DELTA DENTAL®

January 1 – December 31

Delta Dental of Colorado Retiree Dental Plans for MARS Associates

	Delta Dental PPO™ Only (Base Option)	Delta Dental PPO™ (Mid Option)	Delta Dental PPO Plus Premier™ (High Option)
Network Access	PPO Network Only	Any Licensed Provider	Any Licensed Provider
Calendar Year Annual Maximum	$1,000	$1,500	$2,500
Deductible per Person per Calendar Year	$75	$50	$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. Not a covered benefit at this level on this plan	Delta Dental pays 100% of procedure cost when using a PPO or Premier provider; 80% when using a non-participating 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			
Full-mouth/Panoramic X-rays Limited to 1 in a 60-month period	Not a covered benefit at this level on this plan	Not a covered benefit at this level on this plan	
Bitewing X-rays Limited to 1 in a 12-month period			
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.	Delta Dental pays 80% of procedure cost when using PPO or Premier provider; 50% when using a non-participating provider after deductible is met.
Bitewing X-rays Limited to 1 in a 12-month period			
Simple Extractions			
Fillings			
Periodontics (Gum Disease Treatment)	Not a covered benefit at this level on this plan	Not a covered benefit at this level on this plan	
Endodontics (Root Canals)			
Surgical Extractions			
MAJOR SERVICES (12-MONTH WAITING PERIOD*)			
Periodontics (Gum Disease Treatment)	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.	Delta Dental pays 50% of procedure cost when using PPO or Premier provider; 40% when using a non-participating provider after deductible is met.
Endodontics (Root Canals)			
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			

See reverse for more information.

Monthly Dental Plan Rates (Valid Until 1/1/2027)	Delta Dental PPO™ Only (Base Option)	Delta Dental PPO™ (Mid Option)	Delta Dental PPO Plus Premier™ (High Option)
Retiree Only	$36.20	$45.66	$58.22
Retiree + 1 Dependent	$68.80	$86.77	$110.63
Retiree + 2 or More Dependents	$99.31	$121.69	$155.15

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.