



CU HEALTH PLAN – Premier Dental

Plan Year 7/1/2024 - 12/31/2024

Delta Dental PPOSM + PREMIER 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 Oral Evaluation Limited to 2 evaluations in a plan year.	PLAN YEAR	R MAXIMUM BE	NEFIT		\$1,250 per person - Combination of in and out-of-network	
PREVENTIVE AND DIAGNOSTIC SERVICES - Preventive and Diagnostic services do not apply to Plan year Maximum Oral Evaluation Bitewing X-rays Full Mouth or Panoramic X-rays Fluirited to 2 sets in a plan year. Elimited to 1 in a 36 month period. Diagnostic Services of a decimal plan year. Elimited to 1 in a 36 month period. Elimited to 2 treatments in a plan year. Elimited to 3 treatments in a plan year. Elimited to 2 treatments in a plan year. Elimited to 2 treatments in a plan year. Elimited to 2 treatments in a plan year. Elimited to 3 treatments in a plan year. Elimited to 2 treatments in a plan year. Elimited to 2 treatments in a plan year. Elimited to 3 treatments in a plan year. Elimited to 4 cleanings in a plan year. Elimited to 1 in a 36 month period. Elimited to 2 treatments in a plan year. Elimited to 1 in a 36 month period. Elimited to 1 in a 36 month period. Elimited to 2 treatments in a plan year. Elimited to 2					(Combination of in and out-of-network) There is no family deductible limit.	
PREVENTIVE AND DIAGNOSTIC SERVICES - Preventive and Diagnostic services do not apply to Plan year Maximum Part	COVERE			COVERE) SERVICES	
Bitewing X-rays Full Mouth or Panoramic X-rays Routine Cleaning Fluoride Treatments Space Maintainers 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) Some Maintainers	PREVENT	IVE AND DIA	GNOSTIC SERV	/ICES - Prevei	ntive and Diagr	
Full Mouth or Panoramic X-rays Routine Cleaning Fluoride Treatments Space Maintainers Sealants For premature loss of baby back teeth only under age 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% 50% 50% 50% 50% 50	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. 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 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 Oral Surgery (Extractions) General Anesthesia 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.				Bitewing X-rays		Limited to 2 sets in a plan year.
Fluoride Treatments Fluoride Treatments						Limited to 1 in a 36 month period.
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 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 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.				Routine Cleaning		Limited to 4 cleanings in a plan year.
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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. 60 General Anesthesia Benefit with covered oral surgery only. 70 Surgical Periodontal (gums) Benefit once per quadrant every 36 months. 80 Root Canal Therapy Benefit once per tooth. 80 Benefit 1 per tooth in 60 months on same tooth. Not a benefit under age 12. 81 Dentures, Partials, Bridges Benefit 1 in 60 months. Not a benefit under age 16.				Space Maintainers		For premature loss of baby back teeth only under age 16.
50% 50% 50% Some and Composite Fillings Benefit on the same surface limited to 1 in 12 months. 50% 50% Some and Composite Fillings Benefit with covered oral surgery only. 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.				Sealants		, ·
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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. 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.	50%	50%	50%			Benefit on the same surface limited to 1 in 12 months.
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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.				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.				Root Canal Therapy		Benefit once per tooth.
Dentures, Partials, Bridges Not a benefit under age 12. Benefit 1 in 60 months. Not a benefit under age 16.	MAJOR S	ERVICES - Cro	wns, Bridges, Par	tials, Dentures,	Implants	
	50%	50%	50%	Crowns		· · · · · · · · · · · · · · · · · · ·
50% 50% Bridge/Denture Renair Benefit after 6 months from insertion				Dentures, Pa	rtials, Bridges	Benefit 1 in 60 months. Not a benefit under age 16.
Bridge, Beneare repair Beneare of months from insertion.				Bridge/Denture Repair		Benefit after 6 months from insertion.
Denture Rebase/Reline Benefit 6 months after initial insertion then benefit 1 in months.				Denture Rebase/Reline		Benefit 6 months after initial insertion then benefit 1 in 36 months.
Implants Benefit 1 per tooth in 60 months on same tooth.				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.

Important Note: 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.