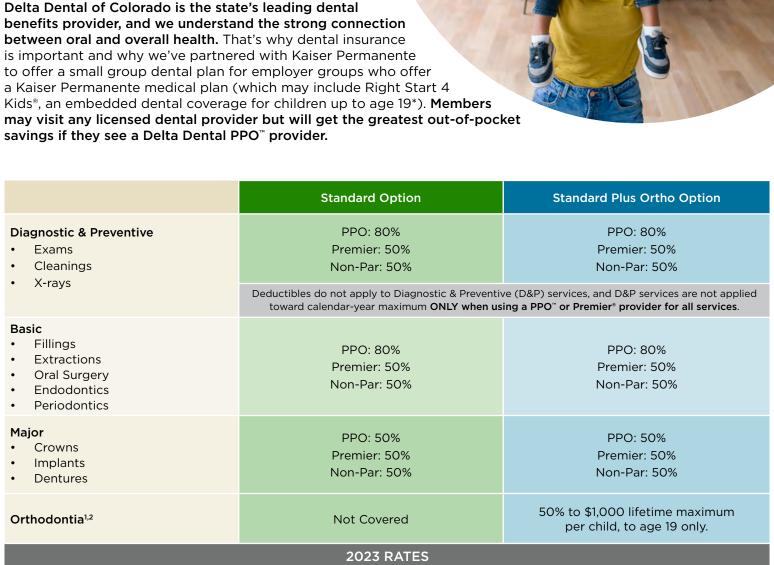
△ DELTA DENTAL®

KAISER PERMANENTE®

Delta Dental of Colorado Small Group Dental Plans— 11671



		per crind, to age 15 orny.
2023 RATES		
	No Ortho	Ortho
Employee	\$25.63	\$25.63
Employee + Spouse	\$54.75	\$54.75
Employee + Child(ren)	\$55.64	\$63.43
Employee + Family	\$84.70	\$99.94

Deductible	Individual: \$50 Family: \$150	
Maximum	\$1,000	

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PLAN NOTES

*Please contact your Kaiser Permanente sales representative to confirm your medical plan includes embedded dental coverage for children up to age 19.

The charts on the previous page provide 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.

All maximums are on a calendar-year basis.

Limitations are per person.

- ¹Six-month waiting period may apply. Group must have at least five enrolled employees to offer orthodontia. Please contact your sales representative for details.
- ² Deductible does not apply to orthodontia benefit option.

RIGHT START 4 KIDS®

