



MAC (Maximum Allowable Charge)

a Feature of Delta Dental PPOSM

Gunnison Watershed School District RE-1J – Group # 7417

Summary of Benefits

Calendar-year Deductible	\$50 – Individual \$150 – Family	Applies to Basic and Major services only
Calendar-year Maximum	\$1,000	Per Individual
Orthodontic Lifetime Maximum	Not Included	
Prevention First	Included	When you see a PPO or Premier® provider for all services, covered Diagnostic & Preventive services do not count toward your calendar-year maximum.

Network	Delta Dental PPO Dentist	Delta Dental Premier Dentist	Non-Participating Dentist	Benefit Limitations
Diagnostic & Preventive Services				
Oral Exams & Cleanings	100%	90%	90%	Once each in a 6-month period
Sealants	100%	90%	90%	Once per tooth for permanent molars in children through age 14 in a 36-month period
Bitewing X-Rays	100%	90%	90%	Once in a 12-month period
Full-mouth X-rays	100%	90%	90%	Once in a 60-month period
Fluoride	100%	90%	90%	Twice in a 12-month period, through age 15
Space Maintainers	100%	90%	90%	Children through age 13
Basic Services				
Fillings	80%	80%	80%	Once per tooth in a 24-month period; amalgam fillings on back teeth; composite (white) fillings on front teeth
Simple Extractions	80%	80%	80%	
Major Services				
Oral Surgery	50%	50%	50%	
Endodontics/Periodontics	50%	50%	50%	
Denture Repair/Reline	50%	50%	50%	
Crowns, Implants	50%	50%	50%	Once per tooth in a 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
Orthodontic Services	Not Included	Not Included	Not Included	

You are enrolled in 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. You may visit any licensed provider, but you will receive the greatest savings when you choose a PPO provider.

If you do not see a PPO provider, and your provider charges more than the PPO provider’s Allowable Fee, you will be responsible for the excess charges. If you see a Premier provider, you will be responsible for the difference between the PPO provider’s Allowable Fee and the fee from the Premier Maximum Plan Allowance (MPA). If you see a non-participating provider, you will be responsible for the difference between the PPO provider’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 the 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.