



Delta Dental PPO Plan DURANGO SCHOOL DISTRICT- Group #11790

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| MAXIMUM BENEFIT Calendar Year Orthodontic Lifetime - to age 19 only PREVENTION FIRST | | | \$1,500 per person Combination of in and out-of-network \$2,000 per person Combination of in and out-of-network Diagnostic & Preventive services do not apply toward the calendar year maximum when using a PPO or Premier dentist. | |
| CALENDAR YEAR DEDUCTIBLE | | | Individual Deductible- \$ 50.00 Combination of in and out-of-network Family Deductible - \$150.00 Combination of in and out-of-network | |
| WHO CAN BE COVERED | | | Employee, spouse and dependent children to age 26. Orthodontic benefits to age 19 only. | |
| PPO* | **Premier | ***Non-Participating | COVERED SERVICES | BENEFIT INFORMATION (subject to Delta Dental guidelines) |
| PREVENTIVE AND DIAGNOSTIC SERVICES | | | | |
| 100% | 100% | 100% | 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 X-rays or | 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 to age 16 |
| | | | Space Maintainers | For premature loss of baby teeth only to age 14 |
| | | | Sealants | 1 per tooth in 36 months to age 15 on unrestored permanent molars |
| BASIC SERVICES (Fillings, Endodontics (Root Canal), Periodontics (Gum Disease) and Oral Surgery (extractions)) | | | | |
| 80% | 80% | 80% | 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 |
| | | | Oral Surgery | |
| | | | General Anesthesia | Benefit with covered oral surgery only |
| | | | Surgical Periodontal | Benefit once every 36 months |
| | | | Root Canal Therapy | |
| MAJOR SERVICES (Crowns, Bridges, Partial, Dentures, Implants) | | | | |
| 50% | 50% | 50% | Crowns | Benefit 1 in 60 months on same tooth. not a benefit under age 12 |
| | | | Dentures, Partial, Bridges, Implants | Benefit 1 in 60 months not a benefit under age 16 |
| ORTHODONTICS (Braces) | | | | |
| 50% | 50% | 50% | Complete Orthodontic Evaluation | |
| | | | Active Orthodontic Treatment. Orthodontic benefits provided to the age of 19 only. | |

* 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- www.deltadentalco.com Customer Service Phone- (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 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.