



DeltaPremier Plan
ROCKY MOUNTAIN HEALTH PLANS
Dental High Option \$1500 #7580

MAXIMUM BENEFIT Calendar Year	\$1,500 per person Combination of in and out-of-network
CALENDAR YEAR DEDUCTIBLE Applies to Basic and Major Services Only	Individual Deductible- \$ 50.00 Combination of in and out-of-network Family Deductible - \$150.00 Combination of in and out-of-network
WHO CAN BE COVERED	Employee, spouse and dependent children to age 25.

		COVERED SERVICES	BENEFIT INFORMATION (subject to Delta Dental guidelines)
PREVENTIVE AND DIAGNOSTIC SERVICES			
100%	Oral Evaluation		Limited to 2 evaluations in a 12 month period
	Bitewing X-rays		Limited to 2 set in a 12 month period
	Full Mouth X-rays or Panoramic		Limited to 1 in a 36 month period
	Routine Cleaning		Limited to 2 cleanings in a 12 month period
	Fluoride Treatments		Limited to 1 treatment in a 12 month period. To age 16
	Space Maintainers		For premature loss of baby teeth only. To age 14
BASIC SERVICES (Fillings, Endodontics (Root Canal), Periodontics (Gum Disease) and Oral Surgery (extractions))			
80%	Amalgam Fillings		Benefits on the same surface limited to 1 in 12 months
	Resin, Composite		Benefit for anterior teeth only. Allowance for amalgam on posterior teeth
	Oral Surgery (Extractions)		
	General Anesthesia		Benefit with covered Oral Surgery only
	Surgical Periodontal (gums)		Benefit once every 36 months
	Root Canal Therapy		
MAJOR SERVICES (Crowns, Bridges, Partials, Dentures)			
50%	Crowns		Benefit 1 in 60 months on same tooth. Not a benefit under age 12
	Dentures, Partials, Bridges		Benefit 1 in 60 months. Not a benefit under age 16
	Bridge/Denture Repair		
	Denture Rebase/Reline		Benefit 6 months after initial insertion. Then benefit 1 in 36 months
	Recement Bridges,Crowns		

The Premier Participating and non-participating percentage of benefits is limited to the Maximum Plan Allowance. You may have additional out-of-pocket costs by using a non-participating dentist.

This plan is offered with your group health plan through Rocky Mountain Health Plans.

Important Note: This form provides only a brief description of services covered under your contract and does not list those services which are limited or excluded from coverage. Your Employee Benefit Booklet provides a more complete explanation of your coverage, including limitations and exclusions. If differences exist between this Summary of Benefits and your Employee Benefit Booklet, the Benefit Booklet will govern.