

## Delta Dental PPO Plan DENVER PUBLIC SCHOOLS – W2871

|   |                        |                        |  |  |
|---|------------------------|------------------------|--|--|
| <b>MAXIMUM BENEFIT</b>                    |                        |                        |  |  |
| Calendar Year Maximum                     |                        |                        | \$1500 per person (Combination of in and out of network)   |  |
| Orthodontic Lifetime Maximum              |                        |                        | \$1000 per person (Combination of in and out of network)   |  |
| <b>CALENDAR YEAR DEDUCTIBLE</b>           |                        |                        |  |  |
| Applies to Basic and Major services only  |                        |                        | Individual Deductible – \$50.00 Combination of in and out-of-network   |  |
|   |                        |                        | Family Deductible – \$150.00 Combination of in and out-of-network  |  |
| <b>PREVENTION FIRST</b>                   |                        |                        | Covered Diagnostic and Preventive services do not count against the annual maximum.  |  |
| <b>RIGHT START 4 KIDS (RS4K)</b>          |                        |                        |  |  |
| 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. |  |
| <b>WHO CAN BE COVERED</b>                 |                        |                        | Employee, Spouse and Dependent Children to age 26. Orthodontics for employee, spouse, and dependent children to age 26.  |  |
| <b>PPO Dentist</b>                        | <b>PREMIER Dentist</b> | <b>NON-PAR Dentist</b> | <b>COVERED SERVICES</b>  | <b>BENEFIT INFORMATION</b><br>(subject to Delta Dental guidelines)   |
| <b>DIAGNOSTIC AND PREVENTIVE SERVICES</b> |                        |                        |  |  |
| 100%                                      | 100%                   | 100%                   | Oral Evaluation  | Limited to 2 evaluations in a 12 month period  |
|   |                        |                        | Bitewing X-Rays  | Limited to 2 sets in a 12 month period   |
|   |                        |                        | Full Mouth or Panoramic X-Ray  | Limited to 1 in a 36 month period  |
|   |                        |                        | Routine Cleaning   | Limited to 2 routine cleanings in a 12 month period (additional cleanings may be covered with a documented need) |
|   |                        |                        | Fluoride Treatments  | Limited to 1 treatment in a 12 month period – up to age 16   |
|   |                        |                        | Space Maintainers  | For posterior primary teeth – up to age 14   |
|   |                        |                        | Sealants   | 1 per tooth in 36 months – up to age 15 on unrestored molars   |
| <b>BASIC SERVICES</b>                     |                        |                        |  |  |
| 80%                                       | 80%                    | 80%                    | Fillings (Composite or Amalgam)  | Benefits on the same surface limited to 1 in 12 months   |
| <b>OTHER BASIC SERVICES</b>               |                        |                        |  |  |
| 50%                                       | 50%                    | 50%                    | Oral Surgery (Extractions)   |  |
|   |                        |                        | General Anesthesia   | Benefit with covered Oral Surgery only   |
|   |                        |                        | Surgical Periodontal Services (Gum Treatment)  | Benefit once every 36 months   |
|   |                        |                        | Endodontics (Root Canal Therapy)   |  |
| <b>MAJOR SERVICES</b>                     |                        |                        |  |  |
| 50%                                       | 50%                    | 50%                    | Crowns   | Benefit 1 in 60 months on same tooth- not a benefit under age 12   |
|   |                        |                        | Dentures, Bridges  | Benefit 1 in 60 months- not a benefit under age 16   |
|   |                        |                        | Implants (Surgical and Restorative)  | Benefit 1 in 60 months- not a benefit under age 16   |
| <b>ORTHODONTICS</b>                       |                        |                        |  |  |
| 50%                                       | 50%                    | 50%                    | \$1000 Lifetime Maximum per person, for adults and dependent children  |  |

You are enrolled in a Delta Dental PPO plus Premier plan. You and your family members may visit any licensed provider, but you will receive the greatest out-of-pocket savings if you see a Delta Dental PPO provider.

**PPO Provider** – Payment is based on the PPO provider’s allowable fee, or the actual fee charged, whichever is less.

**Premier Provider** – Payment is based on the Premier Maximum Plan Allowance (MPA), or the fee actually charged, whichever is less.

**Non-Participating Provider** – 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 provider (balance-billing). You will receive the best benefit by choosing a PPO provider.

Open enrollment applies. Members may add coverage once per year. This is a brief description of services covered under the 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.