



# Delta Dental PPO VOLUNTARY Benefit and Rate Sheet for 2025 Effective Dates

Available in CO<sup>1</sup>  
Group Size: 2+

Choose One Plan:												
Plan Name	PPO \$750 W2881			PPO + PREMIER \$1500 W2882			MAC PPO \$2000 W2883			MAC PPO \$1000 w/ORTHO W2884		
Network	PPO Provider	Premier Provider	Non-Participating Provider	PPO Provider	Premier Provider	Non-Participating Provider	PPO Provider	Premier Provider	Non-Participating Provider	PPO Provider	Premier Provider	Non-Participating Provider
<b>Deductible</b>												
Individual	\$50	N/A	N/A	\$100			\$50			\$50		
Family	\$150	N/A	N/A	\$300			\$150			\$150		
Waived for Preventive	Yes	N/A	N/A	Yes			Yes			Yes		
Annual Max Benefit	\$750	N/A	N/A	\$1500			\$2000			\$1000		
Orthodontic Lifetime Max	N/A	N/A	N/A	N/A			N/A			\$1000		
<b>Dental Benefit</b>												
<b>Preventive Services</b>	100%	N/A	N/A	100%	100%	50%	100%	50%	50%	100%	50%	50%
Cleaning Allowances	2 per calendar year	N/A	N/A	2 per calendar year	2 per calendar year	2 per calendar year	2 per calendar year	2 per calendar year	2 per calendar year	2 per calendar year	2 per calendar year	2 per calendar year
<b>Basic Services</b>	40%	N/A	N/A	80%	80%	50%	80%	50%	50%	80%	50%	50%
Endodontic	40%	N/A	N/A	Major Service 50%	Major Service 50%	40%	80%	50%	50%	80%	50%	50%
Periodontal	40%	N/A	N/A	Major Service 50%	Major Service 50%	40%	80%	50%	50%	80%	50%	50%
Oral Surgery	40%	N/A	N/A	Major Service 50%	Major Service 50%	40%	80%	50%	50%	80%	50%	50%
<b>Major Services</b>	40%	N/A	N/A	50%	50%	40%	50%	40%	40%	50%	40%	40%
Prosthodontics	40%	N/A	N/A	50%	50%	40%	50%	40%	40%	50%	40%	40%
Implants	Yes	N/A	N/A	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Missing Tooth Clause	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Reimbursement Schedule	PPO <sup>2</sup>			PPO or Premier <sup>3</sup>			PPO <sup>4</sup>			PPO <sup>4</sup>		
<b>Orthodontic Benefit</b>												
Orthodontics	N/A			N/A			N/A			50%		
Orthodontics Available To	N/A			N/A			N/A			Adult and Child		
<b>Monthly Rates</b>												
Member Only	\$25.38			\$36.72			\$34.83			\$29.29		
Member + Spouse/DP	\$45.88			\$67.43			\$63.85			\$54.79		
Member + 1 Child	\$45.88			\$67.43			\$63.85			\$54.79		
Member + Children	\$76.64			\$113.51			\$107.38			\$100.72		
Member + Family	\$76.64			\$113.51			\$107.38			\$100.72		
Rate Guarantee	1 year			1 year			1 year			1 year		
Monthly Admin Fee	\$15											

SIC code is required. Certain industries are ineligible to purchase these plans, such as: Dental Offices 8021, Dental Labs 8071, Medical Labs 8072, and Seasonal Employees, Part-time help and groups without an SIC. This is a summary of benefits. For more detailed information, view the carrier's Summary of Benefits.

<sup>1</sup> Delta Dental plans are available to groups of 2 or more enrolled employees. Group must be headquartered in CO. Employees and their enrolled dependents can reside in any state. Voluntary plans assume employer is paying 0%-100% of the member's premium.

<sup>2</sup> If you do not use a participating Delta Dental PPO Provider, you will be responsible for all charges incurred.

<sup>3</sup> Reimbursement is based on PPO allowable fees for PPO dentists, Premier maximum allowable fees for Premier dentists and program allowance for non-Delta Dental dentists. You may incur additional out-of-pocket costs at Premier or a non-participating provider.

<sup>4</sup> Reimbursement for all providers is based on the PPO contracted fee.

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