

Delta Dental PPOSM

Aurora Public Schools -- Group # 1019

Maximum Benefit Calendar Year Benefit Maximum: Prevention First:	\$1,250 per person, combined in- and out-of-network Diagnostic and Preventive services do not count toward calendar year maximum.
Calendar Year Deductible Individual Deductible: Family Deductible: Deductible applies to:	\$50 per person, combined in- and out-of-network \$150 per family, combined in- and out-of-network Basic & Major services only
Who can be covered by this plan	Employee, lawful spouse, domestic partner and dependent children to age 26.

Your Delta Dental of Colorado Benefits					
Covered Services	PPO Dentist:	Premier or Non-Participating Dentist:	Additional Benefit Information:		
Diagnostic & Preventive Services					
Oral Evaluation		80%	Limited to two evaluations in a 12-month period		
Bite Wing X-rays			Limited to two sets in a 12-month period		
Full Mouth/Panoramic X-rays	7		Limited to one set in a 36-month period		
Routine Cleaning	100%		Limited to two routine cleanings in a 12-month period (2 additional cleanings may be benefitted with documentation of special need)		
Fluoride Treatment			Limited to one treatment in a 12-month period - to age 16		
Space Maintainers			For premature loss of baby teeth only - to age 14		
Sealants			One per tooth in a 36-month period, to age 15 on unrestored molars		
Basic Services	(1)	B. 英美 图 电影影	· · · · · · · · · · · · · · · · · · ·		
Amalgam/Composite Fillings	80%	80%	For same surface: Benefits limited to one in 12 months		
Major Services	Service Service	"是我们是我们			
Crown (special restorative)		50%	Only a benefit once in 60 months on same tooth; over age 12		
Oral Surgey (Extraction)			General anesthesia is covered with Oral Surgery only		
Surgical Periodontal (gums)	50%		Benefit once every 36 months		
Root Canal Therapy	30%	30%			
Dentures, Partials, Bridges			Only a benefit once in 60 months; over age 16		
Implants			Only a benefit once in 60 months on same tooth		

Important information about your dental benefits:

PPO Dentist - The maximum benefit payable is based on the PPO Schedule of Allowance.

Premier Dentist - The maximum benefit payable is limited to the Maximum Plan Allowance.

Non-Participating Dentist - The maximum benefit payable is limited to the out-of-pocket maximum. You will be responsible for full payment at the time of service when using a non-participating dentist; and you will have to file your own claims with Delta Dental for reimbursement of charges. You will be subject to balance-billing.

To find a dentist, visit www.deltadentalco.com and look for the Find a Dentist search feature. You may also call Customer Relations at 1-800-610-0201.

This form provides a brief description of the services covered under your contract and does not list limited-coverage, or extuded services. Your Employee Benefit Booklet provides a more complete eplanation of your coverage, including limitations and exclusions. If differences exist between the summary of benefits and your Employee Benefit Booklet, the Employee Benefit Booklet governs.





Delta Dental PPOst plus Premier

You are enrolled in a Delta Dental PPO plus Premier plan. You and your family members may visit any licensed dentist, but will enjoy the greatest out-of-pocket savings if you see a Delta Dental PPO dentist. Participating dentists file claims directly with Delta Dental and accept Delta Dental's reimbursement in full. You are responsible only for your deductible and coinsurance (as determined by your plan), as well as any charges for non-covered services up to Delta Dental's approved amount. If you choose to see a non-participating dentist, you will incur additional out-of-pocket expenses and you will be billed the total amount the dentist charges (called balance-billing). When you see a PPO or Premier dentist, you are protected from balance-billing.

Service: Parcelain Crown! (Boards Westerline Only)

Advantages of the Delta Dental PPO plus Premier plan

- Savings—Delta Dental PPO dentists offer subscribers the greatest savings. And, you still save money if you need a service that is not covered. Non-covered services will be billed at a discounted rate if you go to a PPO dentist.
- Choice—If you choose to visit a Premier dentist you will still see savings, because Premier dentists also accept discounted fees (however, discounts are greatest when you see a PPO dentist).
- Network—The PPO network provides you
 with access to over 1,500 Delta Dental PPO
 providers in Colorado. The dual network
 (which includes Premier dentists) includes
 nearly nine out of 10 dentists in Colorado.

Looking for a dentist? Concerned about costs? PPO dentists offer you the greatest savings.

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Network	Delta Dental PPO ^{se} Dentist	Delta Dental Premier ^a Dentist	Non-participating Dentist
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Fee Charged by Dentist	\$1,000	\$1,000	\$1,000
Maximum Dentist Can Charge	\$710	\$950)	Union.ted
Benefit Percentage	50%	50%	50%
Delta Dental Pays	\$355	\$475	Stoo
Patient Pays	\$355	\$475	\$700

To find a participating dentist, or to see if your current dentist is in-network, visit our website at www.deltadentako.com. Make sure you're searching for a PPO dentist. You may also call Customer Relations, Monday—Friday 8:00 a.m. to 6:00 p.m. MT at 1-800-610-0201.

⁴ Allowable fee for a Non-participating dentist is the Non-participating MPA, which is always lower than the Premier MPA.



t Example assumes deductible has been met.

² Payment is based on the PPO dentist's allowable fee.

⁾ Allowable fee for a Premier dentist is the Maximum Plan Allowance (MPA)