

Delta Dental PPOSM Plan CU Health Plan

MAXIMUM BENEFIT				
Plan Year			\$2,000 per person (combination of in and out of network)	
Orthodontic Lifetime			\$1,500 per person (combination of in and out of network, eligible dependents up to age 19)	
CALENDAR-YEAR DEDUCTIBLE			Per Person Deductible: \$50 PPO provider; \$75 Premier & Non-Par providers (combination of in and out-of-network). There is no family deductible limit. Applies only to Basic and Major.	
PPO*	Prem**	Non-Par***	COVERED SERVICES	BENEFIT INFORMATION (subject to Delta Dental guidelines)
PREVENTIVE AND DIAGNOSTIC SERVICES				
0%	0%	0%	Oral Evaluation	Limited to 2 evaluations in a plan year
			Bitewing X-rays	Limited to 2 sets in a plan year
			Full-mouth X-rays or Panoramic	Limited to 1 in a 36-month period
			Routine Cleaning	Limited to 2 cleanings in a plan year
			Fluoride Treatments	Limited to 1 treatment in a plan year, under age 17
			Space Maintainers	For premature loss of baby teeth, only under 16
			Sealants	1 per tooth in 36 months, under age 17 on unrestored permanent molars
BASIC SERVICES				
20%	40%	40%	Amalgam Fillings	Benefits on the same surface limited to 1 in 12 months on posterior teeth
			Resin, Composite	Benefit for anterior teeth on the same surface in a 12-month period. Not a recognized benefit on posterior teeth.
30%	50%	50%	Oral Surgery (Extractions)	
			General Anesthesia	Benefit with covered oral surgery only
			Surgical Periodontal (gums)	Benefit once every 36 months
			Root Canal Therapy	
MAJOR SERVICES				
50%	60%	60%	Crowns	Benefit 1 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
			Implants	Benefit 1 in 60 months on same tooth
ORTHODONTICS				
50%	60%	60%	Complete Orthodontic Evaluation (for each eligible dependent up to age 19)	
			Active Orthodontic Treatment (for each eligible dependent up to age 19)	

*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.

To find a provider, go to deltadentalco.com or call customer service at 1-877-356-7728 (1-877-FlossCU).

Important Note: This form provides only a brief description of services covered under your contract and does not list those services that are limited or excluded from coverage. Your employee benefit booklet provides a more complete explanation of your coverage, including limitations and exclusions. If differences exist between this summary of benefits and your employee benefit booklet, the benefit booklet will govern.