



# The Value of Dental Insurance



Your oral health is connected to your overall health. Researchers have uncovered links between gum disease and systemic health, including associations with heart disease and strokes. That's why it's so important to make dental care a priority — it can help you and your family live healthier.

- ▶ **People with dental insurance are more likely to visit the dentist office regularly.**
- ▶ **Patients receiving regular preventive care have better oral health.**
- ▶ **Dental insurance often covers 100% of preventive care.**

### **Facts...**

- Tooth decay is the single most common chronic childhood disease.
- If you have cavity-causing germs in your mouth, you can pass them to your baby.
- More than 120 diseases can cause specific signs and symptoms in and around the mouth and jaw. A dental provider doing regular check-ups can help spot these potential problems.

### **...and Figures**

- 23% of all adults have untreated tooth decay.
- More than half of U.S. children ages 5 to 9 have at least one cavity or filling.
- One out of every two American adults age 30 or older has periodontal disease.
- Dental disease causes employed adults to lose more than 164 million hours of work a year.
- In Colorado, dental disease costs taxpayers an estimated \$1 billion annually.



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Use the Find a Dentist search tool at [deltadentalco.com](http://deltadentalco.com)

2

Call 1-800-610-0201  
8 a.m. to 5 p.m. MT  
Monday-Friday

3

Download the free Delta Dental mobile app for iPhone or Android

## **Fact: Nearly 100% of oral disease is preventable.**

Routine exams allow your dental provider to get to know you and follow your health history. Providers are able to catch and treat potential problems early when they see their patients on a routine basis. Invest in your future — make dental care a priority.

## **Fact: Healthy habits lead to healthy smiles.**

What does “healthy living” really mean? Diet, exercise, and plenty of rest are major components of a healthy lifestyle, but other healthy habits include:

- Visiting your dentist regularly.
- Brushing and flossing at least twice a day.
- Making nutritious food choices.
- Sharing your medical conditions with your dental provider.



► **By choosing a Delta Dental PPO™ provider, you will save the most money on out-of-pocket expenses!**

# Contact Us



Visit us at [deltadentalco.com](http://deltadentalco.com) to:

- Find a provider
- View benefits
- Print ID cards
- Check claim status
- Assess your oral health risk
- View wellness resources
- And much more

**Delta Dental of Colorado**  
PO Box 5468  
Denver, Colorado 80217-  
5468

**Customer Service**  
Toll-free: 1-800-610-0201  
Monday-Friday 8 a.m. to 5 p.m.  
Email: [customer\\_service@ddpco.com](mailto:customer_service@ddpco.com)

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## Spreading smiles across Colorado

We give our more than **1.3 million members** the power to use and manage their dental benefits easily. Through our innovative plans, large provider network, and expert customer service, we make dental care accessible, affordable, and simple, leading to a healthier smile and life. And through our foundation and corporate social responsibility initiatives, we are active in the community and giving to organizations that support our mission and helping expand access to quality dental care. Creating healthy Colorado smiles is what drives us.



[deltadentalco.com](http://deltadentalco.com)



## Delta Dental PPO – BASE Plan

### PUEBLO SCHOOL DISTRICT 60 / Account # 000000R0069

<b>MAXIMUM BENEFIT</b>			
Does not apply to Diagnostic & Preventative Services Orthodontia is combined with Maximum Benefit		\$1,000 per person    Combination of in and out-of-network	
<b>WHO CAN BE COVERED</b>		Employee, Spouse and Dependent Children to age 26.	
<b>PPO*</b>	<b>NON-PPO</b> **Premier & ***Non-Par	<b>COVERED SERVICES</b>	<b>BENEFIT INFORMATION</b> (subject to Delta Dental guidelines)
<b>PREVENTIVE AND DIAGNOSTIC SERVICES ***These procedures DO NOT apply to maximum benefit***</b>			
<b>90%</b>	<b>80%</b>	Oral Evaluation	Limited to 2 evaluations in a calendar year
		Bitewing X-rays	Limited to 2 sets in a calendar year
		Full Mouth X-rays or Panoramic	Limited to 1 in a 36 month period
		Routine Cleaning	Limited to 2 cleanings in a calendar year
		Fluoride Treatments	Limited to 2 treatment in a calendar year – through age 18
		Space Maintainers	For posterior primary teeth- through age 18
		Sealants	1 per tooth in 24 months- through age 18 on unrestored molars
<b>BASIC SERVICES (Fillings, Endodontics (Root Canal), Periodontics (Gum Disease) and Oral Surgery (extractions))</b>			
<b>80%</b>	<b>80%</b>	Amalgam Fillings	Benefits on the same surface limited to 1 in 12 months
		Resin, Composite	Benefit for anterior teeth only allowance for amalgam on posterior
		Oral Surgery (Extractions)	
		General Anesthesia	Benefit with covered Oral Surgery only
		Surgical Periodontal (gums)	Benefit once every 36 months
		Root Canal Therapy	
<b>MAJOR SERVICES (Crowns, Bridges, Partials, Dentures)</b>			
<b>50%</b>	<b>50%</b>	Crowns	Benefit 1 in 60 months on same tooth- not a benefit under age 12
		Dentures, Partials, Bridges	Benefit 1 in 60 months- not a benefit under age 16
		Bridge/Denture Repair	
		Denture Rebase/Reline	Benefit 6 months after initial insertion- then benefit 1 in 36 months
<b>ORTHODONTICS (Braces) Maximum Benefit is combined with General Maximum</b>			
<b>50%</b>	<b>50%</b>	Complete Orthodontic Evaluation	
		Active Orthodontic Treatment	

\* The PPO percentage of benefits is based on the PPO Schedule of Allowance \*\*The Premier percentage of benefits is limited to the Premier Maximum Plan Allowance.\*\*\*The Non-Participating percentage of benefits is limited to the non-participating Maximum Plan Allowance. You will be responsible for the difference between the non-participating Maximum Plan Allowance and the full fee charged by the Dentist.

To Find a Dentist- [www.deltadentalco.com](http://www.deltadentalco.com) Customer Service Phone- (303) 741-9305 or (800) 610-0201.

**Important Note:** This form provides only a brief description of services covered under your contract and does not list those services which are limited or excluded from coverage. Your Employee Benefit Booklet provides a more complete explanation of your coverage, including limitations and exclusions. If differences exist between this Summary of Benefits and your Employee Benefit Booklet, the Benefit Booklet will govern.

## Delta Dental PPO – BUY UP Plan

### PUEBLO SCHOOL DISTRICT 60 / Account # 000000R0069

<b>MAXIMUM BENEFIT</b>			
Does not apply to Diagnostic & Preventative Services Orthodontia is combined with Maximum Benefit		\$1,500 per person Combination of in and out-of-network	
<b>WHO CAN BE COVERED</b>		Employee, Spouse and Dependent Children to age 26.	
<b>PPO*</b>	<b>NON-PPO</b> **Premier & ***Non-Par	<b>COVERED SERVICES</b>	<b>BENEFIT INFORMATION</b> (subject to Delta Dental guidelines)
<b>PREVENTIVE AND DIAGNOSTIC SERVICES ***These procedures DO NOT apply to maximum benefit***</b>			
<b>90%</b>	<b>80%</b>	Oral Evaluation	Limited to 2 evaluations in a calendar year
		Bitewing X-rays	Limited to 2 sets in a calendar year
		Full Mouth X-rays or Panoramic	Limited to 1 in a 36 month period
		Routine Cleaning	Limited to 2 cleanings in a calendar year
		Fluoride Treatments	Limited to 2 treatment in a calendar year - through age 18
		Space Maintainers	For posterior primary teeth- through age 18
		Sealants	1 per tooth in 24 months- through age 18 on unrestored molars
<b>BASIC SERVICES (Fillings, Endodontics (Root Canal), Periodontics (Gum Disease) and Oral Surgery (extractions))</b>			
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		Resin, Composite	Benefit for anterior teeth only allowance for amalgam on posterior
		Oral Surgery (Extractions)	
		General Anesthesia	Benefit with covered Oral Surgery only
		Surgical Periodontal (gums)	Benefit once every 36 months
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		Bridge/Denture Repair	
		Denture Rebase/Reline	Benefit 6 months after initial insertion- then benefit 1 in 36 months
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		Active Orthodontic Treatment	

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