

**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 26. 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.