



DELTA DENTAL OF COLORADO'S PROVIDER NETWORKS

The Delta Dental PPOSM network gives members access to more than 2,200 Delta Dental dentists at substantially discounted fees. Our Delta Dental Premier[®] network boasts even more selection with an additional 1,200+ participating providers who also offer reduced fees — though not as deep as PPO. Combined, our network includes nearly 92% of Colorado dentists! Choose an EPO or a PPO plan:

► EXCLUSIVE PANEL OPTION

The Exclusive Panel Option (EPO) a feature of Delta Dental PPO may be a great choice for you if you're looking for an affordable plan with predictable out-of-pocket costs. Because **coverage is provided only when you visit a Colorado Delta Dental PPO dentist**, this plan is an excellent option if you don't have an established relationship with a dentist or are already seeing a dentist in our PPO network. This plan also features enhanced orthodontia benefits and no deductible.

► PPO OPTION

The Delta Dental PPO plan offers convenience, flexibility, and choice with coverage provided when you visit a Delta Dental PPO, Premier, or out-of-network dentist. You'll see the most savings when you visit a PPO dentist, but you'll still be covered if you have an established relationship with and wish to continue using a dentist who is part of our Premier network or who is not a part of the Delta Dental network. Additionally, the PPO plan has an added benefit of implant coverage.

	EPO	Delta Dental PPO		
	PPO dentist ONLY	PPO dentist	Premier dentist	Out-of-network dentist
Provider Selection	<ul style="list-style-type: none"> Dentist agrees to accept scheduled fees Claim forms are filed by the dental office 	<ul style="list-style-type: none"> Dentist agrees to accept scheduled fees Claim forms are filed by dental office 	<ul style="list-style-type: none"> Dentist agrees to accept scheduled fees Claim forms are filed by dental office 	<ul style="list-style-type: none"> Benefits are based on Delta Dental's allowable charges You pay any excess charges above Delta Dental's allowable charges You are responsible for filing claims
Plan-Year Deductible	None	\$50 per member per plan year	\$75 per member per plan year	\$75 per member per plan year
		Deductible does not apply to diagnostic, preventive, or orthodontic services.		
Plan-Year Maximum	\$2,000 per person	\$2,000 per person		

	EPO	Delta Dental PPO		
	PPO dentist	PPO dentist	Premier dentist	Out-of-network dentist
Preventive and Diagnostic Cleanings, fluoride, sealants, X-rays, oral examinations, etc.	You pay (your copay): \$0 for initial/periodic oral exam Receive up to two free cleanings per plan year	You pay: \$0 Receive up to two free cleanings per plan year	You pay: \$0 Receive up to two free cleanings per plan year	You pay: Any amount above Delta Dental's allowable charges
Basic Restorative Fillings	You pay (your copay): \$32–97, depending on procedure	You pay: 20% of procedure cost after your deductible is met	You pay: 40% of procedure cost after your deductible is met	You pay: 40% of allowable charges after your deductible is met
Endodontics Root canal therapy	You pay (your copay): \$223–\$373, depending on procedure	You pay: 30% of procedure cost after your deductible is met	You pay: 50% of procedure cost after your deductible is met	You pay: 50% of allowable charges after your deductible is met
Periodontics Treatment of the gums	You pay (your copay): \$117–\$334, depending on procedure	You pay: 30% of procedure cost after your deductible is met	You pay: 50% of procedure cost after your deductible is met	You pay: 50% of allowable charges after your deductible is met
Oral Surgery Extractions	You pay (your copay): \$39–\$151, depending on procedure	You pay: 30% of procedure cost after your deductible is met	You pay: 50% of procedure cost after your deductible is met	You pay: 50% of allowable charges after your deductible is met
Prosthodontics Crowns, bridges, dentures	You pay (your co-pay): \$22–\$569, depending on procedure	You pay: 50% of procedure cost after your deductible is met	You pay: 60% of procedure cost after your deductible is met	You pay: 60% of allowable charges after your deductible is met
Implants As part of a major restoration	Not a covered benefit	You pay: 50% of procedure cost after your deductible is met	You pay: 60% of procedure cost after your deductible is met	You pay: 60% of allowable charges after your deductible is met
Orthodontics	You pay (your copay): \$668–\$2,200, depending on procedure* \$4,000 lifetime limit per person. Includes employee, spouse & children (through end of month in which the child turns 27.)	You pay: 50% of procedure cost	You pay: 60% of procedure cost	You pay: 60% of allowable charges
		\$1,500 lifetime limit per child age 19 and younger. For children only.		
Emergency Services	You pay (your copay): \$31	Coverage amount is dependent on procedure	Coverage amount is dependent on procedure	Coverage amount is dependent on procedure

*Please note that if you are in the middle of orthodontic treatment and your dentist is not a PPO provider, your treatment will not be covered under the EPO Plan.