

**Delta Dental PPO Plan - Customer Service Phone 303-741-9305
Boulder Valley School District Group #1996**

| | | | |
|---|---|---|--|
| MAXIMUM BENEFIT | | | |
| Calendar Year | | \$1500 per person | Combination of In and Out-of-Network |
| Orthodontic Lifetime - to age 19 only | | \$1250 per person | Combination of In and Out-of-Network |
| TMJ Lifetime | | \$1000 per person | Combination of In and Out-of-Network |
| DEDUCTIBLE | | None In or Out-of-Network | |
| WHO CAN BE COVERED | | Employee, Spouse and Dependent Children to 25. Orthodontic Benefits for dependent children to age 19. | |
| PPO* | NON-PPO **Premier & ***Non-Par | COVERED SERVICES | BENEFIT INFORMATION (subject to Delta Dental guidelines) |
| PREVENTIVE AND DIAGNOSTIC SERVICES | | | |
| 100% | 75% | Oral Evaluation | limited to 2 evaluations in a 12 month period |
| | | Bitewing X-rays | limited to 1 sets in a 12 month period |
| | | Full Mouth X-rays or Panoramic | limited to 1 in a 60 month period |
| | | Routine Cleaning | limited to 2 cleanings in a 12 month period |
| | | Fluoride Treatments | limited to 1 treatment in a 12 month period- to age 16 |
| | | Space Maintainers | for posterior primary teeth- to age 14 |
| | | Sealants | 1 per tooth in 36 months- to age 15 on unrestored molars |
| BASIC SERVICES (Fillings, Endodontics (Root Canal), Periodontics (Gum Disease) and Oral Surgery (extractions)) | | | |
| 80% | 75% | Amalgam Fillings | |
| | | 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) | |
| | | Root Canal Therapy | |
| MAJOR SERVICES (Crowns, Bridges, Partials, Dentures) | | | |
| 60% | 50% | Crowns | |
| | | Dentures, Partials, Bridges | benefit 1 in 60 months |
| ORTHODONTICS (Braces) | | | |
| 60% | 50% | Complete Orthodontic Evaluation | |
| | | Active Orthodontic Treatment. Orthodontic benefits provided to dependent children to age 19. | |
| TMJ (Temporomandibular Joint (TMJ)/Myofacial Pain Dysfunction (MPD) Services) | | | |
| 50% | 50% | Provides intraoral services including diagnostic, preventive, interceptive services, and other related services for the treatment of pain or dysfunction. | |

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- (303) 741 9305 or (800) 610-0201. To file a claim, you can print a form from the BVSD web site and mail it to: Delta Dental CO, PO Box 173803, Denver, CO 80217. (Usually not necessary, most dentists will file with Delta for you) **LATE ENROLLMENT BENEFIT RESTRICTION:** There is no annual open enrollment period for dental. Those who do not enroll in the dental plan when initially eligible, or re-enroll, will be considered "Late Enrollees" and will be subject to a 12 month waiting period on Basic, Major, TMJ and Orthodontic Services. The "Late Enrollee" penalty does not apply to those covered by another group dental plan who enroll within 60 days of involuntary loss of the other dental coverage and to children who are enrolled on any anniversary prior to the 4th birthday.**

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.