



CU HEALTH PLAN – Premier Dental

Plan Year 7/1/2023 - 6/30/2024

Delta Dental PPOSM + PREMIER Network

Public Note Public Nation	PLAN YEAR MAXIMUM BENEFIT				\$1,250 per person - Combination of in and out-of-network		
PPO Premier Non-Par COVERED SERVICES BENEFIT INFORMATION (subject to Delta Dental guidelines) PREVENTIVE AND DIAGNOSTIC SERVICES - Preventive and Diagnostic services do not apply to Plan year Maximum PREVENTIVE AND DIAGNOSTIC SERVICES - Preventive and Diagnostic services do not apply to Plan year Maximum Darie Evaluation Limited to 2 evaluations in a plan year.	PLAN YEAR DEDUCTIBLE				Per Person Deductible: \$25		
PPO Premier Non-Par MEMBER COST BENEFIT INFORMATION (subject to Delta Dental guidelines)	Applies to Basic and Major Services				· · · · · · · · · · · · · · · · · · ·		
MEMBER COST PREVENTIVE AND DIAGNOSTIC SERVICES - Preventive and Diagnostic services do not apply to Plan year Maximum Oral Evaluation	Deductible will not be taken on services for children to age 13						
PREVENTIVE AND DIAGNOSTIC SERVICES - Preventive and Diagnostic services do not apply to Plan year Maximum Oral Evaluation Bitewing X-rays Limited to 2 evaluations in a plan year. Full Mouth or Panoramic X-rays Routine Cleaning Limited to 1 in a 36 month period. Panoramic X-rays Routine Cleaning Limited to 2 treatments in a plan year. Fluoride Treatments Fluoride Treatments Limited to 2 treatments in a plan year, for adults and children. Space Maintainers For premature loss of baby back teeth only under age 16. Sealants For premature loss of baby back teeth only under age 16. Sealants For premature loss of baby back teeth only under age 17 on unrestored permanent molars. BASIC SERVICES - Fillings, Endodontics (Root Canal), Periodontics (Gum Disease) and Oral Surgery (extractions) Amalgam, Resin and Composite Fillings Coral Surgery (Extractions) General Anesthesia Surgical Periodontal (gums) Root Canal Therapy Benefit on the same surface limited to 1 in 12 months. MAJOR SERVICES - Crowns, Bridges, Partials, Dentures, Implants Crowns Dentures, Partials, Bridges Benefit 1 per tooth 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 Benefit 6 months after initial insertion then benefit 1 in 36 months.	PPO	Premier	Non-Par	COVERED	SERVICES	BENEFIT INFORMATION	
Part	MEMBER COST			COVERED SERVICES		(subject to Delta Dental guidelines)	
Bitewing X-rays Limited to 2 sets in a plan year.	PREVENTIVE AND DIAGNOSTIC SERVICES - Preventive and Diagnostic services do not apply to Plan year Maximum						
Full Mouth or Panoramic X-rays Routine Cleaning Fluoride Treatments Space Maintainers Sealants BASIC SERVICES - Fillings, Endodontics (Root Canal), Periodontics (Gum Disease) and Oral Surgery (extractions) Some Maintainers Some Maintainers Sealants Amalgam, Resin and Composite Fillings Benefit on the same surface limited to 1 in 12 months. Some Maintainers Some Maintainers Sealants Limited to 1 in a 36 month period. Limited to 2 treatments in a plan year. Limited to 2 treatments in a plan year. Limited to 2 treatments in a plan year. Limited to 1 in a 36 month period. Per rooth in 36 months under age 17. Limited to 1 in a 36 month period. Benefit on the same surface limited to 1 in 12 months. Benefit with covered oral surgery (extractions) Benefit with covered oral surgery only. Benefit once per quadrant every 36 months. Benefit once per quadrant every 36 months. Benefit 1 per tooth 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.	0%	20%	20%	Oral Evaluation		Limited to 2 evaluations in a plan year.	
Panoramic X-rays Routine Cleaning Limited to 4 cleanings in a plan year. Limited to 2 treatments in a plan year. Limited to 2 treatments in a plan year, for adults and children. Space Maintainers For premature loss of baby back teeth only under age 16. Sealants 1 per tooth in 36 months under age 17 on unrestored permanent molars. BASIC SERVICES - Fillings, Endodontics (Root Canal), Periodontics (Gum Disease) and Oral Surgery (extractions) 50% 50% 50% Amalgam, Resin and Composite Fillings Benefit on the same surface limited to 1 in 12 months. Oral Surgery (Extractions) General Anesthesia Surgical Periodontal (gums) Benefit once per quadrant every 36 months. Root Canal Therapy Benefit once per tooth. MAJOR SERVICES - Crowns, Bridges, Partials, Dentures, Implants Crowns Benefit 1 per tooth in 60 months on same tooth. Not a benefit under age 12. Denture, Partials, Bridges Benefit after 6 months. Not a benefit under age 16. Benefit 6 months after initial insertion then benefit 1 in 36 months.				Bitewing X-rays		Limited to 2 sets in a plan year.	
Fluoride Treatments						Limited to 1 in a 36 month period.	
Fluoride Treatments Fluoride Treatments Fluoride Treatments Fluoride Treatments Fluoride Treatments Fluoride Treatments Space Maintainers For premature loss of baby back teeth only under age 16. 1 per tooth in 36 months under age 17 on unrestored permanent molars. For premature loss of baby back teeth only under age 16. 1 per tooth in 36 months under age 17 on unrestored permanent molars. Fluoride Treatments Fluoride Treatments For premature loss of baby back teeth only under age 16. 1 per tooth in 36 months under age 17 on unrestored permanent molars. Benefit on the same surface limited to 1 in 12 months. Fluoride Treatments Fluoride Treatments For premature loss of baby back teeth only under age 16. Penetit on the same surface limited to 1 in 12 months. Benefit on the same surface				Routine Cleaning		Limited to 4 cleanings in a plan year.	
Sealants 1 per tooth in 36 months under age 17 on unrestored permanent molars. BASIC SERVICES - Fillings, Endodontics (Root Canal), Periodontics (Gum Disease) and Oral Surgery (extractions) 50% 50% 50% Amalgam, Resin and Composite Fillings Benefit on the same surface limited to 1 in 12 months. 50% 50% 50% General Anesthesia Benefit with covered oral surgery only. Surgical Periodontal (gums) Benefit once per quadrant every 36 months. Root Canal Therapy Benefit once per tooth. MAJOR SERVICES - Crowns, Bridges, Partials, Dentures, Implants Crowns Benefit 1 per tooth 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 Benefit after 6 months from insertion. Denture Rebase/Reline Benefit 6 months after initial insertion then benefit 1 in 36 months.				Fluoride Treatments		• • •	
BASIC SERVICES - Fillings, Endodontics (Root Canal), Periodontics (Gum Disease) and Oral Surgery (extractions) 50% 50% 50% Amalgam, Resin and Composite Fillings Benefit on the same surface limited to 1 in 12 months. 50% 50% 50% General Anesthesia Benefit with covered oral surgery only. Surgical Periodontal (gums) Benefit once per quadrant every 36 months. Root Canal Therapy Benefit once per tooth. MAJOR SERVICES - Crowns, Bridges, Partials, Dentures, Implants Crowns Benefit 1 per tooth 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 Benefit after 6 months from insertion. Denture Rebase/Reline Benefit 6 months after initial insertion then benefit 1 in 36 months.				Space Maintainers		For premature loss of baby back teeth only under age 16.	
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50% 50% 50% Composite Fillings Benefit 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 per quadrant every 36 months. Root Canal Therapy Benefit once per tooth. MAJOR SERVICES - Crowns, Bridges, Partials, Dentures, Implants Crowns Benefit 1 per tooth 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 Benefit after 6 months from insertion. Denture Rebase/Reline Benefit 6 months after initial insertion then benefit 1 in 36 months.	BASIC SERVICES - Fillings, Endodontics (Root Canal), Periodontics (Gum Disease) and Oral Surgery (extractions)						
50% 50% 50% 6 General Anesthesia Benefit with covered oral surgery only. Surgical Periodontal (gums) Benefit once per quadrant every 36 months. Root Canal Therapy Benefit once per tooth. Crowns Benefit 1 per tooth 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 Benefit after 6 months from insertion. Denture Rebase/Reline Benefit 6 months after initial insertion then benefit 1 in 36 months.	50%	50%	50%			Benefit on the same surface limited to 1 in 12 months.	
Surgical Periodontal (gums) Benefit once per quadrant every 36 months. Root Canal Therapy Benefit once per tooth. MAJOR SERVICES - Crowns, Bridges, Partials, Dentures, Implants Crowns Benefit 1 per tooth 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 Benefit after 6 months from insertion. Denture Rebase/Reline Benefit 6 months after initial insertion then benefit 1 in 36 months.	50%	50%	50%	Oral Surgery (Extractions)			
Surgical Periodontal (gums) Benefit once per quadrant every 36 months. Root Canal Therapy Benefit once per tooth. MAJOR SERVICES - Crowns, Bridges, Partials, Dentures, Implants Crowns Benefit 1 per tooth 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 Benefit after 6 months from insertion. Denture Rebase/Reline Benefit 6 months after initial insertion then benefit 1 in 36 months.				General Anesthesia		Benefit with covered oral surgery only.	
MAJOR SERVICES - Crowns, Bridges, Partials, Dentures, Implants Crowns Benefit 1 per tooth 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.				Surgical Periodontal (gums)		Benefit once per quadrant every 36 months.	
Crowns Benefit 1 per tooth 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.				Root Canal Therapy		Benefit once per tooth.	
50% Solve Towns Not a benefit under age 12. Dentures, Partials, Bridges Benefit 1 in 60 months. Not a benefit under age 16. Bridge/Denture Repair Benefit after 6 months from insertion. Denture Rebase/Reline Benefit 6 months after initial insertion then benefit 1 in 36 months.	MAJOR SERVICES - Crowns, Bridges, Partials, Dentures, Implants						
50% Bridge/Denture Repair Benefit after 6 months from insertion. Denture Rebase/Reline Benefit 6 months after initial insertion then benefit 1 in 36 months.	50%	50%	50%	Crowns			
Denture Rebase/Reline Benefit 6 months after initial insertion then benefit 1 in 36 months.				Dentures, Pa	rtials, Bridges	Benefit 1 in 60 months. Not a benefit under age 16.	
Denture Rebase/Reline months.				Bridge/Denture Repair		Benefit after 6 months from insertion.	
Implants Benefit 1 per tooth in 60 months on same tooth.				Denture Rebase/Reline			
				Implants		Benefit 1 per tooth in 60 months on same tooth.	

The PPO percentage of benefits is based on the PPO Schedule of Allowances.

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.

Right Start 4 Kids: 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.

<u>Important Note</u>: 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.