

Plan Description

This is a Direct Reimbursement Plan rather than dental insurance in which benefits are payable according to the dentist's billed charges. There is no provider network nor deductible associated with this plan.

Plan Coverage

Covered expenses are reimbursed at the following levels:

- 100% for the first \$100; plus,
- 50% of the next \$1,800 for each covered member per calendar year
- Maximum benefit is \$1,000 for each covered member per calendar year

Any expense other than those specifically excluded below, which is incurred by you and/or your enrolled dependents for services, supplies, medication, or appliances provided by or at the direction of a dentist is covered. If you and/or your covered dependents are enrolled under any other dental insurance plan, this plan will only pay after a determination is made by your other dental insurance plan.

This plan reimburses for covered services regardless of the frequency of service and without applying Maximum Plan Allowance guidelines, up to the plan's maximum benefit.

Providers – Freedom of Choice

As long as the provider is a licensed dentist, dental benefits under the Delta Dental Basic Plan (a dental reimbursement plan) are not subject to any contractual arrangements between Delta Dental and the dental providers limiting the amount charged. Dental providers will charge their usual fees to members.

Exclusions (what this plan does not cover):

- Orthodontia
- Jaw joint problems (generally known as TMJ)
- Any expenses payable by other dental plans under which you or your dependents are covered

Claims Payments

Claim payments for the Delta Dental Basic Plan are made directly to the member even if the dentist accepts assignment of benefits. You will be responsible for payment to the dentist. If your dentist does not submit the claim for you, you will need to complete a claim form and submit it to Delta Dental of Colorado. Claim forms are available at www.deltadentalco.com and www.hr.colostate.edu.

A separate claim form must be completed for each member and submitted within 12 months from the date of service or no payment will be made from the plan.

Delta Dental: www.deltadentalco.com

Customer Service Phone: (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 Faculty and Admin Pro Privileges and Benefits Summary provides a more complete explanation of your coverage, including limitations and exclusions. If differences exist between this document and your Faculty and Admin Pro Privileges and Benefits Summary, the Benefits Summary will govern.

