

Delta Dental PPO plus Premier
ST. VRAIN VALLEY SCHOOL DISTRICT – Classic Plan – Group #11566

MAXIMUM BENEFIT Calendar Year Maximum			\$1,750 per member, per calendar year	
CALENDAR YEAR DEDUCTIBLE Applies to Basic and Major Services			Individual Deductible – \$50.00 Combination of in and out-of-network Family Deductible – \$100.00 Combination of in and out-of-network	
PPO Dentist	PREMIER Dentist	NON-PAR Dentist	COVERED SERVICES	BENEFIT INFORMATION (subject to Delta Dental guidelines)
DIAGNOSTIC AND PREVENTIVE SERVICES				
100%	80%	80%	Oral Exams and Cleanings	Twice each in a 12-month period. Two additional cleanings may be covered for those with a documented Evidence Based Dentistry condition.
			Sealants	Once per tooth in a 36-month period for unrestored permanent molars, through age 14
			Bitewing X-Rays	Once in a 12-month period
			Full Mouth X-Rays	Once in a 60-month period
			Fluoride	Once in a 12-month period, through age 18
			Space Maintainers	One per quadrant, per lifetime to maintain space for eruption of permanent posterior teeth, through age 15
BASIC SERVICES				
80%	80%	80%	Fillings (Composite or Amalgam)	Once per tooth in a 12-month period
			Simple Extractions	
			Oral Surgery	
			Endodontics / Periodontics	
MAJOR SERVICES				
50%	50%	50%	Crowns	Once per tooth in a 60-month period. Not a benefit under age 12.
			Implants	Once per tooth in a 60-month period. Not a benefit under age 16.
			Dentures, Bridges	Once in a 60-month period, only when existing prosthesis cannot be made serviceable. Fixed bridges or removable partials are not a benefit under age 16.
			Occlusal Guard / Night Guard	Once in a 36-month period when wear from grinding is apparent.
ORTHODONTICS \$1,000 lifetime maximum				
50%	50%	50%	For covered children and adults	

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.

Delta Dental PPO plus Premier
ST. VRAIN VALLEY SCHOOL DISTRICT – Value Plan – Group #11566

MAXIMUM BENEFIT Calendar Year Maximum			\$1,000 per member, per calendar year	
CALENDAR YEAR DEDUCTIBLE Applies to Basic and Major Services			Individual Deductible – \$50.00 Combination of in and out-of-network Family Deductible – \$100.00 Combination of in and out-of-network	
PPO Dentist	PREMIER Dentist	NON-PAR Dentist	COVERED SERVICES	BENEFIT INFORMATION (subject to Delta Dental guidelines)
DIAGNOSTIC AND PREVENTIVE SERVICES				
100%	80%	70%	Oral Exams and Cleanings	Twice each in a 12-month period. Two additional cleanings may be covered for those with a documented Evidence Based Dentistry condition.
			Sealants	Once per tooth in a 36-month period for unrestored permanent molars, through age 14
			Bitewing X-Rays	Once in a 12-month period
			Full Mouth X-Rays	Once in a 60-month period
			Fluoride	Once in a 12-month period, through age 18
			Space Maintainers	One per quadrant, per lifetime to maintain space for eruption of permanent posterior teeth, through age 15
BASIC SERVICES				
80%	80%	60%	Fillings (Composite or Amalgam)	Once per tooth in a 12-month period
			Simple Extractions	
			Oral Surgery	
			Endodontics / Periodontics	
MAJOR SERVICES				
50%	50%	40%	Crowns	Once per tooth in a 60-month period. Not a benefit under age 12.
			Implants	Once per tooth in a 60-month period. Not a benefit under age 16.
			Dentures, Bridges	Once in a 60-month period, only when existing prosthesis cannot be made serviceable. Fixed bridges or removable partials are not a benefit under age 16.
			Occlusal Guard / Night Guard	Once in a 36-month period when wear from grinding is apparent.

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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.

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