

## Delta Dental of Colorado Retiree Dental Plans for MARS Associates

	Delta Dental PPO™ Only (Medium Option) Group #9001	Delta Dental PPO™ (High Option) Group #9002
<b>Network Access</b>	PPO Network Only	Any Licensed Provider
<b>Contract Year Annual Maximum</b>	\$1,000	\$1,500
<b>Deductible per Person per Contract Year</b>	\$75	\$50
<b>Covered Services</b>		
<b>PREVENTIVE SERVICES</b>		
<b>Oral Exams</b> Limited to 1 in a 6-month period	Delta Dental pays 100% of PPO provider's allowable fee. Deductible does not apply.	Delta Dental pays 100% of procedure cost when using a PPO provider; 80% when using a non-PPO provider. Deductible does not apply.
<b>Cleanings</b> Limited to 1 in a 6-month period		
<b>Fluoride Treatment</b> Limited to 2 in a 12-month period, for children age 15 and under		
<b>Space Maintainers</b> For children age 13 and under		
<b>Sealants</b> For children age 14 and under		
<b>BASIC SERVICES</b>		
<b>Full-mouth/Panoramic X-rays</b> Limited to 1 in a 60-month period	Delta Dental pays 70% of PPO provider's allowable fee after deductible is met.	Delta Dental pays 80% of procedure cost when using a PPO provider; 50% when using a non-PPO provider after deductible is met.
<b>Bitewing X-rays</b> Limited to 1 in a 12-month period		
<b>Simple Extractions</b>		
<b>Fillings</b>		
<b>MAJOR SERVICES (12-MONTH WAITING PERIOD*)</b>		
<b>Periodontics (Gum Disease Treatment)</b>	Delta Dental pays 40% of PPO provider's allowable fee after deductible is met.	Delta Dental pays 50% of procedure cost when using a PPO provider; 40% when using a non-PPO provider after deductible is met.
<b>Endodontics (Root Canals)</b>		
<b>Surgical Extractions</b>		
<b>General Anesthesia</b>		
<b>Denture Relines, Rebases, and Adjustments</b>		
<b>Repairs to Crowns, Dentures, and Bridges</b>		
<b>Special Restorative</b>		
<b>Crowns</b>		
<b>Complete and Partial Dentures</b>		
<b>Surgical Implants</b>		
<b>Fixed Bridgework</b>		
<b>2022-2023 MARS Retiree Dental Plan Rates</b>		
<b>Employee Only</b>	\$37.63	\$47.46
<b>Employee + 1 Dependent</b>	\$71.51	\$90.18
<b>Employee + 2 or More Dependents</b>	\$103.22	\$126.48

**Important Note:** This form provides only a brief description of services covered under your contract and does not list those services that are limited or excluded from coverage. Your benefit booklet provides a more complete explanation of your coverage, including limitations and exclusions. If differences exist between this summary of benefits and your benefit booklet, the benefit booklet will govern.