DELTA DENTAL

Delta Dental PPO plus Premier™
St. Vrain Valley School District
Classic Plan – Group #11566

Maximum Benefit Plan Year Maximum	$1,750 Per Person For All Covered Classes, In and Out of Network (1/1-6/30)
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 and Limitations)
Diagnostic and Preventive Services				
100%	80%	80%	Oral Evaluation	Two exams in a 6-month period are covered
			Bitewing X-rays	Covered once in a 6-month period
			Full Mouth/Panoramic X-rays	Covered once in a 60-month period
			Routine Cleaning	Two cleanings in a 6-month period are covered. Two additional cleanings may be covered for those with a documented Evidence-Based Dentistry condition.
			Fluoride Treatments	Covered once per 6-month period, through age 18 for dependent children
			Space Maintainers	Allowed one per lifetime for posterior primary teeth – through age 15
			Sealants	1 per tooth in 36 months – through age 14 on unrestored permanent molars
Basic Services				
80%	80%	80%	Fillings	Benefit on the same surface limited to 1 in 6 months
			Oral Surgery (Extractions)	
			General Anesthesia	Benefit with covered oral surgery including extractions
			Surgical Periodontal	Benefit once every 36 months
Major Services				
50%	50%	50%	Crowns	Benefit 1 in 60 months same tooth – not a benefit under age 12
			Dentures, Partials, Bridges	Benefit 1 in 60 months – not a benefit under age 16
			Implants (Restorative and Surgical)	Benefit 1 in 60 months – not a benefit under age 16
			Occlusal Guards	Benefit once every 36 months
Orthodontic Services				
50%	50%	50%	Orthodontic Treatment - $1,500 Lifetime Maximum, For Employees, Spouses, and Dependents through 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 Delta Dental of Colorado. Customer Service: 1-800-610-0201 | customer_service@ddpco.com. Find us online at deltadentalco.com

DELTA DENTAL

Delta Dental PPO plus Premier™
St. Vrain Valley School District
Value Plan – Group #11566

Maximum Benefit Plan Year Maximum	$1,000 Per Person For All Covered Classes, In and Out of Network (1/1-6/30)
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 and Limitations)
Diagnostic and Preventive Services				
100%	80%	70%	Oral Evaluation	Two exams in a 6-month period are covered
			Bitewing X-rays	Covered once in a 6-month period
			Full Mouth/Panoramic X-rays	Covered once in a 60-month period
			Routine Cleaning	Two cleanings in a 6-month period are covered. Two additional cleanings may be covered for those with a documented Evidence-Based Dentistry condition.
			Fluoride Treatments	Covered once per 6-month period, through age 18 for dependent children
			Space Maintainers	Allowed one per lifetime for posterior primary teeth – through age 15
			Sealants	1 per tooth in 36 months – through age 14 on unrestored permanent molars
Basic Services				
80%	80%	60%	Fillings	Benefit on the same surface limited to 1 in 6 months
			Oral Surgery (Extractions)	
			General Anesthesia	Benefit with covered oral surgery including extractions
			Surgical Periodontal	Benefit once every 36 months
Major Services				
50%	50%	40%	Crowns	Benefit 1 in 60 months same tooth – not a benefit under age 12
			Dentures, Partials, Bridges	Benefit 1 in 60 months – not a benefit under age 16
			Implants (Restorative and Surgical)	Benefit 1 in 60 months – not a benefit under age 16
			Occlusal Guards	Benefit once every 36 months

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