

## MAC (Maximum Allowable Charge)

### A Feature of Delta Dental PPO

#### THE SALAD COLLECTIVE, LLC – LOW PLAN – Group # 12334

MAXIMUM BENEFIT Calendar Year Maximum			\$1,000 per member, per calendar year	
CALENDAR YEAR DEDUCTIBLE Applies to Basic and Major Services			Individual Deductible – \$50.00 Combination of in and out-of-network Family Deductible – \$150.00 Combination of in and out-of-network	
PPO Dentist	PREMIER Dentist	NON-PAR Dentist	COVERED SERVICES	BENEFIT INFORMATION (subject to Delta Dental guidelines)
DIAGNOSTIC AND PREVENTIVE SERVICES				
100%	100%	100%	Oral Exams and Cleanings	Twice each in a calendar year. Two additional cleanings may be covered for those with a documented EBD condition.
			Sealants	Once per molar in a 3-year period through age 19
			Bitewing X-Rays	Once in a calendar year
			Full Mouth / Pano X-Rays	Once in a 5-year period
			Fluoride	Twice in a calendar year for covered children and adults
			Space Maintainers	One per quadrant, per lifetime to maintain space for eruption of permanent posterior teeth, through age 19
BASIC SERVICES				
50%	50%	50%	Fillings (Composite or Amalgam)	Once per tooth in a 5-year period
			Simple and Complex Extractions	
			Oral Surgery	
			Endodontics / Periodontics	D4910 (perio maintenance) is covered 4 per calendar year with prior documented perio treatment
MAJOR SERVICES – Not Covered				
0%	0%	0%	Occlusal Guards	
			Crowns, Implants	
			Dentures, Bridges	
ORTHODONTICS – Not Covered				
0%	0%	0%		

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 receive the greatest savings when you choose a PPO dentist.

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.

Open enrollment applies. Members may add coverage once per year.

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.

# 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).