

## Dental Plan Comparison

DENTAL BENEFITS (Administered by Delta Dental)	EXCLUSIVE PANEL OPTION (EPO)	DELTA DENTAL PPO		
	In-network coverage only (Colorado PPO Dentists)	In-network coverage (PPO Dentists)	In-network coverage (Premier Dentists)	Out-of-network coverage (Non-participating Dentists)
Provider Selection	Dentist agrees to accept scheduled fees  Claim forms are filed by dental office	Dentist agrees to accept scheduled fees  Claim forms are filed by dental office	Dentist agrees to accept scheduled fees  Claim forms are filed by dental office	Benefits are based on Delta's allowed charges  You pay any excess charges above Delta's allowed charges  You are responsible for filing claim forms
Plan-Year Deductible	None	\$50 per member per plan year—deductible does not apply to diagnostic, preventive and orthodontic services	\$75 per member per plan year—deductible does not apply to diagnostic, preventive and orthodontic services	\$75 per member per plan year—deductible does not apply to diagnostic, preventive and orthodontic services
Plan-Year Maximum	\$2,000/person	\$2,000/person	\$2,000/person	\$2,000/person
Preventive (cleanings, fluoride, sealants) and Diagnostic (X-rays, oral examinations)	No co-pays for initial/ periodic oral exam. Up to two cleanings in a plan year.	100%—up to two cleanings in a plan year.	100%—up to two cleanings in a plan year.	100% of Delta's allowed charges
Basic Restorative (fillings)	\$32 to \$97 co-pay, depending on procedure	80% after deductible	60% after deductible	After deductible, 60% of allowed charges
Endodontics (root canal therapy)	\$223 to \$373 co-pay, depending on procedure	70% after deductible	50% after deductible	After deductible, 50% of allowed charges
Periodontics (treatment of the gums)	\$117 to \$334 co-pay, depending on procedure	70% after deductible	50% after deductible	After deductible, 50% of allowed charges
Oral Surgery (extractions)	\$39 to \$151 co-pay, depending on procedure	70% after deductible	50% after deductible	After deductible, 50% of allowed charges
Prosthodontics (crowns, bridges, dentures)	\$22 to \$569 co-pay, depending on procedure	50% after deductible	40% after deductible	After deductible, 40% of allowed charges

Implants as part of a major restoration	Not covered	50% after deductible	40% after deductible	After deductible, 40% of allowed charges
Orthodontics (children to age 19)	\$668 to \$2,200 co-pay depending on procedure  \$4,000 lifetime maximum based on EPO co-pay schedule	50% to \$1,500 lifetime maximum per child	40% to \$1,500 lifetime maximum per child	40% of allowed charges, up to \$1,500 lifetime maximum per child (deductible does not apply)
Orthodontics (adults)	\$668 to \$2,200 co-pay depending on procedure  \$4,000 lifetime maximum based on EPO co-pay schedule	Not a covered benefit	Not a covered benefit	Not a covered benefit
Emergency Services	\$31 co-pay	Covered with appropriate coinsurance	Covered with appropriate coinsurance	Covered with appropriate coinsurance

#### **Disclaimer**

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