

Calendar-year Deductible	\$25	Deductible applies to Basic and Major services. Family deductible amount is three times the individual deductible.
Annual Maximum Benefit	\$1,500	Per member, per calendar year.
Prevention First	Included	When you see a PPO dentist for all services, covered Diagnostic & Preventive services do not count toward your annual maximum.
Dependent Age for Dental Benefits	Age 26	
Orthodontics Included?	Not included	
Orthodontic Lifetime Maximum	Not included	

Network	Delta Dental PPO Dentist	Delta Dental Premier <sup>®</sup> Dentist	Non-Participating Dentist	Benefit Limitations
<b>Diagnostic &amp; Preventive Services</b>				
Oral Exams and Cleanings	100%	80%	80%	Once each in a 6-month period
Sealants	100%	80%	80%	Once per tooth for permanent molars in children up to age 19 in a 36-month period
Bitewing X-rays	100%	80%	80%	Once in a 12-month period
Full-mouth X-rays	100%	80%	80%	Once in a 60-month period
Fluoride	100%	80%	80%	Once in a 12-month period up to age 19
Space Maintainers	100%	80%	80%	Children up to age 19
<b>Basic Services</b>				
Fillings	100%	80%	80%	Once per tooth in a 24-month period, composite (white) fillings on front teeth only
Simple Extractions	100%	80%	80%	
<b>Major Services (12-month waiting period applies)</b>				
Oral Surgery	50%	50%	50%	
Implants, Crowns	50%	50%	50%	Once per tooth in an 84-month period
Dentures, Bridges	50%	50%	50%	Only a benefit to replace a functioning, natural tooth that was extracted while the patient was covered under this plan
Endodontics/Periodontics	50%	50%	50%	

You are enrolled in a special PPO plan—a 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 see the greatest savings when you choose a PPO dentist. **This plan is ACA-certified and has an out-of-pocket maximum for children up to age 19 of \$350 (one child) and \$700 (two or more). The out-of-pocket maximum does not include orthodontia (if covered).**

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 dentist's Allowable Fee and the fee from the Premier Maximum Plan Allowance (MPA). If you see a non-participating dentist, you will be responsible for the difference between the PPO dentist's Allowable Fee and the full charges you are billed.

This plan has annual open enrollment. Members are allowed to enroll or switch between plans during open enrollment. Benefit waiting periods apply.

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.

Delta Dental of Colorado Customer Service: 1-800-610-0201 | customer\_service@ddpco.com. Find us online at [deltadentalco.com](http://deltadentalco.com).