Optional Dental Benefits

Good for your Health and Your Wallet

University of Colorado Boulder recognizes that good dental health is important to overall health and is pleased to offer students and their eligible dependents the option to enroll in this dental benefit option.

Did you know over 100 severe medical conditions and illnesses can be detected and treated by a dental examination of the mouth, throat and neck? With dental benefits, which promote regular visits to the dentist, serious oral health problems can be detected early and treated more economically. A healthy mouth promotes better general health and well-being.

The dental benefits provide coverage for preventive care, basic and restorative care.

ELIGIBILITY: Participants must be enrolled in the Basic Plan in order to enroll in this Optional Dental Benefit.

ENROLL TODAY! Just enroll online, remit payment and present your Student Insurance Identification Card to your dental health care provider.

Eligibility, Termination and Effective Dates of coverage under this optional dental coverage are the same as the medical coverage.

PREMIUM	ANNUAL (or any part thereof, no pro-ration)
Student	$353.00
Add to Student Premium	
Spouse/domestic partner	$328.00
Per Child	$391.00

BENEFIT OVERVIEW	
Policy Year Benefit Maximum	$1,000
Policy Year Deductible per Covered Person	$50
Preventive Service Covered Percent	100%
Basic Service Covered Percent	80%
Major Service Covered Percent	50%
Orthodontic Service	Not Covered

PARTIAL LIST OF PLAN PROVISIONS	
PREVENTIVE (Not subject to Policy Year Deductible)	**BENEFIT**
Oral examinations*	100%
Cleanings, including scaling and polishing* Adult/Child	100%
Fluoride *	100%
Sealants (permanent molars only)*	100%
Full mouth series X-rays * / Bitewing X-rays	100%
Space maintainers	100%
BASIC	
Root canal therapy, with X-rays and cultures Anterior teeth/ bicuspid teeth	80% 80%
Amalgam (silver) fillings /Composite fillings (Anterior teeth only)	80%
Stainless steel crowns	80%
Scaling and root planing*	80%
Uncomplicated extraction of erupted teeth	80%
MAJOR	
Root canal therapy, with X-rays and cultures	50%
Osseous surgery*	50%
Surgical removal of impacted tooth (partial bony/full bony)	50%
General anesthesia/intravenous sedation	50%
Inlays/Onlays/Crowns	50%
Full & partial dentures	50%
Denture repairs	50%
Pontics	50%

DENTAL EXCLUSIONS

Orthodontic services for which treatment began prior to the policy are excluded; and any gold foil restoration, gold fillings, inlays, crowns, bridges, cosmetic procedures and dentures are excluded.

No benefits will be paid for expenses incurred for broken appointments or for care or treatment of a condition for which you are entitled to or eligible for benefits under any Worker's Compensation Act or similar act.

DENTAL LIMITATIONS

- Two (2) of each of the following per Policy Year: Oral Exams
- One (1) of each of the following per Policy Year: Bitewing X-rays, Topical Fluoride applications, Pulp Vitality test
- One (1) full mouth X-ray every three years

Benefits for fluoride applications and space maintainers are available only to participants under the age of 19.

** Frequency and/or age limitations may apply to these services. These limits are described in the Master Policy.*

NOTE: This material is for information only. The Optional Dental benefits contain exclusions and limitations. Not all dental services are covered. The Company does not provide care or guarantee access to dental services. Limitations, Exclusions and Definitions are outlined in the Master Policy.

CLICK HERE TO ENROLL