



**Colorado Dental Association Benefit Plan**  
**2010 CDA Benefit Plan Information**  
**Group # 22202992**

Description	Medical Deductible			
	Individual In Network / Out of Network	Family In Network / Out of Network	Coinsurance* In Network / Out of Network	Rx Benefits: Generic / Brand Formulary / Nonformulary / Self Admin inj (except insulin)
CDABP 1,250	\$1,250 / \$2,500	\$3,750 / \$7,500	80% / 60%	\$15/\$50/\$65/30%
CDABP 2500 HDHP	\$2,500 / \$5,000	\$5,000 / \$10,000	80% / 60%	Subject to Medical Deductible
CDABP 3000	\$3,000 / \$6,000	\$9,000 / \$18,000	70% / 50%	\$15/\$50/\$65/30%
CDABP 5000	\$5,000 / \$10,000	\$15,000 / \$30,000	70% / 50%	\$1,000 ded, then Plan pays 70%
CDABP 10,000	\$10,000 / \$20,000	\$20,000 / \$40,000	70% / 50%	Subject to Medical Deductible
Outlook PPO Plan (medically underwritten)	\$1,500	\$3,000	70% / 50%	\$15/\$40/\$55/30%

Out-of-Pocket Maximum		
	Individual In Network / Out of Network	Family In Network / Out of Network
CDABP 1,250	\$3,125 + Deductible & Copay / \$7,500 + Deductible	\$7,500 + Deductible & Copay / \$14,000 + Deductible
CDABP 2500 HDHP	\$5,000 / \$10,000 (Only limited benefits not subject to deductible)	\$10,000 / \$20,000 (Only limited benefits not subject to deductible)
CDABP 3000	\$7,000 + Deductible & Copay / \$14,000 + Deductible	\$14,000 + Deductible & Copay / \$28,000 + Deductible
CDABP 5000	\$10,000 + Deductible & Copay / \$20,000 + Deductible	\$20,000 + Deductible & Copay / \$40,000 + Deductible
CDABP 10,000	\$20,000 + Deductible & Copay / \$40,000 + Deductible	\$20,000 + Deductible & Copay / \$40,000 + Deductible
Outlook PPO Plan (medically underwritten)	\$3,000 + Deductible & Copay / \$7,000 + Deductible	\$6,000 + Deductible & Copay / \$14,000 + Deductible

Network providers across the nation – Rocky Mountain ASO Solutions for Colorado and PHCS outside of Colorado

\* Coinsurance is the % the Plan pays after you meet your deductible