

Delta Dental Premier – High Option Plan – Benefit Summary
Available Statewide

Options to Choose
(Check boxes)

Maximum Benefit: Calendar Year	<input type="checkbox"/> \$1,000 per person In and Out-of-Network combined <input type="checkbox"/> \$1,500 per person In and Out-of-Network combined <input type="checkbox"/> \$2,000 per person In and Out-of-Network combined
Prevention First Option:	<input type="checkbox"/> The amount paid by Delta Dental for Diagnostic and Preventive Services does not apply to the annual maximum benefit.
Orthodontics – for children up to age 19	<input type="checkbox"/> 50% up to \$1,500 paid by plan per lifetime. Complete orthodontic evaluation and active orthodontic treatment. Available for groups with 25 or more enrolled employees.
Calendar Year Deductible	Individual: \$50 Family: \$150 In and Out-of-Network combined. Does not apply to Diagnostic, Preventive and Orthodontic (if a covered benefit) Services
Who Can be Covered	Determined by employer.

Covered Services

Benefit

Premier Network and Nonparticipating dentists

Diagnostic and Preventive Services

100%*	Oral Exams	Limited to 1 in a 6-month period.
	Routine Cleanings	Limited to 1 in a 6-month period.
	Fluoride treatments	Limited to 1 in a 12-month period.
	All X-rays	Limited to: Bitewings 1 in 12 months, Full-mouth & Panoramic 1 in 60 months.
	Space maintainers	For premature loss of baby teeth only under age 14.
	Sealants	1 per tooth in 36 months under age 15.

Basic Services

80%*	Fillings	Limited to 1 in 24 months on the same surface.
	Simple extractions	

Major Services

50%*	Endodontics (Root Canal Therapy)	
	Surgical Periodontics Treatment (gum)	
	Surgical Extraction, other oral surgery	
	General anesthesia and IV sedation	Covered with oral surgery only.
	Denture relines and rebases, adjustments, repairs	Covered 6 months after initial insertion Then limited to 1 in 36 months.

Note: If the participation option is Voluntary, there is a 12-month waiting period for Major Services except for employees who had prior dental coverage with the employer as shown on the employer group application.	Repairs to crowns, dentures, and bridges	
	Crowns (also stainless steel and resin)	Benefit 1 in 84 months for same tooth Not a benefit under age 12.
	Complete and partial dentures	Benefit 1 in 60 months, not a benefit under age 60.
	Fixed Bridgework	Benefit 1 in 84 months.

Participation Options – Please choose one option:

<input type="checkbox"/> Contributory	All eligible employees have the option to enroll in the Delta Dental plan. Employees who enroll in the dental plan may enroll or waive enrollment for their spouse and/or dependent children. Minimum employer contribution is 50% of the Employee Only premium. The greater of 2 or 50% of all eligible employees are required to enroll in the dental plan.
<input type="checkbox"/> Voluntary 12-month waiting periods for Major and Orthodontic (if a benefit) Services apply	All eligible employees have the option to enroll in the Delta Dental plan. Employees who enroll in the dental plan may enroll or waive enrollment for their spouse and/or dependent children. Employers may contribute 0% to 49% of the Employee Only premium. The greater of 2 or 20% of all eligible employees are required to enroll in the dental plan.

*The Premier percentage of benefits is limited to the Premier Maximum Plan Allowance. The non-participating percentage of benefits is limited to the non-participating Maximum Plan Allowance. You will be responsible for the difference between the non-participating Maximum Plan Allowance and the full fee charged by the Dentist.

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

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