



Delta Dental of Colorado Retiree Dental Plans for MARS Associates

January 1 – December 31

| | Delta Dental PPO™ Only (Low Option) | Delta Dental PPO Plus Premier™ (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 Does not apply to Preventive Services | \$50 Does not apply to Preventive Services | \$50 Does not apply to Preventive Services |

Covered Services

| Preventive Services | Delta Dental PPO Only (Low Option) | Delta Dental PPO Plus Premier™ (Mid Option) | Delta Dental PPO Plus Premier (High Option) |
|---|--|--|--|
| Oral Exams Limited to 1 in a 6-month period | 100% for PPO providers Not covered for Premier or non-par providers | 100% for PPO providers 80% Premier or non-par providers | 100% for PPO or Premier providers 80% for non-par providers |
| Cleanings Limited to 1 in a 6-month period | 100% for PPO providers Not covered for Premier or non-par providers | 100% for PPO providers 80% Premier or non-par providers | 100% for PPO or Premier providers 80% for non-par providers |
| Fluoride Treatment Limited to 2 in a 12-month period, for children age 15 and under | 100% for PPO providers Not covered for Premier or non-par providers | 100% for PPO providers 80% Premier or non-par providers | 100% for PPO or Premier providers 80% for non-par providers |
| Space Maintainers For children age 13 and under | 100% for PPO providers Not covered for Premier or non-par providers | 100% for PPO providers 80% Premier or non-par providers | 100% for PPO or Premier providers 80% for non-par providers |
| Sealants For children age 14 and under | 100% for PPO providers Not covered for Premier or non-par providers | 100% for PPO providers 80% Premier or non-par providers | 100% for PPO or Premier providers 80% for non-par providers |
| Full-mouth/Panoramic X-rays Limited to 1 in a 60-month period | Covered under Basic Services | Covered under Basic Services | 100% for PPO or Premier providers 80% for non-par providers |

| Preventive Services | Delta Dental PPO Only (Low Option) | Delta Dental PPO Plus Premier™ (Mid Option) | Delta Dental PPO Plus Premier (High Option) |
|---|------------------------------------|---|--|
| Bitewing X-rays Limited to 1 in a 12-month period | Covered under Basic Services | Covered under Basic Services | 100% for PPO or Premier providers 80% for non-par providers |

| Basic Services | Delta Dental PPO Only (Low Option) | Delta Dental PPO Plus Premier™ (Mid Option) | Delta Dental PPO Plus Premier (High Option) |
|---|---|---|--|
| Full-mouth/Panoramic X-rays Limited to 1 in a 60-month period | 70% for PPO providers Not covered for Premier or non-par providers | 80% for PPO providers 50% for Premier or non-par providers | Covered under Preventive Services |
| Bitewing X-rays Limited to 1 in a 12-month period | 70% for PPO providers Not covered for Premier or non-par providers | 80% for PPO providers 50% for Premier or non-par providers | Covered under Preventive Services |
| Simple Extractions | 70% for PPO providers Not covered for Premier or non-par providers | 80% for PPO providers 50% for Premier or non-par providers | 80% for PPO or Premier providers 50% for non-par providers |
| Fillings | 70% for PPO providers Not covered for Premier or non-par providers | 80% for PPO providers 50% for Premier or non-par providers | 80% for PPO or Premier providers 50% for non-par providers |
| Periodontics (Gum Disease Treatment) | Covered under Major Services | Covered under Major Services | 80% for PPO or Premier providers 50% for non-par providers Periodontal maintenance covered 4x per year |
| Endodontics (Root Canals) | Covered under Major Services | Covered under Major Services | 80% for PPO or Premier providers 50% for non-par providers |
| Surgical Extractions | Covered under Major Services | Covered under Major Services | 80% for PPO or Premier providers 50% for non-par providers |

| Major Services 12-month waiting period* | Delta Dental PPO Only (Low Option) | Delta Dental PPO Plus Premier™ (Mid Option) | Delta Dental PPO Plus Premier (High Option) |
|--|--|---|--|
| Periodontics (Gum Disease Treatment) | 40% for PPO providers Not covered for Premier or non-par providers | 50% for PPO providers 40% for Premier or non- par providers | Covered under Basic Services |
| Endodontics (Root Canals) | 40% for PPO providers Not covered for Premier or non-par providers | 50% for PPO providers 40% for Premier or non- par providers | Covered under Basic Services |
| Surgical Extractions | 40% for PPO providers Not covered for Premier or non-par providers | 50% for PPO providers 40% for Premier or non- par providers | Covered under Basic Services |
| General Anesthesia | 40% for PPO providers Not covered for Premier or non-par providers | 50% for PPO providers 40% for Premier or non- par providers | Covered under Basic Services |
| Denture Relines, Rebases, and Adjustments | 40% for PPO providers Not covered for Premier or non-par providers | 50% for PPO providers 40% for Premier or non- par providers | 50% for PPO or Premier providers 40% for non-par providers |
| Repairs to Crowns, Dentures, and Bridges | 40% for PPO providers Not covered for Premier or non-par providers | 50% for PPO providers 40% for Premier or non- par providers | 50% for PPO or Premier providers 40% for non-par providers |
| Special Restorative | 40% for PPO providers Not covered for Premier or non-par providers | 50% for PPO providers 40% for Premier or non- par providers | 50% for PPO or Premier providers 40% for non-par providers |
| Crowns | 40% for PPO providers Not covered for Premier or non-par providers | 50% for PPO providers 40% for Premier or non- par providers | 50% for PPO or Premier providers 40% for non-par providers |
| Complete and Partial Dentures | 40% for PPO providers Not covered for Premier or non-par providers | 50% for PPO providers 40% for Premier or non- par providers | 50% for PPO or Premier providers 40% for non-par providers |

| Major Services 12-month waiting period* | Delta Dental PPO Only (Low Option) | Delta Dental PPO Plus Premier™ (Mid Option) | Delta Dental PPO Plus Premier (High Option) |
|---|--|---|--|
| Surgical Implants | 40% for PPO providers Not covered for Premier or non-par providers | 50% for PPO providers 40% for Premier or non- par providers | 50% for PPO or Premier providers 40% for non-par providers |
| Fixed Bridgework | 40% for PPO providers Not covered for Premier or non-par providers | 50% for PPO providers 40% for Premier or non- par providers | 50% for PPO or Premier providers 40% for non-par providers |

| Monthly Dental Plan Rates (Valid Until 1/1/2027) | Delta Dental PPO Only (Low Option) | Delta Dental PPO Plus Premier™ (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.

*Waiting period does not apply if enrolling within 60 days of prior coverage ending.