



Delta Dental of Colorado COPIC/CMS DENTAL PROGRAM

Delta Dental of Colorado is the state's leading dental benefits provider, and we understand the strong connection between oral and overall health. That's why dental insurance is important and why we've partnered with COPIC and Colorado Medical Society to offer a small group dental plan.

	High Option Delta Dental PPO Plus Premier™	Low Option Delta Dental PPO™
Diagnostic & Preventive¹ <ul style="list-style-type: none"> Exams Cleanings X-rays 	PPO: 100% Premier: 100% Non-Par: 100%	PPO: 100% Premier: 0% Non-Par: 0%
Deductibles do not apply to Diagnostic & Preventive (D&P) services.		
Basic <ul style="list-style-type: none"> Fillings 	PPO: 90% Premier: 80% Non-Par: 80%	PPO: 50% Premier: 0% Non-Par: 0%
Major <ul style="list-style-type: none"> Endodontics Periodontics Oral Surgery Crowns Implants 	PPO: 60% Premier: 50% Non-Par: 50%	PPO: 10% Premier: 0% Non-Par: 0%
Child-Only Orthodontia^{2,3} (Dependent children to age 19)	PPO: 50% Premier: 50% Non-Par: 50%	N/A
2020 RATES		
Employee	\$37.39	\$19.74
Employee + Spouse	\$78.98	\$41.71
Employee + Child(ren)	\$103.60	\$54.71
Employee + Family	\$165.61	\$87.45
Deductible	Individual: \$50 Family: \$150 (calendar year)	
Calendar-Year Maximum	\$1,500	\$750
Network	Member may visit any licensed provider but will get the greatest out-of-pocket savings if they see a Delta Dental PPO™ provider.	Member must see a Delta Dental PPO™ provider. There is no benefit outside the PPO network.

See reverse for more information.



PLAN NOTES

This flyer provides only a brief description of services covered. The benefit booklet will provide a more complete explanation of coverage, including limitations and exclusions. If there are differences between this summary of benefits and the benefit booklet, the benefit booklet will govern.

RIGHT START 4 KIDS (RS4K) FROM DELTA DENTAL OF COLORADO is a unique plan design enhancement that removes most of the cost barriers to dental care by providing coverage for children up to their 13th birthday at 100% coinsurance for diagnostic & preventive, basic, and major services, with no deductible, when in-network providers are seen. **If an out-of-network provider is seen, the adult coinsurance levels will apply.** Orthodontic services are available but are not eligible for the RS4K 100% coverage level.

All maximums are on a calendar-year basis. Limitations are per person.

¹ - D&P services on High Option Plan are not applied toward calendar-year maximum **ONLY when using a PPO™ or Premier® provider for all services.** ² - 12-month waiting period may apply. Please contact your sales representative for details. ³ - \$1,500 lifetime maximum.

UNDERWRITING GUIDELINES

GENERAL INFORMATION

Proposed rates are for the effective date of 1/1/2020 through 12/31/2021. All groups renew January 1, 2022. Final approval of all groups is subject to underwriting review.

- Company must be headquartered in Colorado.

PLAN INFORMATION

- Dual choice is available for groups with 10 or more eligible employees.
- If a group does not have 10 or more eligible employees, they will be required to pick one of the dual choice options as a standalone plan.
- Orthodontia benefits available only with High Option Delta Dental PPO Plus Premier™ Plan.
 - Orthodontic services cover children to age 19.
 - There is a 12-month waiting period for orthodontic services, which may be waived with proof of prior coverage.
- Rates are guaranteed through 12/31/2021. All groups will renew effective January 1st of the following year, regardless of initial effective date.
- The benefit accumulation period will be a calendar year basis for all groups.

ENROLLMENT & ELIGIBILITY

- Open enrollment: Members may add dental coverage at initial eligibility or at open enrollment. No late entrants.
- Employee eligibility is determined by the group. Standard is first of the month following three months or the same as medical.

EMPLOYER CONTRIBUTION & PARTICIPATION

- Minimum participation required from the greater of two or 20% of all eligible employees.
- No mandatory employer contribution required.

PAYMENT & BILLING

- Payment by ACH is required for all groups with less than 10 enrolled employees and is encouraged for all other groups.
- Delta Dental of Colorado will bill the group electronically on a monthly basis.

SUBMIT THE FOLLOWING TO ENROLL A GROUP:

- Original quote
- Group application form
- Group Health Plan Certification form
- ACH Authorization form
- Website Authorization form
- Proof of prior coverage (if applicable)
- Federal wage and tax Schedule C
- Enrollment forms