

**DeltaPremier Plan**  
**ROCKY MOUNTAIN HEALTH PLANS**  
**Low Option #1401**

<b>MAXIMUM BENEFIT</b> Calendar Year	\$1,000 per person    Combination of in and out-of-network
<b>CALENDAR YEAR DEDUCTIBLE</b> 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
<b>WHO CAN BE COVERED</b>	Employee, spouse and dependent children to age 25.

	<b>COVERED SERVICES</b>	<b>BENEFIT INFORMATION</b> (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 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
<b>BASIC SERVICES</b> (Fillings, Endodontics (Root Canal), Periodontics (Gum Disease) and Oral Surgery (extractions))		
50%	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	
<b>MAJOR SERVICES</b> (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.