

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 Plan Highlights ¹	Delta Dental PPO SM Network	Delta Dental Premier [®] Network	Out-of-Network
	Based on applicable PPO 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 Maximum Allowable Charge. Will bill difference between allowed PPO fee and billed charge.
Diagnostic and Preventive Services <ul style="list-style-type: none"> Oral exams (all types), twice per calendar year Dental prophylaxis (cleaning), twice per calendar year Fluoride, once per calendar year to age 19 Bitewing x-rays, as required Sealants to age 19, once per tooth every 5 years, limited to non-decayed first and second permanent molars Space maintainers for prematurely lost teeth of eligible dependent under age 16, once in 5 years, except for accidental injuries Emergency palliative treatment 	100%	100%	100%
Basic Services <ul style="list-style-type: none"> Full-mouth x-rays, once every 36 month period Fillings, composite (white) on anterior (front) teeth, amalgam (silver) on posterior (back) teeth Simple and surgical extractions Nonsurgical and surgical Periodontics Endodontics General anesthesia 	90%	80%	80%
Major Services <ul style="list-style-type: none"> Crowns, inlays and onlays, once in 5 years Oral surgery (excluding extractions covered under Basic Services) 	60%	50%	50%
Orthodontic Services For dependents who begin treatment while covered on this plan, covered to age 19	50%	50%	50%
Calendar Year Deductible (applies to Basic and Major Services only)	\$25 individual / \$75 family limit	\$50 family limit / \$150 family limit	
Orthodontic Lifetime Maximum	\$1,500 per eligible dependent		
Calendar Year Benefit Maximum	\$2,000 per person		
MAXAdvantage	Charges for exams, cleanings, x-rays, and fluoride treatments do not apply towards the annual benefit maximum.		
Dependent Age Limit: 26, end of calendar year			

- 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.

¹ This is intended to be a summary only. Please refer to your Summary Plan Description (SPD) for a more complete listing of services, including plan limitations and exclusions. If a discrepancy occurs, the SPD will govern.

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 a 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**