

**Delta Dental MAC Plan
Denver Health & Hospital Authority Low Plan – Group #587**

Calendar Year Maximum	\$1,500.00	Per Individual
Orthodontic Lifetime Maximum	\$1,000.00	Per Individual- for dependent children to age 19.
Who Can Be Covered?	Employee, Spouse and dependent Children to age 26. Orthodontics for dependent children to age 19.	

PPO DENTIST	PREMIER DENTIST	NON-PAR DENTIST	COVERED SERVICES	BENEFIT INFORMATION (SUBJECT TO DELTA DENTAL GUIDELINES)
DIAGNOSTIC AND PREVENTATIVE				
100%	*100%	*100%	Oral Exams	2 times in a calendar year
			Routine Cleanings	2 times in a calendar year. Two additional cleanings available per year for members with periodontal treatment.
			Sealants	Once per tooth in 36 months for permanent molars in children through age 14
			Bitewing X-Rays	2 times in a calendar year
			Full-mouth X-rays	Once in a 36-month period
			Fluoride	2 times in a calendar year, through age 15
			Space Maintainers	For posterior primary teeth, through age 13
BASIC SERVICES				
50%	*50%	*50%	Fillings	Once per tooth in a 12-month period; amalgam fillings on back teeth; composite (white) fillings on front teeth only
			Oral Surgery/Extractions	Includes local anesthesia and routine post-op care, which are not covered separately
			Endodontics	
			Periodontics	
MAJOR SERVICES				
40%	*40%	*40%	Implants	Once per tooth in a 60-month period; not covered for children under 16
			Crowns	Once per tooth in a 60-month period; not covered for children under 12
			Dentures, Bridges	Once in a 60-month period, only when existing prosthesis cannot be made serviceable. Fixed bridges or removable partials are not a benefit for children under age 16.
ORTHODONTIC SERVICES				
50%	*50%	*50%	Comprehensive Orthodontic Treatment for dependent children to age 19.	

You are enrolled in a MAC (Maximum Allowable Charge) PPO™ plan. Reimbursement is paid at the Delta Dental PPO allowance.

While you may visit any licensed dentist, you will see the greatest savings when you choose a PPO dentist.

*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 dentist who is not a member of the Delta Dental networks, 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 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.