DELTA DENTAL

The Denver Fire Retiree Dental Plan #7984
Effective 1/1/2027
MAC PPO Plan (Medium & High) Delta Dental PPO plus Premier™ (Premier)

Rates are valid through 12/31/2026

	Medium Option (MAC PPO)**	High Option (MAC PPO)**	Premier Option (PPO+Premier)***
Annual Maximum (contract year): combined in and out-of-network (plan includes Prevention First)	$1,000	$1,500	$2,000
Deductible (contract year): combined in and out-of-network *(Per person, applies to all services)*	$75	$75	$50
COVERED SERVICES			
Type 1 Preventive Services - DO NOT APPLY TO PLAN MAXIMUM **Exams** oral *(2 per calendar year)* **Cleanings** *(2 per calendar year)* **Flouride Treatments** *(2 per calendar year, no age limitation)* **Space Maintainers** *(through age 19)* **Bitewing X-rays** *(1 set per calendar year)* **Sealants** *(1 per tooth in any 3 calendar year period through age 19)*	**80%**	**100%**	**100%**
Type 2 Basic Services **X-rays** *(full-mouth/panoramic - 1 per 5 calendar years)* **Simple Extractions** **Fillings-Amalgam or Composite** (*1 per tooth and surface per 5 calendar years*)	**60%**	**60%**	**60%**
Type 3A Major Services: 12-month waiting period* **Gum Disease Treatment** **Root Canals** **Surgical Extractions** **General anesthesia** **Denture relines and rebases, adjustments** *(1 per 3 calendar years per appliance)* **Repairs to crowns, dentures and bridges**	**40%**	**50%**	**50%**
Type 3B Major Services: 24-month waiting period* **Special Restorative** **Crowns** *(1 per 7 calendar years per tooth; not a benefit under age 12)* **Complete and partial dentures** *(1 per 7 calendar years; not a benefit under age 16)* **Fixed Bridgework** *(1 per 7 calendar years; not a benefit under age 16)* **Occlusal Guard** (*1 per 5 calendar years*)	40%	**50%**	**50%**
Implants (*1 per 7 calendar years; not a benefit under age 16*)	**Not Covered**	**Not Covered**	**50%**
Rates			
Employee Only	$24.27	$39.52	$49.94
Employee and 1 Dependent	$46.11	$75.10	$94.88
Employee and 2 or more Dependents	$66.56	$105.32	$133.05

***** Waiting periods are waived for retirees that enroll within 60 days of retirement

Plan Design: ** Medium and High plans = Delta Dental PPO - Voluntary MAC (Maximum Allowable Charge) Reimbursement is paid at the Delta Dental PPO Allowance. If you see a Delta Dental Premier® or non-participating dentist, you will incur additional out-of-pocket expenses. *** **Premier plan =** Delta Dental Voluntary PPO + Premier. PPO and Premier reimbursement is based on the PPO or Premier Maximum Plan Allowance (MPA). Non-participating reimbursement is based on the non-participating Maximum Plan Allowance and members are responsible for the difference between the non-participating MPA and the full fee charged.

Who can be covered: Retiree as defined by the employer, spouse and dependent children to age 26.

When does coverage expire: Coverage will only be terminated at the request of the member or upon non-payment of premium. If the retiree dies, the spouse can continue coverage as long as the spouse was covered in the retiree dental plan before the death of the retiree and continues to pay premium.

Ongoing Retiree Program: Group's Benefit Administrator will offer Delta Dental to all retirees during their exit interview.