

Maximum Allowable Charge (MAC)

A feature of Delta Dental PPO™



With the Delta Dental MAC plan, a feature of Delta Dental PPO, you and your family members may visit any licensed provider. However, you will receive the greatest out-of-pocket savings if you see a Delta Dental PPO provider. Claims are paid according to the PPO fee schedule (maximum allowable charge), meaning you will pay more when you select a non-PPO provider.

Advantages of the Delta Dental MAC PPO Plan:

- SAVINGS:** Reduced fees agreed to by Delta Dental PPO providers mean the lowest out-of-pocket costs with protection from balance-billing. You can also ask your provider to submit a pre-determination estimate. Delta Dental will review the treatment plan and tell your provider how much you'd be responsible for so you'll have a clear understanding of cost prior to treatment.
- CHOICE:** If you select a Delta Dental Premier® provider, you'll still save money but will pay any difference between the Premier fee and the PPO fee. And when choosing to see a non-participating provider, you'll have the highest out-of-pocket expenses and will be balance-billed.
- NETWORK:** Delta Dental is the nation's largest provider of dental insurance, covering more than 85 million Americans, and offering the largest dental network with more than 113,000 participating PPO providers nationwide. Network providers file claims directly with Delta Dental on your behalf and accept Delta Dental's reimbursement in full.

Savings Example for a Major Procedure*

	Procedure Cost	Maximum Allowed Fees	PPO Fee	Percentage Paid by Delta Dental	Amount Delta Dental Pays	Total Amount You Pay
PPO Network	\$1,200	\$850	\$850	50%	\$425	\$425
Premier** Network	\$1,200	\$975	\$850	50%	\$425	\$550
Out of Network**	\$1,200	Unlimited	\$850	50%	\$425	\$775+

*NOTE: Payment examples above are for illustration purpose only. Check your specific plan for fees, coinsurance rates, and what procedures are considered major, as they differ from plan to plan. Example assumes deductible has been met.

** Not protected from balance-billing.

It pays to use Delta Dental network providers — especially those in our PPO network. To find a participating provider or to see if your current provider is in the network, visit our website at deltadentalco.com and use the Find a Dentist search tool.

You can also contact our customer service department, Monday–Friday 7:30 a.m. to 5 p.m. Mountain Time, at customer_service@ddpco.com or 1-800-610-0201 (toll-free).

Delta Dental of Colorado Retiree Dental Plans for PERA, Group #11869

You are enrolled in a MAC (Maximum Allowable Charge) PPO™ plan. Reimbursement is paid at the Delta Dental PPO allowance. While you may visit any licensed dentist, you will see the greatest savings when you choose a PPO dentist. If you see a Premier dentist, you will be responsible for the difference between the PPO dentist's allowable fee and the fee from the Premier Maximum Plan Allowance (MPA). If you see a dentist who is not a member of the Delta Dental networks, you will be responsible for the difference between the PPO dentist's allowable fee and the full charges you are billed.

To find out if your dentist is in the Delta Dental network or for other questions, visit us online at deltadentalco.com or contact customer service at 1-800-610-0201 (toll-free) or customer_service@ddpco.com.

Maximum Allowable Charge (MAC), a feature of Delta Dental PPO™	
Calendar-Year Annual Maximum	\$2,000 per person, combination of in- and out-of-network
Orthodontic Lifetime Maximum	\$1,500 per person, combination of in- and out-of-network
Deductible per Person per Contract Year	\$100 per individual and \$200 per family, combination of in- and out-of-network
Who Can Be Covered	Employee, lawful spouse, and dependent children
PREVENTIVE SERVICES	
Oral Exams Limited to 2 in a calendar year	Delta Dental pays 100% of PPO dentist's allowable fee. Deductibles do not apply to Diagnostic & Preventive Services and with Prevention First, these services do not count against your calendar-year maximum.
Cleanings Limited to 2 in a calendar year	
Fluoride Treatment Limited to 1 in a calendar year, for children age 15 and under	
Space Maintainers For children age 13 and under	
Sealants Limited to 1 per tooth in a 36 month period, for children age 14 and under	
Full-mouth / Panoramic X-rays Limited to 1 in 36-months	
Bitewing X-rays Limited to 2 in a calendar year	
BASIC SERVICES	
Fillings (Composite/Amalgam) Limited to 1 per tooth in a 12-month period	Delta Dental pays 80% of PPO dentist's allowable fee after deductible is met.
Surgical Extractions	
General Anesthesia	
Periodontics (Gum Disease Treatment) Limited to 1 per quadrant in a 36-month period	
Endodontics (Root Canals)	
MAJOR SERVICES	
Crowns Limited to 1 per tooth in a 60-month period for individuals 12 years and older	Delta Dental pays 50% of PPO dentist's allowable fee after deductible is met.
Dentures, Partials, Bridges Limited to 1 per tooth in a 60-month period for individuals 16 years and older	
Implants Limited to 1 per tooth in a 60-month period for individuals 16 years and older	
ORTHODONTICS	
Orthodontic Evaluation	Delta Dental pays 50% of PPO dentist's allowable fee. Deductible does not apply.
Orthodontic Treatment	

Important Note: This form provides only a brief description of services covered under your contract and does not list those services that are limited or excluded from coverage. Your employee benefit booklet provides a more complete explanation of your coverage, including limitations and exclusions. If differences exist between this summary of benefits and your employee benefit booklet, the benefit booklet will govern.