

Delta Dental PPOSM MAC Plan

The dentist you choose can affect your out-of-pocket costs. **To save the most money, visit a Delta Dental PPOSM Network Dentist** (see the example to the right for a preventive care procedure).

Delta Dental PPO SM Network Dentist	
Billed Charge	\$200
PPO Allowed Fee	\$120
Plan Pays 100% of PPO Fee	-\$120
You Pay	\$0

Delta Dental Premier [®] Network Dentist	
Billed Charge	\$200
Premier Allowed Fee	\$160
Plan Pays 100% of PPO Fee	-\$120
You Pay	\$40

Out-of-Network Dentist	
Billed Charge	\$200
Plan Pays 100% of PPO Fee	-\$120
You Pay	\$80

Benefit Highlights	Delta Dental PPO SM Network	Delta Dental Premier [®] Network	Out-of-Network
	Based on applicable PPO SM Maximum Allowable Charge. Cannot bill more than allowed PPO fee.	Based on applicable PPO SM Maximum Allowable Charge. Will bill difference between allowed PPO and Premier fees.	Based on applicable PPO SM Maximum Allowable Charge. Will bill difference between allowed PPO fee and billed charge.
Diagnostic and Preventive Services <ul style="list-style-type: none"> Oral examinations, twice in any benefit period Dental prophylaxis (cleaning), twice in any benefit period Topical fluoride treatments for dependent children under age 19, twice in any benefit period Periapical x-rays, as required Bitewing x-rays, one set per benefit period Full-mouth x-rays, once in 5 years Emergency palliative treatment Sealants for dependent children under age 16, once in 3 years 	100%	100%	100%
Basic Services <ul style="list-style-type: none"> Bridge repairs and recement Crown repairs and recement Denture repairs and adjustments Endodontics Fillings Non-Surgical Periodontics Periodontal maintenance, twice in any benefit period Simple extractions Space maintainers for dependent children under age 19, once in 3 years 	80%	80%	80%
Major Services <ul style="list-style-type: none"> Bridge, once in 5 years Crowns, inlays, onlays, once in 5 years Dentures, once in 5 years General anesthesia Oral surgery Stainless steel crowns Surgical extractions (including extraction of impacted teeth) Surgical periodontics 	50%	50%	50%
Orthodontia <ul style="list-style-type: none"> Orthodontia for dependent children under age 19 	50% up to \$1,000 lifetime maximum No deductible	50% up to \$1,000 lifetime maximum No deductible	50% up to \$1,000 lifetime maximum No deductible
Calendar Year Deductible (applies to Basic and Major Services only)	\$50 individual / \$150 family limit		
Calendar Year Benefit Maximum	\$1,500 per person		
MAX^{Advantage}	Charges for exams, cleanings, x-rays and fluoride treatment will not be deducted from the annual benefit maximum		
Dependent Age Limit: 26			

This is intended to be a summary only. If a discrepancy occurs the Summary Plan Document will govern. Please refer to your Summary Plan Description (SPD) for a more complete listing of services including plan limitations and exclusions.

Active Bi-Weekly Premiums - Group # 1655-3000	
Employee Only	N/A
Employee Plus One	\$17.45
Family	\$29.34

COBRA Monthly Premiums - Group # 1655-3001	
COBRA Participant Only	N/A
COBRA Participant Plus One Dependent*	\$38.56
COBRA Participant Plus Family*	\$64.84

*Includes Domestic Partner

About Your Plan

This plan gives you the freedom to visit the dentist of your choice and to select any dentist on a treatment by treatment basis. However, **there are advantages to visiting a dentist in the Delta Dental PPOSM Network**. All benefit payments under this plan are based on an amount equal to the Maximum Allowable Charge (Maximum Allowable Charge is the lesser of the billed charge or the applicable amount under the Delta Dental PPOSM fee schedule). Since Delta Dental PPOSM Network dentists accept this fee schedule, you will usually pay a lower amount for services.

DELTA DENTAL PPOSM NETWORK

This select network of dentists includes more than 293,000 dental offices nationwide. You may pay less out-of-pocket when care is received from a Delta Dental PPOSM Network dentist. These dentists agree to:

- **Accept payment based on the applicable Delta Dental PPOSM Maximum Allowable Charge** – under this network you are protected from balance billing.
- Submit dental claims for members and abide by Delta Dental's policies.
- Charge members only their deductible, co-insurance, and costs for non-covered services at the time of visit because Delta Dental pays the dentist directly.

Your out-of-pocket expenses will be lowest when you see a Delta Dental PPOSM dentist.

DELTA DENTAL PREMIER[®] NETWORK

Delta Dental Premier[®] offers the largest network of dentists in the country, with more than 368,000 office locations. These dentists have participating agreements with Delta Dental which require them to:

- **Accept payment based on the applicable Delta Dental Premier[®] Maximum Allowable Charge** – these dentists agree to accept this as payment in full. This means you are only responsible for the difference between the applicable Delta Dental Premier[®] fee schedule and the Delta Dental PPOSM Maximum Allowable Charge.
- Submit dental claims for members and abide by Delta Dental's policies.
- Charge members their deductible, co-insurance, and costs for non-covered services at the time of visit.

OUT-OF-NETWORK DENTIST

If you receive services from an out-of-network dentist (does not participate in either Delta Dental network):

- You may be asked to pay up front and file your own claim.
- Delta Dental's benefit payment will be made directly to you.
- Benefit payments will be based on the Delta Dental PPOSM Maximum Allowable Charge.
- You will be responsible for the full difference between the dentist's charge and Delta Dental PPOSM Maximum Allowable Charge.

Your out-of-pocket expenses are typically higher when you receive care from an out-of-network dentist.

Locating a Participating Dentist

To find out if your dentist participates in the Delta Dental PPOSM network or to select a Delta Dental PPOSM network dentist in your area:

- Ask your dentist if he or she participates in the **Delta Dental PPOSM Network**
- Search on-line at www.deltadentalmo.com, or
- Call Delta Dental customer service at **1-800-335-8266**

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Orthodontia <ul style="list-style-type: none"> Not covered 	N/A	N/A	N/A
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Calendar Year Benefit Maximum	\$1,500 per person		
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Employee Only	\$ 8.59
Employee Plus One	\$15.99
Family	\$23.39

COBRA Monthly Premiums - Group #1655-4001	
COBRA Participant Only	\$18.98
COBRA Participant Plus One Dependent*	\$35.34
COBRA Participant Plus Family*	\$51.69

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