



## Delta Dental PPO Plan University Physicians, Inc. PPO PLAN – Group # 1650

<b>MAXIMUM BENEFIT - Plan Year</b> Orthodontic Lifetime – Eligible dependents to age 19		\$2,000 per person    Combination of in and out-of-network \$1,500 per person    Combination of in and out-of-network	
<b>PLAN YEAR DEDUCTIBLE</b> Applies to Basic and Major Services		Individual Deductible- \$ 50 PPO Dentist; \$75 Premier & Other Dentists - combination of in and out-of-network; Family Deductible - Unlimited	
PPO*	NON-PPO **Premier & ***Non-Par	COVERED SERVICES	BENEFIT INFORMATION (subject to Delta Dental guidelines)
<b>PREVENTIVE AND DIAGNOSTIC SERVICES</b>			
100%	100%	Oral Evaluation	Limited to 2 evaluations in a plan year
		Bitewing X-rays	Limited to 2 sets in a plan year
		Full Mouth X-rays or Panoramic	Limited to 1 in a 36 month period
		Routine Cleaning	Limited to 2 cleanings in a plan year
		Fluoride Treatments	Limited to 2 treatments in a plan year to age 17
		Space Maintainers	For premature loss of baby teeth only to age 17
		Sealants	1 per tooth in 36 months to age 17 on unrestored permanent molars
<b>BASIC SERVICES</b> (Fillings, Endodontics (Root Canal), Periodontics (Gum Disease) and Oral Surgery (extractions))			
80%	60%	Amalgam Fillings	Benefit on the same surface limited to 1 in 12 months on posterior teeth.
		Resin, Composite Fillings	Benefit for anterior teeth on the same surface in a 12 month period. Not a recognized benefit on posterior teeth.
70%	50%	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, Implants)			
50%	40%	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
		Implants	Benefit 1 in 60 months on same tooth
<b>ORTHODONTICS</b> (Braces) For each eligible dependent to age 19			
50%	40%	Complete Orthodontic Evaluation	
		Active Orthodontic Treatment.	

\*The PPO percentage of benefits is based on the PPO Schedule of Allowances; \*\* 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.

To Find a Dentist- [www.deltadentalco.com](http://www.deltadentalco.com) Customer Service Phone- (303) 741 9305 or (800) 610-0201.

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 Summary Plan Description provides a more complete explanation of your coverage, including limitations and exclusions. If differences exist between this Summary of Benefits and your Summary Plan Description, the Summary Plan Description will govern.