

**Plan(s) Administered By:**

Delta Dental of Colorado

**Phone Number:**

(800) 610-0201

**Website:**

[www.deltadentalco.com/](http://www.deltadentalco.com/)

You can choose from three comprehensive dental plan options through Delta Dental of Colorado. You can go to any dentist, but your costs are lower when you see a Delta Dental PPO Plus Premier network provider. For more information or to find a Delta Dental PPO Plus Premier network provider, go to [www.deltadentalco.com](http://www.deltadentalco.com) or visit MyBenefits found on EmployeeCentral.

	DELTA BASIC	DELTA STANDARD		DELTA ENHANCED	
	PASSIVE PPO	PPO	NON-PPO	PPO	NON-PPO
<b>Annual Deductible</b>	\$50 per person / \$150 per family	\$50 per person / \$150 per family		\$25 per person / \$75 per family	
<b>Annual Maximum</b>	\$1,000 per person	\$1,500 per person		\$2,500 per person	
<b>Ortho/TMJ Lifetime Maximum</b>	Not covered	\$2500 (combined Ortho/TMJ)		\$2500 (combined Ortho/TMJ)	
<b>Preventive/Diagnostic:</b> Exams, X-rays and Fluoride	80%	100%		100%	
<b>Basic Services:</b> Fillings, Extractions and Oral Surgery	80% (after deductible)	90% (after deductible)	80% (after deductible)	90% (after deductible)	80% (after deductible)
<b>Major Services:</b> Crowns, Jackets, Dental Implants	50% (after deductible)	60% (after deductible)	50% (after deductible)	60% (after deductible)	

Frequencies			
Preventive/Diagnostic			
<b>Exams</b>	Exams - 2 in calendar year	Exams - 2 in calendar year	Exams - 2 in calendar year
<b>X-rays – Full/Panorex</b>	Full Mouth Series/PANO 1 in 60 months	Full Mouth Series/PANO 1 in 60 months	Full Mouth Series/PANO 1 in 60 months
<b>X-rays – Bitewings</b>	1 in a calendar year	1 in a calendar year	1 in a calendar year
<b>Fluoride</b>	No age limit; 2 in calendar year	No age limit; 2 in calendar year	No age limit; 2 in calendar year
<b>Space Maintainers</b>	Through age 13 1 in lifetime	Through age 13 1 in lifetime	Through age 13 1 in lifetime
<b>Sealants</b>	Through age 14 1 in 36 months benefitted on posterior permanent molar teeth	Through age 14 1 in 36 months benefitted on posterior permanent molar teeth	Through age 14 1 in 36 months benefitted on posterior permanent molar teeth
Basic Services			
<b>Fillings (Same Tooth)</b>	1 in 12 months	1 in 12 months	1 in 12 months
<b>Oral Surgery</b>	Anesthesia is covered with covered Oral Surgery procedures	Anesthesia is covered with covered Oral Surgery procedures	Anesthesia is covered with covered Oral Surgery procedures
<b>Endodontics</b>	1 in 24 months	1 in 24 months	1 in 24 months
<b>Periodontal Surgery</b>	1 in 36 months	1 in 36 months	1 in 36 months
<b>Periodontal Maintenance</b>	2 in calendar year combined with regular cleaning	2 in calendar year combined with regular cleaning	2 in calendar year combined with regular cleaning
Major Services			
<b>Denture</b>	1 in 60 months	1 in 60 months	1 in 60 months
<b>Denture Reline/Rebase</b>	1 in 36 months	1 in 36 months	1 in 36 months
<b>Adjust Dentures</b>	2 in 12 months	2 in 12 months	2 in 12 months
<b>Crowns (Same Tooth)</b>	1 in 60 months	1 in 60 months	1 in 60 months
<b>Implants</b>	Not covered	1 in 60 months	1 in 60 months

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

**Plan(s) Administered By:**  
CIGNA DHMO

**Phone Number:**  
(800) 367-1037

**Website:**  
[www.cigna.com/](http://www.cigna.com/)

When you elect the CIGNA DHMO, you must select a dental provider from the CIGNA Dental Care Access Plus network. No dental benefits are covered unless the dental service is received from your designated dental provider, referred by a network general dentist at that facility to a specialist approved by CIGNA, or otherwise authorized by CIGNA, except for emergency dental treatment. A transfer from one dental provider to another dental provider may be requested by you through CIGNA. For more information or to find a CIGNA Dental Care Access Plus network provider, go to [www.cigna.com](http://www.cigna.com) or visit MyBenefits found on EmployeeCentral.

	CIGNA DHMO
	IN-NETWORK
<b>Annual Deductible</b>	N/A
<b>Annual Maximum</b>	N/A
<b>Ortho/TMJ Lifetime Maximum</b>	Child: \$1,460 copay for entire Ortho treatment Adult: \$2,160 copay for entire Ortho treatment (plus \$565 start up cost for both child and adult) Orthodontic retention: \$285 (including appliance[s] and treatment) (lifetime maximum benefit of 24-month treatment for both child and adult) Please call CIGNA customer service for TMJ Coverage/Maximums
<b>Preventive/Diagnostic:</b> Exams, X-rays and Fluoride	Office Visit \$5 copay per visit
<b>Basic Services:</b> Fillings, Extractions and Oral Surgery	Copay Varies
<b>Major Services:</b> Crowns, Jackets, Dental Implants	Copay Varies

Frequencies	
Preventive/Diagnostic	
<b>Exams</b>	Exams - 2 in calendar year
<b>X-rays – Full/Panorex</b>	Full Mouth Series/PANO 1 in 36 months
<b>X-rays – Bitewings</b>	No age limit or frequency
<b>Fluoride</b>	No age limit; 2 in calendar year
<b>Space Maintainers</b>	No age limit or frequency
<b>Sealants</b>	No age limit or frequency
Basic Services	
<b>Fillings (Same Tooth)</b>	No frequency
<b>Oral Surgery</b>	No frequency
<b>Endodontics</b>	No frequency
<b>Periodontal Surgery</b>	No frequency
<b>Periodontal Maintenance</b>	No frequency ; replacement frequency may apply
Major Services	
<b>Denture</b>	No frequency ; replacement frequency may apply
<b>Denture Reline/Rebase</b>	No frequency ; replacement frequency may apply
<b>Adjust Dentures</b>	No frequency ; replacement frequency may apply
<b>Crowns (Same Tooth)</b>	No frequency ; replacement frequency may apply
<b>Implants</b>	Not covered

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