



Delta Dental PPO Plus Premier

Contributory
 Montezuma County
 Effective 1/1/2021

Summary of Benefits			
Network	Delta Dental PPO SM Dentist	Delta Dental Premier [®] Dentist	Non-Participating Dentist
Diagnostic & Preventive (D&P) Services			
Oral Exams & Cleanings Sealants Bitewing X-Rays Full-Mouth X-Rays Fluoride Space Maintainers	100%	100%	100%
Basic Services			
Fillings Simple Extractions Oral Surgery Endodontics/Periodontics	80%	80%	80%
Major Services			
Denture Repair/Reline Dentures Bridges Crowns	50%	50%	50%
Orthodontic Services			
Children Only To Age 19	50%	50%	50%
Orthodontic Services			
	Included		
Annual Deductible	\$50 - Individual \$150 - Family	\$50 - Individual \$150 - Family	\$50 - Individual \$150 - Family
	Applies to Basic and Major Services		
Annual Maximum (Per Member)	\$1,500	\$1,500	\$1,500
Orthodontic Lifetime Maximum (Per Eligible Member)	\$1,000	\$1,000	\$1,000

This is a brief description of services covered under the dental plan. Please refer to the employee benefit booklet for full plan details. If differences exist between this summary and the employee benefit booklet, the employee benefit booklet will govern.

The deductible and annual maximum cross-accumulate between networks.



Limitations & Exclusions

D - Contract

Oral Exams	Covered twice in a calendar year.
Cleanings	Covered twice in a calendar year. For individuals with history of prior definitive periodontal treatment, or certain medical conditions (as shown in the Employee Benefit Booklet), 2 additional cleanings will be provided during a calendar year.
Sealants	Covered once per tooth in any 36 consecutive month period for permanent molars for children through age 14.
Bitewing X-Rays	Covered once in a calendar year while the patient is under any Delta Dental plan.
Full-mouth X-Rays	Covered once every 60 months under any Delta Dental plan unless documentation of special need is provided.
Fluoride	Covered through age 15 and twice in a calendar year.
Space Maintainers	Covered for premature loss of primary back teeth through age 13.
Basic Restorative (Silver Fillings)	Covered once in any 12-month period.
Posterior Composites	Not covered as submitted; an alternate allowance for amalgam is made
Oral Surgery	All surgical extractions (simple and complex) are covered once per tooth per lifetime. Includes necessary alveoplasty with extractions.
Endodontics	Once per 24 months per tooth.
Surgical Periodontal	Once per 36 months per quadrant Inter-related services will be benefitted based on the most inclusive procedure. 90 day time frame is allowed for healing before benefits for additional perio services will be benefitted.
Nonsurgical Periodontal Services	Once in 24 months per quadrant Inter-related services will be benefitted based on the most inclusive procedure. 90 day time frame is allowed for healing before benefits for additional perio services will be benefitted.
Occlusal Guard	Not a benefit
Crowns	Once per 60 months involving restoration of the same tooth; Not a benefit under age 12
Fixed and Removable Prosthodontics	Once per 60 months for replacement of the same missing tooth/teeth; not a benefit under age 16
Relines/ Rebases of Removable Prosthodontic Appliances	Once per 36 months per appliance

Members who see a PPO or Premier contracted provider are protected from balance-billing. PPO providers are reimbursed at the PPO contracted rate. Premier providers are reimbursed at the Premier contracted rate. Non-participating providers are reimbursed at the non-par Maximum Plan Allowance (MPA). The MPA for an out-of-network dentist is always lower than in-network MPA. Delta Dental pays the plan coinsurance portion of the MPA only, which exposes the member to balance-billing from an out-of-network dentist.

Dependents are covered to age 26.

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