DELTA DENTAL

Delta Dental PPO plus Premier
COORSTEK – Base Plan – Group # 11144-1111

MAXIMUM BENEFIT Calendar Year Maximum	$1,000 per member, per calendar year
CALENDAR YEAR DEDUCTIBLE Applies to Basic and Major Services	Individual Deductible – $50.00 Combination of in and out-of-network Family Deductible – $150.00 Combination of in and out-of-network

PPO Dentist	PREMIER Dentist	NON-PAR Dentist	COVERED SERVICES	BENEFIT INFORMATION (subject to Delta Dental guidelines)
DIAGNOSTIC AND PREVENTIVE SERVICES				
100%	100%	100%	Oral Exams and Cleanings	Twice each in a calendar year. Two additional cleanings may be covered for those with a documented EBD condition.
			Sealants	Once per molar in a 3-year period through age 19
			Bitewing X-Rays	Once in a calendar year
			Full Mouth / Pano X-Rays	Once in a 5-year period
			Fluoride	Twice in a calendar year for covered children and adults
			Space Maintainers	One per quadrant, per lifetime to maintain space for eruption of permanent posterior teeth, through age 19
BASIC SERVICES				
80%	80%	80%	Fillings (Composite or Amalgam)	Once per tooth in a 5-year period
			Simple and Complex Extractions	
			Oral Surgery	
			Endodontics / Periodontics	D4910 (perio maintenance) is covered 4 per calendar year with prior documented perio treatment
MAJOR SERVICES				
50%	50%	50%	Occlusal Guards	Once in a 5-year period
			Crowns, Implants	Once per tooth in a 7-year period. Not a benefit under age 16. Implants include necessary bone grafting services.
			Dentures, Bridges	Once in a 7-year period for replacement of the same missing tooth/teeth. Fixed bridges or removable partials are not a benefit under age 16.
ORTHODONTICS $2,000 lifetime maximum				
50%	50%	50%	For covered children and adults	
TMJ SERVICES $500 lifetime maximum				
50%	50%	50%	Temporomandibular Joint Therapy	

You are enrolled in a Delta Dental PPO plus Premier plan. You and your family members may visit any licensed dentist, but will enjoy the greatest out-of-pocket savings if you see a Delta Dental PPO dentist. There are three levels of dentists to choose from.

PPO Dentist - Payment is based on the PPO dentist's allowable fee, or the actual fee charged, whichever is less.
Premier Dentist - Payment is based on the Premier Maximum Plan Allowance (MPA), or the fee actually charged, whichever is less.
Non-Participating Dentist - Payment is based on the non-participating Maximum Plan Allowance. Members are responsible for the difference between the non-participating MPA and the full fee charged by the dentist. You will receive the best benefit by choosing a PPO dentist.

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

This is a brief description of services covered under your 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.