



Delta Dental MAC PPO Plan Employer Paid Standalone - Option 2

MAXIMUM BENEFIT Calendar Year		\$2,000 per person Combination of in and out-of-network	
CALENDAR YEAR DEDUCTIBLE Applies to Basic and Major only		Individual Deductible- \$ 50.00 Combination of in and out-of-network Family Deductible - \$150.00 Combination of in and out-of-network	
WHO CAN BE COVERED		Employee, Spouse and Dependent children to age 25	
PPO*	NON-PPO Premier & Non-Par	COVERED SERVICES	BENEFIT INFORMATION (subject to Delta Dental guidelines)
PREVENTIVE AND DIAGNOSTIC SERVICES			
100%	100%	Oral Evaluation	Limited to 2 evaluations in a 12-month period
		Bitewing X-rays	Limited to 1 set in a 12-month period
		Full Mouth X-rays or Panoramic	Limited to 1 in a 60-month period
		Routine Cleaning	Limited to 2 cleanings in a 12-month period
		Fluoride Treatments	Limited to 1 treatment in a 12-month period under age 16
		Space Maintainers	For premature loss of baby teeth only under age 14
		Sealants	1 per tooth in 36 months under age 15 on unrestored permanent molars
BASIC SERVICES (Fillings, Endodontics (Root Canal), Periodontics (Gum Disease) and Oral Surgery (extractions))			
80%	80%	Amalgam Fillings	Benefits on the same surface limited to 1 in 12 months
		Resin, Composite	Benefit for anterior teeth only allowance for amalgam on posterior teeth
		Oral Surgery (Extractions)	
		General Anesthesia	Benefit with covered oral surgery only
		Surgical Periodontal (gums)	Benefit once every 36 months
		Root Canal Therapy	
MAJOR SERVICES (Crowns, Bridges, Partials, Dentures)			
50%	50%	Crowns	Benefit 1 in 60 months on same tooth, not a benefit under age 12
		Dental Implants	
		Dentures, Partials, Bridges	Benefit 1 in 60 months, not a benefit under age 16

*If a member does not use a PPO dentist, and the dentist charges more than the PPO Dentist’s allowable fee, the member will be responsible for any excess. If the member sees a Premier Dentist, the member is responsible for the difference between the PPO Dentist’s Allowable Fee and the fee from the Premier Maximum Plan Allowance. If the member sees a non-participating dentist, the member is responsible for the difference between the PPO Dentist’s Allowable Fee and the billed charges.

To Find a Dentist- www.deltadentalco.com Customer Service Phone- (303) 741 9305 or (800) 610-0201.

LATE ENROLLMENT BENEFIT RESTRICTION: There is no annual open enrollment period for dental. Those who do not enroll in the dental plan when initially eligible, or re-enroll, will be considered “Late Enrollees” and will be subject to a 12 month waiting period on Basic and Major Services. The "Late Enrollee" penalty does not apply to those covered by another group dental plan who enroll within 31 days of loss of the other dental coverage and to children who are enrolled on any anniversary prior to the 4th birthday.

Important Note: This form provides only a brief description of services covered under your contract and does not list those services which 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.