

# Delta Dental Plus Plan

Academic Faculty, Administrative Professionals,  
 Veterinary and Clinical Psychology Interns,  
 Post-Doctoral Fellows  
**HUMAN RESOURCES**

<b>MAXIMUM BENEFIT</b>				
<b>Calendar Year</b>		\$2,000 per person		
<b>Orthodontia Lifetime</b>		\$1,800 per person		
<b>PLAN YEAR DEDUCTIBLE</b>				
<b>Applies to Basic and Major</b>		<b>Individual Deductible</b>	\$50.00	Combination of in and out-of-network
		<b>Family Deductible</b>	\$100.00	
<b>WHO CAN BE COVERED</b>				
Employee, Spouse, Domestic Partner, Civil Union Partner and Dependent Children to age 26				
PPO Dentist	Premier Dentist	Non-Participating Dentist	<b>COVERED SERVICES</b>	<b>BENEFITS</b> (Subject to Delta Dental guidelines)
<b>PREVENTIVE AND DIAGNOSTIC SERVICES</b>				
This program also provides the Prevention First program to maximize your dental benefit				
100%	100%	100%	Oral Evaluation	Two evaluations in a calendar year
			Bitewing X-rays	Two sets in a calendar year
			Full Mouth X-rays or Panoramic	One in a 24 month period
			Routine Cleaning	Two cleanings in a calendar year
			Fluoride Treatments	Two in a calendar year to age 14
			Space Maintainers	For dependent children to age 16
			Sealants	1 per tooth in 36 months to age 16
<b>BASIC SERVICES (Fillings, Endodontics (Root Canals), Periodontics (Gum Disease) and Oral Surgery (Extractions))</b>				
80%	80%	80%	Amalgam and Resin Fillings	Benefits on the same surface limited to 1 in 12 months
			Oral Surgery (Extractions)	
			General Anesthesia	For Oral Surgery or with medical necessity
			Periodontal (non-surgical)	Root Planning & Scaling one in 24 months per quadrant
			Root Canal Therapy	
<b>MAJOR SERVICES (Crowns, Bridges, Partials, Dentures)</b>				
60%	60%	60%	Crowns	
			Dentures, Partials, Bridges	Once in 60 months - not a benefit under age 16
			Surgical Periodontal	
			Implants	
<b>ORTHODONTIC SERVICES</b>				
50%	50%	50%	Complete Orthodontic Evaluation	
			Active Orthodontic Treatment	

- PPO Dentist** – Payment is based upon the PPO dentist’s allowable fee, or the fee actually charged, whichever is less.
- Premier Dentist** – Payment is based upon the Premier Maximum Plan Allowance, or the fee actually charged, whichever is less.
- Non-Participating Dentist** – Payment is based upon the Premier Maximum Plan Allowance or the fee actually charged, whichever is less.
- Find a Dentist - [www.deltadentalco.com](http://www.deltadentalco.com) or Customer Service Phone: (800) 610-0201

**You will receive the highest level of coverage by choosing a PPO dentist.**

**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.



**HUMAN RESOURCES**  
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