

Dental & Vision



Dental

Cherry Creek Schools offers two dental insurance plans through Delta Dental of Colorado. Register as a member at www.deltadentalco.com to view your claims and other benefit information. You can also print an ID card from the site.

	PPO (Preferred Option)		EPO
	PPO Dentist	Premier and Non-Participating	PPO Dentist
Annual Deductible	None	\$50 per plan year; limit 3 per family; deductible applies to all services	None
Annual Benefit Maximum	\$1,500		None
Orthodontic Lifetime Maximum	\$1,500	\$1,500	None
Preventive Services Exams, Cleanings, X-rays	100%	80% after deductible	No copay
Basic Services Fillings, Root Canal Therapy, Oral Surgery	80%	50% after deductible	Copays vary
Major Services Extractions, Crowns, Bridgework, Dentures	50% (implants included)	50% after deductible (implants included)	Copays vary (implants excluded)
Orthodontic Services (Dependent children under age 19)	50%; no adult orthodontia	50%; no adult orthodontia	\$668 – \$2,203; additional copays may apply; all eligible enrollees covered

Vision

Vision coverage is provided by Vision Service Plan (VSP). This coverage offers benefits including covered annual eye exams and affordable options for prescription glasses or contacts. To see if the provider of your choice is in the VSP Choice Network or to print a Member Vision Card, visit www.vsp.com.

	Frequency	In-Network (Choice Network)	Out-of-Network (any qualified non-network provider of your choice)
Eye Examination	Once every 12 months	\$15 copay	Up to \$45
Lenses			
Polycarbonate lenses for children	Once every 12 months	\$15 materials copay	N/A
Single Vision Lenses Lined Bifocal Lenses Lined Trifocal Lenses	Once every 12 months	\$15 materials copay	Single Vision - Up to \$30 Lined Bifocal - Up to \$50 Lined Trifocals - Up to \$65
Progressive Lenses	Once every 12 months	Standard - \$0 Premium - \$95 – \$105 Custom - \$150 – \$175	Standard - Up to \$50 Premium - Up to \$50 Custom - Up to \$50
Frames	Once every 24 months	\$150 allowance \$80 allowance at Costco 20% off amount over allowance	Up to \$70
Contact Exam - Fitting, Evaluation	Once every 12 months	Up to \$60 copay	Up to \$60 copay
Contact Lenses - If you elect contacts instead of lenses/frames	Once every 12 months	\$150 allowance; materials copay does not apply	Up to \$105