



Delta Dental PPO plus Premier - Buy Up Plan Aurora Public Schools – Group # 1019

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|---|------------------------|------------------------|---|---|
| MAXIMUM BENEFIT Calendar Year Maximum | | | \$1,500 per member, per calendar year (Jan 1- Dec 31) | |
| 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% | 100% | 100% | Oral Exams and Cleanings | Twice in a 12-month period |
| | | | Sealants | Once per tooth for permanent molars |
| | | | Bitewing X-Rays | Once in a 12-month period |
| | | | Full Mouth X-Rays | Once in a 60-month period |
| | | | Fluoride | Twice in a 12-month period, through age 18 |
| | | | Space Maintainers | Once per quadrant per lifetime, children through age 13 |
| BASIC SERVICES | | | | |
| 90% | 90% | 90% | Fillings | 1 per 24 months includes amalgam and composite (white) fillings |
| | | | Simple Extraction | |
| | | | Oral Surgery | |
| | | | Periodontics | Periodontal maintenance applies towards cleaning frequencies |
| | | | Endodontics / Periodontics | Frequency limitations may apply |
| MAJOR SERVICES | | | | |
| 60% | 60% | 60% | Implants, Crowns | Once per tooth in a 7 year period, age restrictions apply |
| | | | Occlusal guard | Once per lifetime |
| | | | Dentures, Bridges | Once in a 7 year period, age restrictions apply |
| ORTHODONTICS \$2,000 lifetime maximum (Child only) | | | | |
| 50% | 50% | 50% | Covers Children to age 26 | |

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.

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.