



Delta Dental PPO plus Premier™ Colorado Springs School District 11 – Group #1563

Maximum Benefit Contract Year 7/1-6/30			\$2,000 Per Person All Covered Classes, In and Out of Network	
Orthodontic Lifetime Maximum			\$2,000 Lifetime Maximum, For Employee, Spouse and Dependents through the end of month in which they turn 26	
Contract Year Deductible Applies to Basic & Major Services			Individual Deductible – \$50.00 Combination of In and Out of Network Family Deductible – \$100.00 Combination of In and Out of Network	
Right Start 4 Kids 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.	
Prevention First			Covered Diagnostic & Preventive services do not count toward your calendar year maximum	
PPO Dentist	Premier Dentist	NON-PAR Dentist	Covered Services	Benefit Information (Subject to Delta Dental Guidelines and Limitations)
Diagnostic and Preventive Services				
100%	100%	100%	Oral Evaluation	Two exams in a contract year
			Bitewing X-rays	Covered 2 times in a contract year
			Full Mouth/Panoramic X-rays	Covered 1 time in a 36-month period
			Routine Cleaning	Two cleanings in a contract year
			Fluoride Treatments	Covered twice in a contract year – through age 15
			Space Maintainers	Allowed one per lifetime for posterior primary teeth – through age 13
			Sealants	1 per tooth in 36 months – through age 14 on unrestored permanent molars
Basic Services				
80%	75%	75%	Fillings – Amalgam	Benefits on the same surface limited to 1 in 12 months
			Fillings – Composite	Benefit on anterior teeth only; allowance for amalgam
			General Anesthesia	Benefit with covered oral surgery including extractions
			Surgical Periodontal	Benefit once every 36 months
			Oral Surgery (Extractions)	
Major Services				
50%	45%	45%	Crowns	Benefit 1 in 60 months same tooth – not a benefit under age 12
			Dentures, Partials, Bridges	Benefit 1 in 60 months – not a benefit under age 16
			Implants (Restorative and Surgical)	Benefit 1 in 60 months – not a benefit under age 16
Orthodontic Services				
60%	50%	50%	Orthodontic Treatment - For Employee, Spouse and Dependents through the end of month in which they turn 26	

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.

Non-Participating Dentist - 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 dentist. You will receive the best benefit by choosing a PPO dentist.

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.