Delta Dental of Colorado Retiree Dental Plans for MARS Associates

	Delta Dental PPO™ Only Base Option Group #9001-01	Delta Dental PPO™ High Option Group #9001-02
Network Access	PPO Network Only	Any Licensed Provider
Contract Year Annual Maximum	\$1,000	\$1,500
Deductible per Person per Contract Year	\$75	\$50
	Covered Services	
PREVENTIVE SERVICES		
Oral Exams 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.
Cleanings Limited to 1 in a 6-month period		
Fluoride Treatment Limited to 2 in a 12-month period, for children age 15 and under		
Space Maintainers For children age 13 and under		
Sealants For children age 14 and under		
BASIC SERVICES		
Full-mouth/Panoramic X-rays 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.
Bitewing X-rays Limited to 1 in a 12-month period		
Simple Extractions		
Fillings		
MAJOR SERVICES (12-MONTH WAITING PERIOD*)		
Periodontics (Gum Disease Treatment)		
Endodontics (Root Canals)	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.
Surgical Extractions		
General Anesthesia		
Denture Relines, Rebases, and Adjustments		
Repairs to Crowns, Dentures, and Bridges		
Special Restorative		
Crowns		
Complete and Partial Dentures		
Surgical Implants		
Fixed Bridgework		
2024-2025 MARS Retiree Dental Plan Rates		
Employee Only	\$36.20	\$45.66
Employee + 1 Dependent	\$68.80	\$86.77
Employee + 2 or More Dependents	\$99.31	\$121.69

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.

^{*}Anyone not enrolling within 60 days of retirement or loss of other coverage will have a 12 month wait for Major Services