

All Plans Administered By:	Website:	Phone Number:
Delta Dental of Colorado	www.deltadentalco.com/	(800) 610-0201
Cigna	www.cigna.com/	(800) 367-1037

You can choose from three comprehensive dental plan options through Delta Dental of Colorado. All three options cover preventive and diagnostic services at 100%. You can go to any dentist, but your costs are lower when you see a PPO Plus Premier network provider. For more information or to find a PPO Plus Premier network provider, go to www.deltadentalco.com or visit MyBenefits found on EmployeeCentral.

	Basic Plan	Standard Plan	Enhanced Plan	CIGNA DHMO (Where available)
Network	Passive PPO	PPO	PPO	DHMO
Calendar Year Deductible	\$50 per person / \$150 per family	\$50 per person / \$150 per family	\$25 per person / \$75 per family	N/A
Calendar Year Maximum Benefit	\$1,000 per person	\$1,500 per person	\$2,500 per person	N/A
Diagnostic and Preventive Services	80%	100%	100%	Office Visit: \$5 copay per visit Cleanings, X-rays, Oral Exam: \$0
Fillings, Extractions and Oral Surgery	80% after deductible	90% after deductible for PPO Providers; 80% for non-PPO Providers	90% after deductible for PPO Providers; 80% for non-PPO Providers	Copayments: Fillings: \$0 (copay applies to resin fillings) Extractions: \$6 Oral Surgery: \$55 (\$55 - \$125 for removal of impacted or erupted tooth) Root Canals: \$90 - \$275 per canal Pulp Cap: \$0 Periodontal Scaling: \$35 - \$45 per quadrant Gingivectomy: \$90 - \$145 per quadrant
OTHER DENTAL SERVICES				
	Basic Plan	Standard Plan	Enhanced Plan	CIGNA DHMO (Where available)
Crowns, Jackets and Cast Restorations	50% after deductible	60% after deductible for PPO Providers; 50% after deductible for non-PPO Providers	60% after deductible	Copayments: Bridges: \$205 - \$220 Crowns: \$30 - \$470 (includes porcelain)
Prosthodontic	50% after deductible	60% after deductible for PPO Providers; 50% after deductible for non-PPO Providers	60% after deductible	Copayments: Dentures: \$185 - \$470
Orthodontics	Not covered	50% (lifetime maximum benefit of \$2,500, combined with TMJ)	50% (lifetime maximum benefit of \$2,500, combined with TMJ)	Child: \$1,460 copayment for entire treatment plus \$565 start up cost (lifetime maximum benefit of 24-month treatment) Adult: \$2,160 copayment for entire treatment plus \$565 start up cost (lifetime maximum benefit of 24-month treatment) Orthodontic retention: \$285 (including appliance[s] and treatment)
Dental Implants	Not covered	50% after deductible	60% after deductible	Not covered

This communication is a basic summary of your plan benefits. Please refer to the summary plan document for more detailed benefit provisions. To view all of your plan documents, go to EmployeeCentral and click on the MyBenefits link.