

Plan Highlights

Giving individuals and families access to quality dental coverage is our goal. Choose from a variety of plans designed to work with your needs and budget. You're sure to find one to make you smile!

Premium Plan

Get comprehensive coverage for a broad array of dental services (most dental procedures are covered). You get maximum savings along with a high dollar maximum (\$2,000). Preventive care is covered 100%, which means no out-of-pocket cost for exams, cleanings, X-rays and topical fluoride. This plan includes a lifetime deductible, and once paid, your plan will have no deductible.

Progressive Plan

This plan has no waiting periods and rewards you with a higher dollar maximum when you maintain continuous dental coverage. Your share of costs for many services decreases each year for up to three years. You can see any dentist, but you save more with a Delta Dental PPO™ dentist.

Enhanced Plan

Works like a dental plan offered by employers, where individuals pay a percentage of the cost for services and the plan pays the rest. Preventive care is covered by the plan at 100%, which means individuals pay nothing for exams, cleanings, X-rays, and topical fluoride treatments. This plan also provides coverage for basic and major restorative services. Benefits are subject to a deductible and a policy-year dollar maximum.

Clear PlanSM

This unique dental plan is designed to take the guesswork out of dental expenses. Members know before they go to the dentist what their share of the cost of any service will be. There are no deductibles, no waiting periods for benefits to begin, no percentages to worry about, and no annual dollar maximums.

Basic Plan

This plan provides basic protection where diagnostic services and most preventive care are covered 100%. Emergency services, fillings and non-surgical extractions are also covered. There is a \$15 office visit copay, and a policy-year dollar maximum applies.

NEW DeltaVision® Plans

Keep your vision and budget healthy with access to quality eye care and eyewear at low out-of-pocket costs. Choose from two comprehensive plans for yourself and your family.



< See inside for a side-by-side comparison of plan benefits!

Coverage you can count on.

Having a good dental benefits plan not only helps promote a healthy smile, but it can greatly improve one's overall health.

With the country's largest provider network, Delta Dental covers more people and has more participating dentists than any other dental benefits program. We're pleased to cover more than 80 million people nationwide!*

For more than 60 years, members have relied on Delta Dental to provide outstanding benefits, expert customer service, and easy claims processing. No wonder more people trust their precious smiles to Delta Dental!



Learn more. Get a quote. Or enroll.

Visit us at [DeltaDentalCoversMe.com](https://www.DeltaDentalCoversMe.com)

or call

888-899-3736 today!

Dental policies vary and contain general and specific exclusions and limitations. As a result, some dental services may not be covered under certain policies. Also, coverage for certain covered dental services is subject to conditions and other limitations, such as the number of times they may be covered in a given time period. You should obtain these exclusions and review them prior to enrollment. They are available during the quoting process at [DeltaDentalCoversMe.com](https://www.DeltaDentalCoversMe.com).

* [deltadental.com](https://www.deltadental.com). Delta Dental by the Numbers.

Smile!

Here's your choice of quality dental plans ...

from the nation's preferred dental benefits provider!



**Delta Dental of Colorado
Plans For
Individuals & Families
plus NEW vision plans**

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Comparison of key benefits under Delta Dental Individual and Family™ Plans

Delta Dental plans are a smart choice to fill the gaps in your health or Medicare plan. Enrollment is easy—simply follow the step-by-step instructions online or call us with questions. You, your spouse and/or dependent children are eligible for coverage if you're a permanent resident of the state and not enrolled in another dental plan. Apply before the 27th of the month, and your policy could be in effect on the first day of the month following approval of your application.

DeltaDentalCoversMe.com 888-899-3736



DeltaVision®

Administered by VSP®



PLAN BENEFIT	Premium Plan The percent you pay after your deductible (where required)*	Progressive Plan The percent you pay after your deductible (where required)*			Enhanced Plan The percent you pay after your deductible (where required)*	Clear Plan SM You pay the fixed dollar amount shown below*	Basic Plan The percent you pay after your office visit copay*
		Year 1	Year 2	Year 3			
Cleanings	0%	0%	0%	0%	0%	\$60	0%
Exams	0%	0%	0%	0%	0%	(included in cleaning)	0%
Bitewing X-rays	0%	0%	0%	0%	0%	(included in cleaning)	0%
Topical Fluoride	0%	0%	0%	0%	0%	(included in cleaning)	50%
Fillings	20% (no waiting period)	60%	40%	20%	50% (no waiting period)	\$90	50% (6-month waiting period may apply)
Crowns	50% (12-month waiting period may apply)	70%	60%	50%	50% (12-month waiting period may apply)	\$700	N/A
Implants	50% (12-month waiting period may apply)	70%	60%	50%	50% (12-month waiting period may apply)	\$2,500	N/A
Root Canals	50% (12-month waiting period may apply)	70%	60%	50%	50% (12-month waiting period may apply)	\$500	N/A
Non-Surgical Extractions	50% (12-month waiting period may apply)	60%	40%	20%	50% (12-month waiting period may apply)	\$90	50% (6-month waiting period may apply)
Office Visit Copayment	None	None	None	None	None	None	\$15
Dollar Maximum (per person per policy year)	\$2,000	\$1,500	\$1,750	\$2,000	\$1,000	None	\$1,000
Deductible Does not apply to preventive care, including cleanings, exams, X-rays and topical fluoride.	\$100/person Once per lifetime as long as policy remains in force	\$50	\$50	\$50	\$50/person Per policy year.	None	None
Dental Network	Delta Dental PPO Plus Premier™	Delta Dental PPO™			Delta Dental PPO Plus Premier™		

PLAN BENEFIT In-network providers only	Brilliance Plan The amount you pay	Essential Plan The amount you pay
WellVision Exam®	\$0 copay	\$10 copay
Contact lens exam (Fitting & evaluation)	\$0 copay	\$40 copay
Frame + 20% savings on amounts over allowance	\$200 allowance \$110 at Costco in-store Optical Center	\$150 allowance \$80 at Costco in-store Optical Center
Lenses Single vision, lined bifocal or trifocal, or lenticular	\$0 copay	\$10 copay
Lens enhancements ¹ Anti-reflective coating Scratch-resistant coating Solid & gradient tints Standard progressive lenses (multifocal)	Copays: \$41 \$0 \$0	Copays: \$41 \$17 - \$33 \$15 - \$17
Contact lens (Instead of glasses)	\$200 allowance	\$150 allowance
Additional savings		
Glasses & sunglasses² ✓ Extra \$20 to spend on featured frame brands ✓ 20% savings on pairs of glasses and sunglasses, including lens enhancements		
Retinal screening No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam		
Laser vision correction³ ✓ Average 15% off regular price ✓ Average 5% off promotional price		

Please Note: Monthly premiums vary and are based on plan choice, age, location, number of people insured, their age, and relationship to you. Plan designs and rates are subject to change. Please visit DeltaDentalCoversMe.com or call 888-899-3736 for the latest plan information and rates. There may be limits on how many times you can use certain services in a year.

On Premium, Enhanced and Basic Plans, waiting periods may be waived when transferring from another qualifying dental plan. *For the Premium, Progressive, Enhanced and Basic Plans, your out-of-pocket costs are likely to be greater when covered services are provided by a dentist who is not a network dentist because the amount we will pay toward out-of-network services is generally less than for in-network services, and because we can limit the fees of network dentists but not non-network dentists. The Clear Plan does not cover services received from non-network dentists. On the Progressive plan, benefit payments are calculated based on Delta Dental PPO fees. If the dentist is not a Delta Dental PPO dentist, the patient is responsible for the difference between the Delta Dental PPO fee and the Maximum Allowable Charge (MAC).

Delta Dental of Colorado complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

¹Log in to vsp.com to check your benefits for eligibility and to confirm in-network locations based on your plan type. VSP guarantees coverage from VSP network providers only. Coverage information is subject to change. Standard lens enhancements; premium or custom enhancements may also be available at an additional cost.

²From in-network provider within 12 months of last WellVision Exam
³Member must first visit a VSP Network Laser Vision doctor. This is a VSP provider who works with contracted centers or surgeons in member's area (not all VSP providers are Laser Vision doctors). After that, member would be referred to a VSP-contracted laser vision center or surgeon. On Vision policies, certain services are provided through Vision Service Plan (VSP). Delta Dental and DeltaVision are registered marks of Delta Dental Plans Association. VSP and WellVision Exam are registered trademarks of Vision Service Plan.