

Delta Dental PPOSM plus Premier Plan ST. VRAIN VALLEY SCHOOL DISTRICT — GROUP #11566

MAXIMUM BENEFIT				
Calendar Year—per person				\$1,500 per person (Combination of in- and out-of-network)
Orthodontic Lifetime—children to age 19				\$1,000 per person (Combination of in- and out-of-network)
CALENDAR YEAR DEDUCTIBLE				
Applies to Basic and Major Services only				\$50/\$100—Combination of in- and out-of-network
WHO CAN BE COVERED				Employee, spouse and children to age 26.
*PPO	**Premier	***Non-Participatin	COVERED SERVICES	BENEFIT INFORMATION (subject to Delta Dental guidelines)
PREVENTIVE AND DIAGNOSTIC SERVICES				
100%	80%	80%	Oral Evaluation	Limited to 2 evaluations in a 12 month period
			Bitewing X-rays	Limited to 1 set in a 12 month period
			Full-mouth or Panoramic X-rays	Limited to 1 in a 60 month period
			Routine Cleaning	Limited to 2 routine cleanings in a 12 month period
			Fluoride Treatments	Limited to 1 treatment in a 12 month period through age 18
			Sealants	1 per tooth in 36 months on unrestored permanent molars; through age 14
BASIC SERVICES [Fillings, Endodontics (Root Canal), Periodontics (Gum Disease) and Oral Surgery (extractions)]				
80%	80%	80%	Amalgam & Composite Fillings	Benefits on the same surface limited to 1 in 12 months
			Oral Surgery	
			General Anesthesia	Benefit with covered oral surgery only
			Surgical Periodontal (gums)	Benefit once every 36 months
			Space Maintainers	For premature loss of baby teeth 1 per tooth in 36-month period; though age 15
			Root Canal Therapy	
MAJOR SERVICES (Crowns, Bridges, Partial, Dentures)				
50%	50%	50%	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	
			Implants	Benefit 1 in 60 months on same tooth; not a benefit under age 16
			Night Guard/Occlusal Guard	Once per 36-month period grinding with wear is apparent.
ORTHODONTICS (Braces) Active Orthodontic Treatment. Children to age 19				
50%	50%	50%	Complete Orthodontic Evaluation	

*The PPO percentage of benefits is based on the PPO Schedule of Allowance.

**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 dentist, go to deltadentalco.com. Customer Service: 1-800-610-0201.

Group has an Annual Open Enrollment period.

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.