

Exclusive Panel Option (EPO) a feature of the Delta Dental PPO University of Colorado & Affiliates

MAXIMUM BENEFIT Plan Year Orthodontic Lifetime		\$2,000 per person \$4,000 per person (See copayment schedule for additional details.)	
CALENDAR YEAR DEDUCTIBLE		No Deductible	
PPO*		COVERED SERVICES	BENEFIT INFORMATION (subject to Delta Dental guidelines)
PREVENTIVE AND DIAGNOSTIC SERVICES			
Copayment (see attached schedule of copayment listing)	Oral Evaluation	Limited to 2 evaluations in a plan year	
	Bitewing X-rays	Limited to 1 set in a plan year	
	Full Mouth X-rays or Panoramic	Limited to 1 in a 60 month period	
	Routine Cleaning	Limited to 2 cleanings in a plan year	
	Fluoride Treatments	Limited to 1 treatment in a plan year to age 16	
	Space Maintainers	For posterior primary teeth to age 14	
	Sealants	1 per tooth in 36 months. to age 15 on unrestored molars	
BASIC SERVICES (Fillings, Endodontics (Root Canal), Periodontics (Gum Disease) and Oral Surgery (extractions))			
Copayment (see attached schedule of copayment listing)	Amalgam Fillings	Benefits on the same surface limited to 1 in 12 months	
	Resin, Composite	Benefits 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 every 36 months	
	Root Canal Therapy		
MAJOR SERVICES (Crowns, Bridges, Partial, Dentures)			
Copayment (see attached schedule of copayment listing)	Crowns	Benefit 1 in 60 months on same tooth. not a benefit under age 12	
	Dentures, Partial, 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	
ORTHODONTICS (Braces) Employees, Eligible Spouses and Children			
Copayment (see attached schedule of copayment listing)	Complete Orthodontic Evaluation		
	Active Orthodontic Treatment. Orthodontic benefits provided for all covered persons.		

*The PPO benefit is based on the PPO Schedule of Allowance.

No benefits are payable if services are rendered by a Delta Dental Premier dentist or by a non-participating dentist. There is no benefit outside of Colorado

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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 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.