

Delta Dental PPO™ Only



With the Delta Dental PPO Only plan, you must see a PPO provider in order to receive benefits.* If you receive treatment from a non-PPO provider, you will be responsible for all fees charged.

Advantages of the Delta Dental PPO Only Plan:

- **SAVINGS:** With this PPO Only plan, you are responsible for only a portion of the cost of each procedure. Reduced fees agreed to by Delta Dental PPO providers mean the lowest out-of-pocket costs with protection from balance-billing. You can also ask your provider to submit a pre-determination estimate. Delta Dental will review the treatment plan and tell your provider how much you'd be responsible for so you'll have a clear understanding of cost prior to treatment.
- **NETWORK:** Delta Dental is the nation's largest provider of dental insurance, covering more than 80 million Americans, and offering the largest dental network with approximately **114,000 participating PPO providers nationwide**. Network providers file claims directly with Delta Dental on your behalf and accept Delta Dental's reimbursement in full.

*If your plan covers orthodontia, please note that if you are in the middle of orthodontic treatment and your provider is not in the Delta Dental PPO network, your treatment will not be covered under the PPO Only plan.

LOOKING FOR A PPO PROVIDER?



Visit our website at deltadentalco.com and use our Find a Dentist search tool. Make sure to limit your search to PPO providers.



Download our free mobile app for iPhone or Android and tap on Find a Dentist.



Contact customer service via email at customer_service@ddpco.com or toll-free at 1-800-610-0201.



North Ranch Benefits - eff. Apr 1, 2022

Delta Dental PPO™

Not Including Right Start 4 KidsSM

Summary of Benefits for Quote 1: PPO \$750

Calendar-year Deductible	\$50 – Individual \$150 – Family	Applies to Basic and Major services only		
Calendar-year Maximum	\$750	Per Individual		
Orthodontic Lifetime Maximum	Not Included			
Prevention First	Not Included			
Network	Delta Dental PPO™ Provider	Delta Dental Premier® Provider	Non- Participating Provider	Benefit Limitations
Diagnostic & Preventive Services				
Oral Exams & Cleanings	100%	N/A	N/A	2 per calendar year; up to 2 additional cleanings with any documented Evidence-Based Dentistry (EBD) condition
Limited Oral Evaluation – Problem Focused	100%	N/A	N/A	2 per calendar year (in addition to Oral Exam)
Screenings	100%	N/A	N/A	2 per calendar year (in addition to Oral Exam)
Sealants	100%	N/A	N/A	1 per tooth (permanent posterior molars) in any 3 year period through age 19
Bitewing X-Rays	100%	N/A	N/A	1 set (any number of films) per calendar year (includes vertical Bitewing X-Ray)
Full-mouth X-Rays	100%	N/A	N/A	1 per 5 years unless documentation of special need; Full-mouth or Panoramic X-Ray covered
Fluoride	100%	N/A	N/A	2 per calendar year, no age limitation
Space Maintainers	100%	N/A	N/A	1 per quadrant per lifetime (to include unilateral or bilateral) to maintain space for eruption of permanent posterior teeth through age 19
Basic Services				
Fillings	40%	N/A	N/A	Posterior Composites: 1 per tooth and surface per 5 years
Oral Surgery	40%	N/A	N/A	
Endodontics/Periodontics	40%	N/A	N/A	Periodontal Cleanings: 4 maintenance cleanings per year (not to exceed 4 cleanings per year)
Anesthesia Services	40%	N/A	N/A	General, IV Sedation or Analgesia (nitrous oxide) – Up to 1 hour covered with Endodontics, Periodontal Surgery, Surgical Implant Placement, and Oral Surgery
Major Services				
Denture Repair/Reline	40%	N/A	N/A	1 per 3 years per appliance
Crowns, Implants	40%	N/A	N/A	Crowns: 1 per 7 years; not a benefit under age 12 Implants: 1 per 7 years; not a benefit under age 16
Dentures, Bridges	40%	N/A	N/A	1 per 7 years; not a benefit under age 16
Occlusal Guards	40%	N/A	N/A	1 per 5 years; adjustments covered 1 per year following 6 months of initial placement
Orthodontic Services	Not Included	Not Included	Not Included	

You are enrolled in a Delta Dental PPO Only plan. There is no benefit outside of the PPO network.

PPO Provider – Payment is based on the PPO provider's allowable fee, or the actual fee charged, whichever is less.

Premier Provider – No benefit.

Non-Participating Provider – No benefit.

Open enrollment applies. Members may add coverage once per year.

This is a brief description of services covered under the dental plan. Please refer to the employee benefit booklet for full plan details. If differences exist between this summary and the employee benefit booklet, the employee benefit booklet will govern.

Delta Dental of Colorado Customer Service: 1-800-610-0201 | customer_service@ddpco.com. Find us online at deltadentalco.com.

Delta Dental of Colorado Underwriting Guidelines

Small Group (2-99 Enrolled Employees)

GENERAL INFORMATION

Proposed rates are for the effective date stated on the Rate Summary page. Final rates and whether coverage will be issued are subject to underwriting review. Underwriting reserves the right to re-evaluate rates based on any factors used to develop rates.

- Quoted rates are valid for 2-99 enrolled employees.
- One or two-year rate guarantee available for each employer group.
- Company must be headquartered in Colorado.
- Broker commissions: Refer to proposal for commission information. There is a flat rate of 10% for Patient Freedom plans.
- Declined Industry Codes include: SIC/NAICS Civic Social Clubs 8641/813410, Private Households 8811/814110, Nonclassifiable 9999.

PLAN INFORMATION

- Dual Choice options are available for groups with 25-99 enrolled employees. The plan will revert to stand-alone plan/rates at renewal if enrollment drops to only one plan.
- Adult orthodontia is available for groups of 25 or more enrolled employees (adult orthodontia not available for Patient Freedom plans).
 - There is a 12-month waiting period for orthodontia on all Small Group Direct Voluntary plans. Waiting periods may be removed if group had prior coverage.

ENROLLMENT & ELIGIBILITY

- Open enrollment: Members may add dental coverage once a year. No late entrants.
- Employee eligibility is determined by the group. Standard is first of the month following three months or the same as medical.

EMPLOYER CONTRIBUTION & PARTICIPATION*

- Contributory: At least 50% employer contribution for the single employee premium with the greater of two or 50% of all eligible employees enrolled.
- Voluntary: 0-49% employer contribution for the single employee premium with the greater of two or 20% of all eligible employees enrolled.

PAYMENT & BILLING

- Payment by ACH is required for all groups with less than 10 enrolled employees and is encouraged for all other groups.
- Delta Dental of Colorado will bill the group electronically on a monthly basis.

SUBMIT THE FOLLOWING TO ENROLL A GROUP:

- ☐ Original quote**
- ☐ Group application form**
- ☐ Group Health Plan Certification form
- ☐ ACH Authorization form
- ☐ Website Authorization form**
- ☐ Proof of prior coverage (if applicable)
- ☐ Federal wage and tax Schedule C
- ☐ Enrollment forms

* Patient Freedom plans require participation from the greater of two or 20% of all eligible employees.

** Form is available at deltadentalco.com for completion and submission.

SEND ALL COMPLETED FORMS AND PAYMENT TO:

Delta Dental of Colorado
Attn: Sales & Client Services
6465 Greenwood Plaza Blvd., Ste 900
Centennial, Colorado 80111

Phone: 303-741-9300, ext. 3300 | Fax: 303-741-4233 | Email: salesteam@ddpco.com