

Delta Dental PPO Plus Premier™ Douglas County School District Premier Plan - Group #9626

MAXIMUM BENEFIT Contract Year Maximum			\$2,000 per member, per contract year (7/1-6/30)	
CONTRACT YEAR DEDUCTIBLE 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	
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 is not covered at 100% but at the plan's listed coinsurance.	
PPO Dentist	PREMIER Dentist	NON-PAR Dentist	COVERED SERVICES	BENEFIT INFORMATION (subject to Delta Dental guidelines)
DIAGNOSTIC AND PREVENTIVE SERVICES				
100%	100%	100%	Oral Exams and Cleanings	Twice in a 12-month period. Two additional cleanings may be covered for those with a documented Evidence-Based Disease condition.
			Sealants	Once per tooth in a 36-month period for unrestored permanent molars in children through age 14
			Bitewing X-Rays	Once in a 12-month period
			Full Mouth X-Rays	Once in a 60-month period
			Fluoride	Twice in a 12-month period, through age 15
			Space Maintainers	One per quadrant, per lifetime to maintain space for eruption of permanent posterior teeth, through age 13
BASIC SERVICES				
80%	60%	60%	Fillings (Composite and Amalgam)	Once per tooth in a 12-month period; amalgam fillings on back teeth; composite (white) fillings limited to front teeth
			Simple Extractions	
MAJOR SERVICES				
50%	50%	50%	General Anesthesia	Benefit with covered oral surgery
			Endodontics / Periodontics	
			Crowns	Once per tooth in a 60-month period – Not a benefit under age 12
			Implants (Restorative and Surgical)	Once per tooth in a 60-month period – Not a benefit under age 16
			Dentures, Bridges	Once in a 60-month period, only when the existing prosthesis cannot be made serviceable. Fixed bridges or removable partials are not a benefit for children under age 16.
ORTHODONTIC SERVICES				
50%	50%	50%	Orthodontic Treatment – \$1,250 Lifetime Maximum, for Employee, Spouse, and Dependents to the end of the 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.