

Delta Dental PPO *Plus Premier*[®] Voluntary Enhanced Plan

The Delta Dental PPO *Plus Premier* Enhanced Plan is primarily an employee-paid dental plan that will enable you and your family to enjoy the benefits of quality, affordable dental care from dentists in Massachusetts and across the country.

The approximate level of coverage for services performed by dentists who participate in the Delta Dental PPO or Delta Dental Premier networks is shown below. Any limitations that may exist for each service are also indicated. The limitations reflect the availability of coverage only. It is up to you and your dentist to determine the need and frequency of dental procedures. Please see the backside of this document for information about how to use your plan.

Deductible: \$50 per individual / \$150 per family. Deductible waived for Diagnostic and Preventive categories. Calendar Year Maximum: \$1,000 per person.		Co-insurance Coverage	
Category / Procedure	Qualifications	In-Network	Out-Of-Network
Diagnostic		100%	100%
Comprehensive Evaluation	Once every 60 months per dentist.		
Periodic Oral Exam	Once every 6 months.		
Full Mouth X-rays	Once every 60 months.		
Bitewing X-rays	Once every 6 months.		
Single Tooth X-rays	As needed.		
Preventive		100%	100%
Teeth Cleaning	Once every 6 months.		
Fluoride Treatments	Once every 6 months for members under age 19.		
Space Maintainers	Required due to the premature loss of teeth. For members under age 14 and not for the replacement of primary or permanent anterior teeth.		
Sealants	Unrestored permanent molars, every 4 years per tooth for members through age 15. Sealants are also covered for members aged 16 up to age 19 for those who had a recent cavity and are at risk for decay.		
Chlorhexidine Mouthrinse	This is a covered benefit only when administered and dispensed in the dentist's office following scaling and root planing.		
Fluoride Toothpaste	This is a covered benefit only when administered and dispensed in the dentist's office following periodontal surgery.		
Periodontal Cleaning	Once every 3 months following active periodontal treatment. Not to be combined with preventive cleanings.		
Restorative		80%	80%
Silver Fillings	Once every 24 months per surface per tooth.		
White Fillings (Front Teeth)	Once every 24 months per surface per tooth.		
White Fillings (Back Teeth)	Covered only for single surfaces. Once every 24 months per surface, per tooth, multi-surfaces will be processed as a silver filling and the patient is responsible up to the submitted charge.		
Temporary Fillings	Once per tooth.		
Stainless Steel Crowns	Once every 24 months per tooth.		
Oral Surgery		80%	80%
Simple Extractions	Once per tooth.		
Surgical Extractions	Once per tooth.		
Periodontics		80%	80%
Periodontal Scaling and Root Planing	Once in 24 months, per quadrant.		
Endodontics		80%	80%
Root Canal Treatment	Once per tooth.		
Vital Pulpotomy	Limited to baby teeth.		
Prosthetic Maintenance		80%	80%
Bridge or Denture Repair	Once within 12 months, same repair.		
Rebase or Reline of Dentures	Once within 36 months.		
Recement of Crowns & Onlays	Once per tooth.		
Emergency Dental Care		80%	80%
Minor treatment for Pain Relief	Three occurrences in 12 months.		
General Anesthesia	Allowed with covered surgical services only.		
Prosthodontics		50%	50%
Dentures	Once within 60 months.		
Fixed Bridges and Crowns	When part of a bridge. Once within 60 months		
Implants	An Endosteal Implant is covered to replace one missing tooth (in lieu of a three unit bridge, and when all adjacent teeth do not require crowns.) Once per 60 months per Implant.		
Major Restorative		50%	50%
Crowns	When teeth cannot be restored with regular fillings. Once within 60 months per tooth		
Orthodontics:			
Covered at 50% of Maximum Plan Allowance charges to age 19. \$1,000 separate lifetime maximum. This is for groups with 20 or more covered employees.			
Dependent Eligibility:			
Dependents are eligible to age 26.			
Rollover Max:			
This plan is eligible for <i>Rollover Max</i> . Visit www.deltadentalma.com/pdf/07/rollovermax.pdf for rules and details.			

Choosing a Dentist

As a **Delta Dental PPO *Plus Premier* Enhanced Plan** member, you benefit from having access to two of Delta Dental's extensive national networks — **Delta Dental PPO**, with more than 268,000 participating dentist locations and **Delta Dental Premier**, the largest dental network in the country with more than 341,000 dentist locations. You will enjoy great benefits when you receive your dental care from a participating dentist in either of these networks.

- You will enjoy the greatest out-of-pocket savings when visiting **Delta Dental PPO** network dentists.
- You will receive good value from **Delta Dental Premier** network dentists who generally accept discounted fees, but will be subject to the out-of-network co-insurance level shown above.
- Both networks offer discounted fees and a no balance-billing policy

If you choose to receive services from a non-participating dentist, you will have higher out-of-pocket costs as the Delta Dental contract rates and no balance-billing policy **do not apply**.

Visit www.deltadentalma.com to find a participating dentist in your area.

Identification Cards

Two identification cards from Delta Dental will be mailed to your home shortly after your enrollment. Both cards are issued in the subscriber's name, but can be used by everyone covered under the Delta Dental PPO *Plus Premier* Enhanced Plan. Simply provide your dentist with the information that is printed on your ID card at your next dental office visit.

The Claims Process for Delta Dental PPO or Delta Dental Premier Participating Dentists

- Simply provide your dentist with the information that is printed on your ID card.
- The dentist will submit your claim and be paid directly by Delta Dental.
- If you have a patient responsibility, Delta Dental will send you an Explanation of Benefits (EOB) detailing what Delta Dental paid the dentist under your plan's coverage and your remaining patient balance, which you pay directly to the dentist.
- You are responsible for any co-payments and deductibles.
- If you receive a treatment that is not covered under your plan, you may be billed at the dentist's normal rate rather than Delta Dental's contracted rate. **Also, if you receive a treatment after you have exhausted your maximum or if you receive a treatment which will cause you to exceed your maximum, you may be billed at the dentist's normal rate rather than Delta Dental's contracted rate.** To avoid any unexpected out-of-pocket expenses, we recommend that you visit Delta Dental's website at www.deltadentalma.com or call Customer Service at 1-800-872-0500 to determine your remaining benefits.

About Non-Participating Dentists and Out-of-Network Coverage

Your Delta Dental PPO *Plus Premier* Enhanced Plan provides coverage for services received from dentists who don't participate in the Delta Dental PPO or Delta Dental Premier networks. However, your out-of-pocket expenses may be more.

Delta Dental's payment for services received from non-participating dentists is based on either the dentist's fee or the maximum plan allowance for non-participating dentists, whichever is lower. If you utilize the services of a non-participating dentist whose fees are higher than the maximum plan allowance, you will be responsible for the difference between Delta Dental's payment and the dentist's total submitted charges.

The Claims Process for Non-Participating Dentists

- Simply provide your dentist with the information that is printed on your ID card. Your dentist will collect his/her fees directly from you.
- Delta Dental will reimburse you based on a claim form that you submit to: Delta Dental, P.O. Box 2907, Milwaukee, WI 53201-2907.
- You are responsible for paying any deductibles or co-payments as well as the difference between what Delta Dental pays and what the dentist charges.

Coordination of Benefits

If your family is covered by more than one dental plan (or a medical plan that offers dental coverage), Delta Dental will coordinate benefits with the other carrier. In determining coverage, total payments from both carriers cannot exceed the allowable charge for service. If you have a question about Coordination of Benefits (COB), please contact our Customer Service Department at 1-800-872-0500.

Other Claims Information

- All claims must be submitted within one year.
- Ask your dentist to submit a "pre-treatment estimate" to Delta Dental for any procedure that exceeds \$300. This will enable us to help you estimate any out-of-pocket expenses you may incur.
- If you receive a treatment that is not covered under your plan, you may be billed at the dentist's normal rate rather than Delta Dental's negotiated rate. **Also, if you receive a treatment after you have exhausted your maximum or if you receive a treatment which will cause you to exceed your maximum, you may be billed at the dentist's normal rate rather than Delta Dental's negotiated rate.** To avoid any unexpected out-of-pocket expenses, we recommend that you visit Delta Dental's website at

www.deltadentalma.com or call Customer Service at 1-800-872-0500 to determine your remaining benefits.

- If a claim is denied, you can request an appeal by writing to Delta Dental within 180 days of receiving notice on the claim. Appeals should be sent to: Delta Dental of Massachusetts, P.O. Box 2907, Milwaukee, WI 53201-2907.
- Under your plan's subrogation clause, you may be required to reimburse Delta Dental for claim payments if you also receive payment from a third party who is held liable for an injury that required the dental care.

Where To Get More Information

If you have further questions, please contact Delta Dental's Customer Service department at **1-800-872-0500**.

At your request, Interpreter and translation services related to administrative procedures are available to you or a covered family member.

خدمات ترجمة فورية/ترجمة
في حالة طلبكم نقوم بتوفير مترجمين وخدمات ترجمة تتعلق بالإجراءات الإدارية.

អ្នកបកប្រែ ឬកិច្ចការបកប្រែ
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翻譯服務
如果您提出要求,我們可以為您提供相關的行政禮節的翻譯服務。

Services de traduction et d'interprétariat.
Les services de traduction et d'interprétariat en connexion avec les procédures administratives sont disponibles sur demande.

Услуги устного/письменного перевода.
По Вашему требованию будут предоставлены услуги устного и письменного перевода, связанные с административными процедурами.

Sèvis Entèprèt ak TradiskyonSi w mande sèvis entèprèt ak tradiskyon pou prosede administratif, nap mete yo a dispozisyon ou.

Servizi di interpretariato e traduzioneA richiesta, sono disponibili servizi di interpretariato e traduzione relazionati con pratiche amministrative.

ບໍລິການແປພາສາ ແລະ ນາຍພາສາ
ຕາມທີ່ທ່ານຂໍມາ, ພວກເຮົາມີບໍລິການນາຍ ແປພາສາ ແລະ
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Servicos de tradutor(a)/interprete Se assim o solicitar, estou disponiveis servicos de traducao e interpretacao para os procedimentos administrativos.

Υπηρεσίες Διερμηνεία/Μεταφραστή
Μετά από αίτησή σας, υπηρεσίες διερμηνεία και μεταφραστή σχετικά με διοικητικές διαδικασίες είναι στη διάθεσή σας.

Servicios de interpretación/traducción Si usted lo solicita, se encuentran a su disposición servicios de interpretación y traducción para asistirle en procedimientos administrativos.



Your Plan is Administered by:
Delta Dental of Massachusetts
(800) 872-0500
www.deltadentalma.com

465 Medford Street
Boston, MA 02129

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