DELTA DENTAL

Delta Dental Premier Plan
UNIVERSITY OF COLORADO – Retiree Program Group # 6043

MAXIMUM BENEFIT Plan Year	$1,250 per person (Combination of in and out-of-network)
PLAN YEAR DEDUCTIBLE Applies to Basic and Major Services Only	Individual Deductible - $25 per person (Combination of in and out-of-network)

	COVERED SERVICES	BENEFIT INFORMATION (subject to Delta Dental guidelines)
PREVENTIVE AND DIAGNOSTIC SERVICES		
80%	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 2 treatments in a 12 plan year to age 17
	Space Maintainers	For premature loss of baby teeth only to age 17
	Sealants	1 per tooth in 36 months to age 17 on unrestored permanent molars
BASIC SERVICES (Fillings, Endodontics (Root Canal), Periodontics (Gum Disease) and Oral Surgery (extractions)		
50%	Amalgam Fillings	Benefits on the same surface limited to 1 in 12 months
	Resin, Composite	Benefit for anterior teeth only allowance for amalgam on posterior teeth
	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, Partials, Dentures)		
50%	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

The 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 Dentist- www.deltadentalco.com or call (800) 610-0201.

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.