

Delta Dental & Devoted Health Provider Program Summary - Colorado

Benefits outlined in this summary represent 2024 calendar year benefits for Devoted Health Medicare Advantage plan beneficiaries in Colorado.

About the program

Delta Dental Insurance Company* has partnered with Devoted Health** to provide covered supplemental dental services to Devoted Health members. Devoted Health Medicare Advantage plan dental benefits vary based on their service area (or county) and plan design. We have compiled a brief summary of plans, preventive and comprehensive services along with coverage limits for your review. Please log in to Provider Tools for greater detail.

Services and contacts

You have many resources available to help you provide quality care:

- You can call **855-251-9742** or log in to **Provider Tools** on **deltadentalins.com** for plan confirmation and to view comprehensive information about member benefits.
- You can **subscribe to a monthly newsletter** and **visit the FYI blog** for updates on Provider Tools enhancements, up-to-date guidance on dental and health legislation, the latest news in the dental field and so much more.

Claims submissions	Member services contacts	
Delta Dental Claims Department Delta Dental Insurance Company P.O. Box 1809 Alpharetta, GA 30023 Or submit online via Provider Tools	Member services phone	855-251-9742; TTY 711 Monday through Friday, 8 am to 8 pm
	Delta Dental dentist directory	www1.deltadentalins.com/devoted

*Delta Dental herein refers to Delta Dental Insurance Company.

**Devoted Health is an HMO and/or PPO plan with a Medicare contract. Devoted Health D-SNPs also have contracts with State Medicaid programs. Enrollment in Devoted Health plans depends on contract renewal.



Dental benefit overview

Members have a calendar year maximum for covered supplemental dental services and each service has a specific limit (e.g., maximum allowance, number of procedures and/or frequency of services). For most plans, preventive dental services do not count toward the calendar year maximum. See the detailed plan summary for more information.

The annual calendar maximums vary by plan and are outlined below in the Plan Summaries section for easy reference. The costs of all covered supplemental dental services cannot exceed the plan benefit maximum in a calendar year (excluding preventive services where preventive services don't apply to annual maximums).

Plan summaries – Colorado

Plan name	Devoted CORE Colorado (HMO-POS)	Devoted DUAL Colorado (HMO-POS D-SNP)	Devoted CORE Colorado (HMO-POS)	Devoted DUAL Colorado (HMO-POS D-SNP)
Contract plan	H7147 - 001 - 000	H7147 - 003 - 000	H7147 - 004 - 000	H7147 - 007 - 000
Dental preventive maximum	No limit	No limit	No limit	No limit
Network coverage	In- and out-of-network coverage	In- and out-of-network coverage	In- and out-of-network coverage	In- and out-of-network coverage
Oral exams	\$0 / \$0	\$0 / \$0	\$0 / \$0	\$0 / \$0
Prophylaxis cleaning	\$0 / \$0	\$0 / \$0	\$0 / \$0	\$0 / \$0
Fluoride treatment	\$0 / \$0	\$0 / \$0	\$0 / \$0	\$0 / \$0
X-rays	\$0 / \$0	\$0 / \$0	\$0 / \$0	\$0 / \$0
Non-surgical periodontics	\$0 / \$0	\$0 / \$0	\$0 / \$0	\$0 / \$0
Comprehensive annual maximum	\$3,000	\$5,000	\$4,000	\$5,000
Network coverage	In- and out-of-network coverage	In- and out-of-network coverage	In- and out-of-network coverage	In- and out-of-network coverage
Complex oral surgery	\$0 / 20%	\$0 / 20%	\$0 / 20%	\$0 / 20%
Non-routine services	\$0 / 20%	\$0 / 20%	\$0 / 20%	\$0 / 20%
Restorative services	\$0 / 20%	\$0 / 20%	\$0 / 20%	\$0 / 20%
Endodontic services	\$0 / 20%	\$0 / 20%	\$0 / 20%	\$0 / 20%
Surgical periodontics	\$0 / 20%	\$0 / 20%	\$0 / 20%	\$0 / 20%
Extractions	\$0 / 20%	\$0 / 20%	\$0 / 20%	\$0 / 20%
Implants	Not covered	Not covered	Not covered	Not covered



Plan summaries - Colorado, continued

Plan name	Devoted GIVEBACK Colorado (HMO-POS)	Devoted CHOICE Colorado (PPO)	Devoted CHOICE Colorado (PPO)	Devoted CHOICE GIVEBACK Colorado (PPO)
Contract plan	H7147 - 005 - 000	H4808 - 001 - 000	H4808 - 002 - 000	H4808 - 003 - 000
Dental preventive maximum	\$1,000 shared limit	No limit	No limit	\$1,000 shared limit
Network coverage	In- and out-of-network coverage	In- and out-of-network coverage	In- and out-of-network coverage	In- and out-of-network coverage
Oral exams	\$0 / \$0	\$0 / \$0	\$0 / \$0	\$0 / \$0
Prophylaxis cleaning	\$0 / \$0	\$0 / \$0	\$0 / \$0	\$0 / \$0
Fluoride treatment	\$0 / \$0	\$0 / \$0	\$0 / \$0	\$0 / \$0
X-rays	\$0 / \$0	\$0 / \$0	\$0 / \$0	\$0 / \$0
Non-surgical periodontics	\$0 / \$0	\$0 / \$0	\$0 / \$0	\$0 / \$0
Comprehensive annual maximum	\$1,000 shared limit	\$3,000	\$4,000	\$1,000 shared limit
Network coverage	In- and out-of-network coverage	In- and out-of-network coverage	In- and out-of-network coverage	In- and out-of-network coverage
Complex oral surgery	Not covered	\$0 / 50%	\$0 / 50%	Not covered
Non-routine services	\$0 / 20%	\$0 / 50%	\$0 / 50%	\$0 / 50%
Restorative services	\$0 / 20%	\$0 / 50%	\$0 / 50%	\$0 / 50%
Endodontic services	Not covered	\$0 / 50%	\$0 / 50%	Not covered
Surgical periodontics	Not covered	\$0 / 50%	\$0 / 50%	Not covered
Extractions	\$0 / 20%	\$0 / 50%	\$0 / 50%	\$0 / 50%
Implants	Not covered	Not covered	Not covered	Not covered

Delta Dental is a registered trademark of Delta Dental Plans Association.

Our Delta Dental enterprise includes these companies in these states: Delta Dental of California – CA, Delta Dental of the District of Columbia – DC, Delta Dental of Pennsylvania – PA & MD, Delta Dental of West Virginia, Inc. – WV, Delta Dental of Delaware, Inc. – DE, Delta Dental of New York, Inc. – NY, Delta Dental Insurance Company – AL, DC, FL, GA, LA, MS, MT, NV, TX and UT.

