



Dear Delta Dental of Colorado Subscriber:

Welcome! You are enrolled in our Delta Dental Premier® plan.

As Colorado’s largest dental benefits provider, we are able to help you get the dental care you and your family need. Delta Dental subscribers can easily obtain high-quality dental care from our extensive network of dentists.

Please take some time to review your benefit booklet. It contains important information about your benefits, as well as information about dentists in the Delta Dental network.

Visit our website, [www.deltadentalco.com](http://www.deltadentalco.com) for:

- Benefit information
- Copies of your Explanation of Benefits (EOB) statements
- Benefits used to date
- Help in finding a dentist

Our Customer Relations department is here to assist you. Representatives are standing by Monday—Friday, 8:00 a.m. to 6:00 p.m. (MST).

303-741-9300 (Denver-metro)  
800-610-0201 (toll-free)

Thank you for choosing Delta Dental. We look forward to serving you.

Best Regards,

Kathryn A. Paul

EIDC\_Premier\_050609

Type your information in the fields below, then print the PDF. Cut out the card and carry in your wallet or pocketbook.



Delta Dental Premier® Plan

Employee Name

Intelligo, Inc. - Group # 22102-00000002

Group Name

Group Number

This card does not guarantee eligibility.

Customer Relations: 1-800-610-0201 [www.deltadentalco.com](http://www.deltadentalco.com)



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# Subscriber Connection

**Find the information you need regarding your dental benefits, now.**

When you log on to Subscriber Connection, it is simple to check your Delta Dental of Colorado benefits. Available 24-hours a day, seven days a week, you can use Subscriber Connection to:

- Print member ID cards
- Find a dentist
- Check on status of claims
- View benefits
- Print Explanation of Benefits (EOB)
- And much, much more!

Visit [www.deltadentalco.com](http://www.deltadentalco.com) and click on the Subscriber Connection link on the left-hand side of the page. Enter your ID and password for instant access to your dental benefit information.

**No Internet access? No time to log on? No problem—call us.**

Customer Relations representatives are standing by, ready to help you during normal business hours (Monday—Friday 8:00 a.m to 6:00 p.m MST).

Simply call:

**Denver-metro:**  
**(303) 741-9305**

**Toll-free/IVR:**  
**(800) 610-0201**

**Hearing Assistance:**  
**(800) 659-2656**

Outside of normal business hours, you may call our Integrated Voice Response (IVR) system for information regarding eligibility, benefits and claims status.

**Make sure you've got the connection—with  
Subscriber Connection!**

**Delta Dental Premier – High Option Plan – Benefit Summary**  
Available Statewide

**Intelligo, Incorporated**  
Group #22102-0000002

<b>Maximum Benefit:</b> Calendar Year	\$2,000 per person	In and Out-of-Network combined
<b>Prevention First Option:</b>	The amount paid by Delta Dental for Diagnostic and Preventive Services does not apply to the annual maximum benefit.	
<b>Calendar Year Deductible</b>	Individual: \$50 Family: \$150 In and Out-of-Network combined. Does not apply to Diagnostic, Preventive and Orthodontic (if a covered benefit) Services	
<b>Who Can be Covered</b>	Determined by employer.	
<b>Covered Services</b>		
		<b>Benefit</b>
<b>Premier Network and Nonparticipating dentists</b>		
<b>Diagnostic and Preventive Services</b>		
100%*	Oral Exams	Limited to 1 in a 6-month period.
	Routine Cleanings	Limited to 1 in a 6-month period.
	Fluoride treatments	Limited to 1 in a 12-month period.
	All X-rays	Limited to: Bitewings 1 in 12 months, Full-mouth & Panoramic 1 in 60 months.
	Space maintainers	For premature loss of baby teeth only under age 14.
	Sealants	1 per tooth in 36 months under age 15.
<b>Basic Services</b>		
80%*	Fillings	Limited to 1 in 24 months on the same surface.
	Simple extractions	
<b>Major Services</b>		
50%*	Endodontics (Root Canal Therapy)	
	Surgical Periodontics Treatment (gum)	
	Surgical Extraction, other oral surgery	
	General anesthesia and IV sedation	Covered with oral surgery only.
	Denture relines and rebases, adjustments, repairs	Covered 6 months after initial insertion Then limited to 1 in 36 months.
Note: If the participation option is Voluntary, there is a 12-month waiting period for Major Services except for employees who had prior dental coverage with the employer as shown on the employer group application.	Repairs to crowns, dentures, and bridges	
	Crowns (also stainless steel and resin)	Benefit 1 in 84 months for same tooth Not a benefit under age 12.
	Complete and partial dentures	Benefit 1 in 60 months, not a benefit under age 60.
	Fixed Bridgework	Benefit 1 in 84 months.
<b>Participation Options – Please choose one option:</b>		
Voluntary 12-month waiting periods for Major and Orthodontic Services apply	All eligible employees have the option to enroll in the Delta Dental plan. Employees who enroll in the dental plan may enroll or waive enrollment for their spouse and/or dependent children. Employers may contribute 0% to 49% of the Employee Only premium. The greater of 2 or 20% of all eligible employees are required to enroll in the dental plan.	

\*The Premier percentage of benefits is limited to the Premier Maximum Plan Allowance. The non-participating percentage of benefits is limited to the non-participating Maximum Plan Allowance. You will be responsible for the difference between the non-participating Maximum Plan Allowance and the full fee charged by the Dentist.

Important Note: This form provides only a brief description of services covered under the contract and does not list those services which are limited or excluded from coverage. The Employee Benefit Booklet provides a more complete explanation of the coverage. If differences exist between this Summary of Benefits and the Employee Benefit Booklet, the Benefit Booklet will govern.

This plan is offered with your group health plan through Rocky Mountain Health Plans.

12/17/2009



# Your Delta Dental Vision program is provided by EyeMed Vision Care

*We are pleased to have you as an EyeMed member...*

## Your Vision Care Program

As a Delta Dental member, you are eligible for comprehensive vision care savings offered through EyeMed Vision Care. The program is detailed on the back page and is available to all subscribers and eligible dependents. However, this plan cannot be combined or used in conjunction with any other vision care plans. If you are enrolled in a funded vision care program, the discount plan can only be utilized separate from your funded program.

## Accessing Your Savings

Receiving your vision savings is easy. Simply:

- 1 Locate an EyeMed provider by calling 1-866-246-9041 or use the provider locator at [www.eyemedvisioncare.com/deltadental](http://www.eyemedvisioncare.com/deltadental).
- 2 When scheduling your appointment, inform the office that you are an EyeMed member with a Delta Dental discount plan.
- 3 Once you arrive, present the ID card below to receive services.

*Your EyeMed provider will take care of the rest!*

## EyeMed Provider Network

We continue to make the EyeMed network more accessible to our members. Therefore, provider locations are subject to change. We recommend calling ahead to confirm the provider's participation in the program.

The EyeMed network consists of private practice optometrists, ophthalmologists, opticians, and some of the nation's top optical retailers including LensCrafters, Target Optical, Sears Optical and most Pearle Vision locations. Our providers are ready to serve all your eye care needs with their professional services and products.



EyeMed Group Number: 9231093

Group Name: Delta Dental Discount

Member Name: \_\_\_\_\_

Call 1-866-246-9041 to locate the nearest EyeMed provider.  
This is not an insured plan.



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Group Name: Delta Dental Discount

Member Name: \_\_\_\_\_

Call 1-866-246-9041 to locate the nearest EyeMed provider.  
This is not an insured plan.

# EyeMed Vision Care Discount Plan for Delta Dental Members

Vision Care Services	Member Cost
Exam and Dilatation as Necessary:	\$5 off Comprehensive Exam \$10 off Contact Lens exam
<b>Complete Pair of Glasses Purchase:</b> <ul style="list-style-type: none"> <li>The following frame, lenses, and lens options discounts &amp; fees apply only if a complete pair is purchased in the same transaction.</li> <li>Items purchased separately will be discounted 20% off of the retail price.</li> </ul>	
<b>Standard Plastic Lenses including Standard Scratch:</b> Single Vision Bifocal Trifocal	\$75 \$95 \$125
<b>Frames:</b> Any Frame available at provider location	30% off retail price
<b>Lens Options:</b> Standard UV Standard Tint Standard Polycarbonate Standard Anti-reflective Coating Standard Progressive (add-on bifocal)	\$15 \$15 \$40 \$45 \$70
<b>Contact Lenses<sup>1</sup>:</b> <i>(Discount applied to materials only)</i> Conventional	15% off retail price
<b>Laser Vision Correction:</b> Lasik or PRK	15% off retail price or 5% off promotional price
<b>Frequency:</b> Examination Frame Lenses Contact Lenses	Unlimited Unlimited Unlimited Unlimited

This is not insurance.

<sup>1</sup> After initial purchase, replacement contact lenses may be obtained via the Internet at substantial savings and mailed directly to the member. Details are available at [www.eyemedvisioncare.com](http://www.eyemedvisioncare.com). Member will receive a 20% discount on items purchased at participating providers not included under plan coverage. 20% discount may not be combined with any other discounts or promotional offers, and the discount does not apply to EyeMed provider's professional services or contact lenses. Retail prices may vary by location. Not valid for groups domiciled in the state of Washington.

\*\*LASIK and PRK correction procedures are provided by the U.S. Laser Network, owned by LCA-Vision. Members must first call 1-877-552-7376 for the nearest laser facility and to receive authorization for the discount.

**Plan Limitations/Exclusions:**

- Orthoptic or vision training, subnormal vision aids, and any associated supplemental testing
- Medical and/or surgical treatment of the eye, eyes, or supporting structures
- Corrective eyewear required by an employer as a condition of employment and safety eyewear
- Services provided as a result of any Worker's Compensation law
- Plano non-prescription lenses and non-prescription sunglasses (except for 20% discount)

Visit [eyemedvisioncare.com/deltadental](http://eyemedvisioncare.com/deltadental) for provider information, plan details and a printable ID card.

- For a listing of providers, please visit [www.eyemedvisioncare.com/deltadental](http://www.eyemedvisioncare.com/deltadental) or call 1-866-246-9041.
- **Customer Care Center Hours:**  
Monday through Saturday, 6:00 am to 9:00 pm MT  
Sunday, 9:00 am to 6:00 pm MT
- This benefit is available to all subscribers and eligible dependents.

- For a listing of providers, please visit [www.eyemedvisioncare.com/deltadental](http://www.eyemedvisioncare.com/deltadental) or call 1-866-246-9041.
- **Customer Care Center Hours:**  
Monday through Saturday, 6:00 am to 9:00 pm MT  
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