DELTA DENTAL

# 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.<br>**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 for the difference between the silver filling and the Delta Dental negotiated fee for white fillings, where permitted by state law. In other states, the patient may be responsible for paying up to the provider's full submitted charge for white fillings. | | |
| 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 *Rollover Max*. 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 274,000 participating dentist locations and **Delta Dental Premier**, the largest dental network in the country with more than 338,000 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.
- Both networks offer discounted fees and a no balance-billing policy

## Choosing a Dentist cont'd...

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**.

Delta Dental members can also take advantage of expanded discounts on many covered services, even after they have used up their benefit dollars, visit limits and other situations. Get the details at http://deltadentalma.com/members/discounts-on-covered-services/.

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. 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. 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**.

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

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

**អ្នកបកប្រែ ឬកិច្ចការបកប្រែ**
**បើអ្នកស្នើឱ្យមានអ្នកបកប្រែ និងកិច្ចការបកប្រែ ដែលជាប់ទាក់ទងទៅនឹង**
**វិធីចាត់ចែងការ យើងមានផ្តល់ជូន ។**

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 tradiksyon 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 ບາຍພາສາ**
**ຕາມທີ່ທ່ານຂໍມາ, ພວກເຮົາມີບໍລິການບາຍ ແປພາສາ ແລະ**
**ການແປພາສາທີ່ກ່ຽວກັບຂັ້ນຕອນການບໍລິການໃຫ້ທ່ານແລະ ສມາຊິກໃນຄອບຄົວຂອງທ່ານ**

Servicos de tradutor(a)/interprete Se assim o solicitar, estao disponiveis servicos de traducao e interpretacao para os procedimentos administrativos.

**Υπηρεσίες Διερμηνέα/Μεταφραστή**
**Μετά από αίτησή σας, υπηρεσίες διερμηνέα 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.

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DELTA DENTAL®

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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SP655 Vol Enh Plan A - Ortho (3.19)

# Delta Dental PPO *Plus Premier*

## Nondiscrimination Notice

Delta Dental of Massachusetts complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Delta Dental of Massachusetts does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Delta Dental of Massachusetts:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, and accessible electronic formats)

- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, visit: http://www.deltadentalma.com or call the number on your member ID card.

If you believe that Delta Dental of Massachusetts has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Ugonna Onyekwu
Civil Rights Coordinator
Compliance Department
465 Medford Street
Boston, MA 02129
Fax: 617-886-1390
Phone: 617-886-1683
Email: FairTreatment@greatdentalplans.com
TTY: 711

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Ugonna Onyekwu is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html. You can file a complaint electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

*View our Notice of Privacy Practices at http://bit.ly/ddnpp*

*Delta Dental of Massachusetts PPO and Premier insurance products are offered by Dental Service of Massachusetts, Inc. Delta Dental of Massachusetts EPO and DeltaCare insurance products are offered DSM Massachusetts Insurance Company, Inc.*

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-872-0500 (TTY: 1-844-233-4524).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-872-0500 (TTY: 1-844-233-4524).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-872-0500 (TTY: 1-844-233-4524)。

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-872-0500 (TTY: 1-844-233-4524).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-872-0500 (TTY: 1-844-233-4524).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-872-0500 (TTY: 1-844-233-4524).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-872-0500 (TTY: 1-844-233-4524).

ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតឈ្នួល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1-800-872-0500 (TTY: 1-844-233-4524).។

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-872-0500 (TTY: 1-844-233-4524).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-872-0500 (TTY: 1-844-233-4524).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-872-0500 (TTY: 1-844-233-4524).번으로 전화해 주십시오.

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-800-872-0500 (TTY: 1-844-233-4524).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-872-0500 (TTY: 1-844-233-4524).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-872-0500 (TTY: 1-844-233-4524). पर कॉल करें।

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિઃશુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-872-0500 (TTY: 1-844-233-4524).

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