DELTA DENTAL®

Delta Dental PPO™
2022 - Beta Plan 4
Summary of Benefits

Calendar-year Deductible	$50 – Individual $150 – Family	Applies to Basic and Major services only
Calendar-year Maximum	$2,000	Per Individual
Orthodontic Lifetime Maximum	Not included	
Prevention First	Included	Deductibles do not apply to Diagnostic & Preventive Services, and these services do not count against calendar-year maximum **when using a PPO or Premier provider for all services.**
Right Start 4 Kids®	Included	For children up to their 13th birthday at 100% coinsurance for diagnostic & preventive, basic, and major services up to the calendar-year maximum **when using a PPO or Premier provider for all services***

Network	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 (EBD) condition (Periodontal Disease with: Diabetes, Pregnancy, or Cardiovascular) or Immune System Suppression, Kidney Failure/Dialysis
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%	80%	1 per tooth in any 3 year period through age 19
Bitewing X-Rays	100%	90%	90%	1 set (any number 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
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%	Amalgam (Silver) or Composite Fillings: 1 per tooth and surface per 5 years
Simple Extractions	80%	80%	80%	
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.
Oral Surgery	80%	80%	80%	
Endodontics/Periodontics	80%	80%	80%	Periodontal Cleanings: 4 maintenance cleanings per year (not to exceed 4 cleanings per year)
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
Orthodontic Services	Not included	Not included	Not included	

RIGHT START 4 KIDS (RS4K) FROM DELTA DENTAL OF COLORADO is a unique plan design enhancement that removes most of the cost barriers to dental care by providing coverage for children up to their 13th birthday at 100% coinsurance for diagnostic & preventive, basic, and major services, with no deductible, when in-network providers are seen.* If an out-of-network provider is seen, the adult coinsurance levels will apply. Orthodontic services are available but are not eligible for the RS4K 100% coverage level. Right Start 4 Kids is subject to limitations, exclusions, and annual maximum. Check your benefits booklet for specific plan coverage as it varies from group to group.

You are enrolled in a MAC PPO plan. The Maximum Allowable Charge (MAC) plan is a feature of Delta Dental PPO that will help you save on out-of-pocket costs. 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 more than the PPO provider's Allowable Fee, you will be responsible for the excess charges. If you see a Premier provider, 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 difference between the PPO provider's Allowable Fee and the full charges you are billed.

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