search to PPO providers.
- ▶ PPO dentists submit claim forms directly to Delta Dental of Colorado.

With this PPO Only plan, you are responsible for only a portion of the cost of each procedure. You can determine your coinsurance by looking at your explanation of benefits or by contacting our customer service department using the information below. You will be billed only for your portion of the cost after each procedure instead of having to be reimbursed.

Remember, it makes sense to find out how much your portion of expensive procedures will be, so ask your provider to submit a pre-treatment estimate. Delta Dental will review the treatment plan and tell you exactly how much you are responsible for. This way, you will have a clear understanding of your cost before you decide to proceed with the treatment.

***\*Please note that if you are in the middle of orthodontic treatment and your provider is not in the Delta Dental PPO network, your treatment will not be covered under the PPO Only plan.***

### LOOKING FOR A PPO PROVIDER?



Visit our website at [deltadentalco.com](http://deltadentalco.com) and use our Find a Dentist search tool.



Download our free mobile app for iPhone or Android and tap on Find a Dentist.



Contact customer service via email at [customer\\_service@ddpco.com](mailto:customer_service@ddpco.com) or toll-free at 1-800-610-0201.