



**Delta Dental PPO Plus Premier Plan
City of Grand Junction**

Group #11871 – NEW GROUP NUMBER EFFECTIVE 1/1/15

CALENDAR YEAR MAXIMUM ORTHODONTIC LIFETIME TMJ LIFETIME MAXIMUM		\$5,000 per person per calendar year \$5,000 for dependent children to age 26 once per lifetime \$1,000 per person once per lifetime	
CALENDAR YEAR DEDUCTIBLE Applies to Endodontics, Periodontics, Oral Surgery and Major Services Only		Individual Deductible - \$25 Family Deductible - \$75	
WHO CAN BE COVERED		Employees, Spouse and Children to age 26	
PPO*	Premier or Non-Par**	COVERED SERVICES	BENEFIT INFORMATION (subject to Delta Dental guidelines)
PREVENTIVE AND DIAGNOSTIC SERVICES			
100%	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 or Panoramic x-rays	Limited to 1 in a 36 month period
		Routine Cleaning	Limited to 2 cleanings in a 12 month period –(if patient history shows prior periodontal treatment, 2 additional cleanings may be allowed)
		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
		Sealants	1 per tooth in 36 months to age 15 on unrestored permanent molars
BASIC SERVICES (Fillings, Endodontics (Root Canal), Periodontics (Gum Disease) and Oral Surgery (extractions))			
80%	80%	Resin, Composite Fillings	Benefit for posterior and anterior on the same surface limited to 1 in 12 months
		Oral Surgery (Extractions)	
		General Anesthesia	Benefit with covered oral surgery only
		Surgical Periodontal (gums)	Benefit once every 36 months
		Root Canal Therapy	
		Occlusal Guards/Night guards	Benefit once every 60 months
MAJOR SERVICES (Crowns, Bridges, Partials, Dentures)			
50%	50%	Crowns	Benefit 1 in 36 months on same tooth. Not a benefit under age 12
		Implants – Surgical	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
		Recent Bridges,Crowns	
ORTHODONTICS (Braces)			
50%	50%	Complete Orthodontic Evaluation	
		Active Orthodontic Treatment. Orthodontic benefits provided to age 26	
TMJ (Temporomandibular Joint (TMJ)/Myofacial Pain Dysfunction (MPD) Services)			
50%	50%	Provides intraoral services including diagnostic, preventive, interceptive services, and other related services for the treatment of pain or dysfunction.	

*The PPO percentage of benefits is based on the PPO Schedule of Allowance. **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 plan allowance and the full fee charged by the Dentist.

To Find a Dentist- www.deltadentalco.com Customer Service Phone - (800) 610-0201.

OPEN ENROLLMENT BENEFIT: A period of time each contract year occurring prior to the Anniversary Date during which eligible employees may choose to enroll themselves and/or their eligible Dependents in the plan. Coverage will become effective on the Group's Anniversary Date.

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.