

**DeltaPremier Option Plan**  
 ROCKY MOUNTAIN HEALTH PLANS  
 HIGH OPTION WITH ORTHODONTIC BENEFITS #1559

<b>MAXIMUM BENEFIT</b>		
Calendar Year		\$1,000 per person    Combination of in and out-of-network
Orthodontic Lifetime - to age 19 only		\$1,000 per person    Combination of in and out-of-network
<b>CALENDAR YEAR DEDUCTIBLE</b>		
Does not apply to Diagnostic, Preventive and Orthodontic Services		Individual Deductible- \$50.00 Combination of in and out-of-network. Limit three per family.
<b>WHO CAN BE COVERED</b>		Employee, spouse and dependent children to age 25. Orthodontics for dependent children to age 19.
COVERED SERVICES		BENEFIT(subject to Delta Dental guidelines)
<b>PREVENTIVE AND DIAGNOSTIC SERVICES</b>		
100%	Oral Evaluation	Limited to 2 evaluations in a 12 month period
	Bitewing X-rays	Limited to 1 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
<b>BASIC RESTORATIVE SERVICES (Fillings)</b>		
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
<b>MAJOR SERVICES Endodontics (Root Canal), Periodontics (Gum Disease) and Oral Surgery, Crowns, Bridges, Partials, Dentures</b>		
50%	Oral Surgery (Extractions)	
	General Anesthesia	Benefit with covered Oral Surgery only
	Surgical Periodontal (gums)	Benefit once every 36 months
	Root Canal Therapy	
	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	
<b>ORTHODONTICS (Braces)</b>		
50%	Complete Orthodontic Evaluation (including necessary x-rays)	
	Active Orthodontic Treatment. Orthodontic benefits provided for children to age 19	

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.