



## Delta Dental PPO™ Network Only Plan Colorado Springs School District 11 – Group #1563

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| <b>Maximum Benefit</b><br>Contract Year 7/1-6/30 | \$2,000 Per Person All Covered Classes, PPO Network Only   |  |
| <b>Orthodontic Lifetime Maximum</b>              | \$2,000 Lifetime Maximum, For Employee, Spouse and Dependent Children through the end of month in which they turn 26   |  |
| <b>Contract Year Deductible</b>                  | None   |  |
| <b>Right Start 4 Kids</b><br>PPO Only            | Covers children up to their 13th birthday at 100% of the PPO Provider's Allowable Fee for Diagnostic & Preventive, Basic and Major Services only, with no deductible applied (up to the annual maximum and subject to the limitations and exclusions defined in the plan). The child must see a Delta Dental PPO Provider to receive the 100% coinsurance. If services are provided by a Non-PPO Provider, you will be responsible for all charges incurred. |  |
| <b>Prevention First</b>                          | Covered Diagnostic & Preventive services do not count toward your calendar year maximum  |  |
| <b>PPO</b>                                       | <b>Covered Services</b>  | <b>Benefit Information</b><br>(Subject to Delta Dental Guidelines and Limitations) |
| <b>Diagnostic and Preventive Services</b>        |  |  |
| <b>100%</b>                                      | Oral Evaluation  | Two exams in a contract year   |
|  | Bitewing X-rays  | Covered 1 time in a contract year  |
|  | Full Mouth/Panoramic X-rays  | Covered 1 time in a 60-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           |
| <b>Basic Services</b>                            |  |  |
| <b>60%</b>                                       | Fillings (Amalgam/Composite)   | Benefits on the same surface limited to 1 in 12 months                             |
|  | Oral Surgery (Extractions)   |  |
|  | General Anesthesia   | Benefit with covered oral surgery including extractions                            |
|  | Surgical Periodontal   | Benefit once every 36 months   |
| <b>Major Services</b>                            |  |  |
| <b>40%</b>                                       | 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                                |
|  | Implant (Restorative Only)   | Benefit 1 in 60 months – not a benefit under age 16                                |
| <b>Orthodontic Services</b>                      |  |  |
| <b>50%</b>                                       | Orthodontic Treatment – For Employee, Spouse and Dependent Children through the end of month in which they turn 26   |  |

You are enrolled in a Delta Dental PPO Only plan. You and your family members must visit a Delta Dental PPO dentist. There is no benefit outside the Delta Dental PPO network.

**To Find a Dentist:** [www.deltadentalco.com](http://www.deltadentalco.com) or Customer Service (800)610-0201 or [customer\\_service@ddpco.com](mailto:customer_service@ddpco.com)

**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 of Colorado Customer Service: 1-800-610-0201 | [customer\\_service@ddpco.com](mailto:customer_service@ddpco.com). Find us online at [deltadentalco.com](http://deltadentalco.com)