

## Delta Dental MAC PPO PLAN

### EL PASO COUNTY – GROUP # 12104 – LOW PLAN

MAXIMUM BENEFIT Calendar Year Maximum			\$1,000 per individual, per calendar year	
CALENDAR YEAR DEDUCTIBLE Applies to Basic and Major			Individual Deductible - \$ 50.00 Family Deductible -     \$150.00	
PREVENTION FIRST			Included – Covered Diagnostic & Preventative services do not count toward your calendar year maximum	
PPO Dentist	PREMIER Dentist	OON Dentist	COVERED SERVICES	BENEFIT INFORMATION
DIAGNOSTIC AND PREVENTIVE SERVICES				
100%	80%	80%	Oral Exams and Cleanings	Twice each in a calendar year. Two additional cleanings may be covered for those with a documented EBD condition.*
			Sealants	Once per tooth per 36-month period – permanent molars teeth through age 15
			Bitewing X-Rays	Limited to one set per calendar year
			Full Mouth X-Rays	Limited to one per 60 consecutive months
			Fluoride	Two per calendar year; through age 15
			Space Maintainers	Limited to covered persons through age 15 and limited to initial appliance only (once per lifetime)
BASIC SERVICES - Deductible Applies				
80%	60%	60%	Fillings (amalgam and composite)	Once per tooth in a 12-month period.
			Simple Extraction	
			Oral Surgery/Anesthesia	
MAJOR SERVICES - Deductible Applies				
50%	30%	30%	Endodontics (root canal)	
			Periodontics	
			Crowns	Not a benefit under age 12
			Implants	Not a benefit under age 16
			Dentures/Bridges	Once every 60 months, not a benefit under age 16
ORTHODONTICS – NOT COVERED				
0%	0%	0%		

You are enrolled in MAC PPO plan. The Maximum Allowable Charge (MAC) plan is a feature of Delta Dental PPO that will help you save on out-of-pocket costs. While you may visit any licensed dentist, you will receive the greatest savings when you choose a PPO dentist.

If you do not see a PPO dentist, and your dentist charges more than the PPO dentist's Allowable Fee, you will be responsible for the excess charges. If you see a Premier dentist, you will be responsible for the difference between the PPO dentists Allowable Fee and the fee from the Premier Maximum Plan Allowance (MPA). If you see an out-of-network dentist, you will be responsible for the difference between the PPO dentist's Allowable Fee and the full charges you are billed.

Open Enrollment applies. Members may add coverage once per year.

This is a brief description of services covered under your dental plan. Please refer to the Employee Benefit Booklet for full plan details. If differences exist between this summary and the Employee Benefit Booklet, the Employee Benefit Booklet will govern.

\*Evidence Based Dentistry (EBD) allows for two additional cleanings for members with diabetes with documented gum conditions, pregnancy with documented gum conditions, cardiovascular disease with documented gum conditions, kidney failure with dialysis, and suppressed immune system due to chemotherapy or radiation treatment, HIV positive status, organ transplant or stem cell (bone marrow) transplant.

# 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](https://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](mailto:customer_service@ddpco.com) or 1-800-610-0201 (toll-free).

[deltadentalco.com](https://deltadentalco.com)

