

Summary of El Paso County Dental Benefits

- El Paso County employees have two (2) Dental Options to choose from through Delta Dental
- To search for a Delta Dental In-Network provider please visit www.deltadentalco.com

Delta Dental LOW OPTION PPO Plan				
Low Option Plan Tiers		Per Pay Period Cost (Twice Monthly)	Monthly Cost	
Employee Only		\$7.49	\$14.98	
Employee + Spouse		\$12.58	\$25.16	
Employee + Child(ren)		\$19.46	\$38.92	
Employee + Family		\$28.45	\$56.90	
Maximum Benefit Calendar Year Maximum		\$1,000 per person, per calendar year		
Calendar Year Deductible Applies to Basic and Major		Individual Deductible - \$50 per person Family Deductible - \$150 maximum		
Benefits		PPO Dentist	Premier Dentist*	Out-of-Network Dentist**
Diagnostic and Preventive Services	Oral Exams and Cleanings, Sealants, Fluoride (for children) and X-rays	100%	80%	80%
Basic Services	Fillings, Simple Extraction, Oral Surgery	80%	60%	60%
Major Services	Endodontics/Periodontics, Crowns, Dentures, Bridges	50%	30%	30%
Orthodontic Services	Not Covered			

This is a Maximum Allowable Charge (MAC) PPO plan. The MAC plan is a feature of Delta Dental that will help you save on out-of-pocket costs. While you may visit any licensed dentist you will receive the greatest savings when you choose a PPO dentist.

* Premier Dentist – The member will be responsible for the difference between the PPO dentist's Allowable Fee and the fee from the Premier Maximum Plan Allowance (MPA)

** Out-of-Network Dentist – The member will be responsible for the difference between the PPO dentist's Allowable Fee and the full fee charged by the dentist

Delta Dental HIGH OPTION PPO Plus Premier Plan				
High Option Plan Tiers		Per Pay Period Cost (Twice Monthly)	Monthly Cost	
Employee Only		\$19.45	\$38.90	
Employee + Spouse		\$32.68	\$65.36	
Employee + Child(ren)		\$50.57	\$101.14	
Employee + Family		\$73.91	\$147.82	
Maximum Benefit Calendar Year Maximum		\$1,500 per person, per calendar year		
Calendar Year Deductible Applies to Basic and Major		Individual Deductible - \$25 per person PPO Network / \$50 per person Premier/Out-of-Network Family Deductible - \$75 PPO Network maximum / \$150 Premier/Out-of-Network maximum		
Benefits		PPO Dentist [†]	Premier Dentist ^{††}	Out-of-Network Dentist ^{†††}
Diagnostic and Preventive Services	Oral Exams and Cleanings, Sealants, Fluoride (for children) and X-rays	100%	100%	100%
Basic Services	Fillings, Simple Extraction, Oral Surgery, Endodontics/Periodontics	90%	70%	70%
Major Services	Crowns, Dentures, Bridges	60%	30%	30%
Orthodontic Services	Covered regardless of age \$1,500 lifetime maximum	50%	50%	50%

This is 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.

[†] 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

^{†††} Out-of-Network Dentist – Payment is based on the Out-of-Network Maximum Plan Allowance (MPA); members are responsible for the difference between the out-of-network MPA and the full fee charged by the dentist

REFER TO THE EMPLOYEE BENEFITS GUIDEBOOK ON THE EMPLOYEE PORTAL FOR PLAN DETAILS

This is only a summary of benefits. Should there be differences between this summary and the plan documents, contracts or policies, the plan documents, contract, and/or policies will govern.