

# 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 80 million Americans, and offering the largest dental network with approximately 114,000 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 8 a.m. to 6 p.m. Mountain Time, at [customer\\_service@ddpco.com](mailto:customer_service@ddpco.com) or 1-800-610-0201 (toll-free).



Calendar-year Deductible	\$50 – Individual \$150 – Family	Applies to Basic and Major services only
Calendar-year Maximum	\$1,000	Per Individual
Orthodontic Lifetime Maximum	\$1,000	
Prevention First	Not Included	

Network	Delta Dental PPO™ Provider	Delta Dental Premier® Provider	Non-Participating Provider	Benefit Limitations
<b>Diagnostic &amp; Preventive Services</b>				
Oral Exams & Cleanings	100%	50%	50%	2 per calendar year; up to 2 additional cleanings with any documented Evidence-Based Dentistry (EBD) condition
Limited Oral Evaluation – Problem Focused	100%	50%	50%	2 per calendar year (in addition to Oral Exam)
Screenings	100%	50%	50%	2 per calendar year (in addition to Oral Exam)
Sealants	100%	50%	50%	1 per tooth (permanent posterior molars) in any 3 year period through age 19
Bitewing X-Rays	100%	50%	50%	1 set (any number of films) per calendar year (includes vertical Bitewing X-Ray)
Full-mouth X-Rays	100%	50%	50%	1 per 5 years unless documentation of special need; Full-mouth or Panoramic X-Ray covered
Fluoride	100%	50%	50%	2 per calendar year, no age limitation
Space Maintainers	100%	50%	50%	1 per quadrant per lifetime (to include unilateral or bilateral) to maintain space for eruption of permanent posterior teeth through age 19
<b>Basic Services</b>				
Fillings	80%	50%	50%	Posterior Composites: 1 per tooth and surface per 5 years
Oral Surgery	80%	50%	50%	
Endodontics/Periodontics	80%	50%	50%	Periodontal Cleanings: 4 maintenance cleanings per year (not to exceed 4 cleanings per year)
Anesthesia Services	80%	50%	50%	General, IV Sedation or Analgesia (nitrous oxide) – Up to 1 hour covered with Endodontics, Periodontal Surgery, Surgical Implant Placement, and Oral Surgery
<b>Major Services</b>				
Denture Repair/Reline	50%	40%	40%	1 per 3 years per appliance
Crowns, Implants	50%	40%	40%	Crowns: 1 per 7 years; not a benefit under age 12 Implants: 1 per 7 years; not a benefit under age 16
Dentures, Bridges	50%	40%	40%	1 per 7 years; not a benefit under age 16
Occlusal Guards	50%	40%	40%	1 per 5 years; adjustments covered 1 per year following 6 months of initial placement
<b>Orthodontic Services 12 Month Waiting Period</b>	50%	50%	50%	No age limit; \$1,000 lifetime maximum Paid on a yearly basis (50% at banding, 50% one year later)

You are enrolled in a PPO reimbursement plan. Reimbursement for all providers is based on the PPO contracted fee. 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.

# Delta Dental of Colorado Underwriting Guidelines Small Group (2-99 Enrolled Employees)

## GENERAL INFORMATION

Proposed rates are for the effective date stated on the Rate Summary page. Final rates and whether coverage will be issued are subject to underwriting review. Underwriting reserves the right to re-evaluate rates based on any factors used to develop rates.

- Quoted rates are valid for 2-99 enrolled employees.
- One or two-year rate guarantee available for each employer group.
- Company must be headquartered in Colorado.
- Broker commissions: Refer to proposal for commission information. There is a flat rate of 10% for Patient Freedom plans.
- Declined Industry Codes include: SIC/NAICS Civic Social Clubs 8641/813410, Private Households 8811/814110, Nonclassifiable 9999.

## PLAN INFORMATION

- Dual Choice options are available for groups with 25-99 enrolled employees. The plan will revert to stand-alone plan/rates at renewal if enrollment drops to only one plan.
- Adult orthodontia is available for groups of 25 or more enrolled employees (adult orthodontia not available for Patient Freedom plans).
  - There is a 12-month waiting period for orthodontia on all Small Group Direct Voluntary plans. Waiting periods may be removed if group had prior coverage.

## ENROLLMENT & ELIGIBILITY

- Open enrollment: Members may add dental coverage once a year. No late entrants.
- Employee eligibility is determined by the group. Standard is first of the month following three months or the same as medical.

## EMPLOYER CONTRIBUTION & PARTICIPATION\*

- Contributory: At least 50% employer contribution for the single employee premium with the greater of two or 50% of all eligible employees enrolled.
- Voluntary: 0-49% employer contribution for the single employee premium with the greater of two or 20% of all eligible employees enrolled.

## PAYMENT & BILLING

- Payment by ACH is required for all groups with less than 10 enrolled employees and is encouraged for all other groups.
- Delta Dental of Colorado will bill the group electronically on a monthly basis.

## SUBMIT THE FOLLOWING TO ENROLL A GROUP:

- Original quote\*\*
- Group application form\*\*
- Group Health Plan Certification form
- ACH Authorization form
- Website Authorization form\*\*
- Proof of prior coverage (if applicable)
- Federal wage and tax Schedule C
- Enrollment forms

\* Patient Freedom plans require participation from the greater of two or 20% of all eligible employees.

\*\* Form is available at [deltadentalco.com](http://deltadentalco.com) for completion and submission.

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## SEND ALL COMPLETED FORMS AND PAYMENT TO:

Delta Dental of Colorado  
Attn: Sales & Client Services  
6465 Greenwood Plaza Blvd., Ste 900  
Centennial, Colorado 80111

Phone: 303-741-9300, ext. 3300 | Fax: 303-741-4233 | Email: [salesteam@ddpco.com](mailto:salesteam@ddpco.com)