

Exclusive Panel Option (EPO-1B) a feature of the Delta Dental PPO Denver Public Schools - Group #W2871

MAXIMUM BENEFIT Plan Year Maximum Orthodontic Lifetime Maximum	No limit Employee, Spouse and Dependent Children. See co-payment schedule for additional details.	
PLAN YEAR DEDUCTIBLE	No Deductible	
WHO CAN BE COVERED?	Employee, Spouse and Dependent Children to age 26.	
Delta Dental PPO Dentist	Covered Services	Benefit Information (Subject to Delta Dental Guidelines)
DIAGNOSTIC AND PREVENTATIVE SERVICES		
Copayment (see attached schedule of copayment listing)	Oral Evaluations	Limited to 2 evaluations in a 12 month period
	Bitewing X-rays	Limited to 1 set in a 12 month period
	Full Mouth or Panoramic X-rays	Limited to 1 in a 60 month period
	Routine Cleaning	Limited to 2 cleanings in a 12 month period
	Fluoride Treatments	Limited to 1 treatment in a 12 month period to age 16
	Space Maintainers	For posterior primary teeth to age 14
	Sealants	1 per tooth in 36 months to age 15 on unrestored molars
BASIC SERVICES		
Copayment (see attached schedule of copayment listing)	Amalgam Fillings	Benefits on the same surface limited to 1 in 12 months
	Resin, Composite Fillings	Benefits on the same surface limited to 1 in 12 months
	Oral Surgery (Extractions)	
	General Anesthesia	Benefit with covered oral surgery only
	Surgical Periodontal (Gums)	Benefit once every 36 months
	Root Canal Therapy	
MAJOR SERVICES		
Copayment (see attached schedule of copayment listing)	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
ORTHODONTICS		
Copayment (see attached schedule of copayment listing)	Complete Orthodontic Evaluation	
	Orthodontic benefits provided for employees, spouses, and dependent children to the age of 26	

The PPO percentage of benefits is based on the PPO Schedule of Allowance. **There is no benefit outside of the PPO network.**

Please see attached page for Copay Schedule.

Group has Annual Open Enrollment

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 Summary Plan Description provides a more complete explanation of your coverage, including limitations and exclusions. If differences exist between this Summary of Benefits and your Summary Plan Description, the Summary Plan Description will govern.