

Delta Dental PPO plus Premier – Base Plan Aurora Public Schools – Group #1019

MAXIMUM BENEFIT Calendar Year Maximum			\$1,250 per member, per calendar year Diagnostic and Preventive services do not count toward calendar year maximum.	
CALENDAR YEAR DEDUCTIBLE Applies to Basic and Major			Individual Deductible – \$50.00 Combination of in and out-of-network Family Deductible – \$150.00 Combination of in and out-of-network	
PPO Dentist	PREMIER Dentist	NON-PAR Dentist	COVERED SERVICES	BENEFIT INFORMATION (subject to Delta Dental guidelines)
DIAGNOSTIC AND PREVENTIVE SERVICES				
100%	80%	80%	Oral Exams and Cleanings	Twice in a 12-month period. Two additional cleanings with documentation for special needs.
			Sealants	Once per tooth in 36 months, for permanent, unrestored molars in children through age 14
			Bitewing X-Rays	Twice in a 12-month period
			Full Mouth X-Rays	Once in a 36-month period
			Fluoride	Once in a 12-month period, through age 15
			Space Maintainers	Children through age 13
BASIC SERVICES				
80%	80%	80%	Fillings Amalgam/Composite	For same surface: Benefits limited to one in 12 months
MAJOR SERVICES				
50%	50%	50%	Crowns	Once per tooth in a 60-month period, benefit for age 12 and older.
			Oral Surgery (Extraction)	General anesthesia is covered with Oral Surgery only
			Surgical Periodontics (gums)	Benefit once every 36 months
			Root Canal Therapy	
			Dentures, Bridges, Partials, Implants	Once in a 60-month period, only when existing prosthesis cannot be made serviceable. Not a benefit for children under age 16.

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. There are three levels of dentists to choose from.

PPO Dentist - Payment is based on the PPO dentist's allowable fee, or the actual fee charged, whichever is less.

Premier Dentist - Payment is based on the Premier Maximum Plan Allowance (MPA), or the fee actually charged, whichever is less.

Non-Participating Dentist - Payment is based on the non-participating Maximum Plan Allowance. Members are responsible for the difference between the non-participating MPA and the full fee charged by the dentist. You will receive the best benefit by choosing a PPO dentist.

To Find a Dentist: www.deltadentalco.com Customer Service Phone – (800) 610-0201

Open Enrollment applies. Members may add coverage once per year.

This is a brief description of services covered under your 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.