

The Delta Dental Individual and Family - PPO Value for Seniors plan is designed to help you maintain good oral health — providing you with national coverage for preventive and diagnostic care and significant discounts on other dental services when you see a participating Massachusetts dentist in the Delta Dental PPO Network. This document contains a list of available services under this plan. To obtain the exact fees for any of the available procedures, contact the Customer Service department at 1-800-872-0500. You will need to have your dentist’s office ZIP code available.

Advantages

No claim forms—When you go to a Delta Dental PPO network provider, there are no claim forms for you or your family to complete. Simply provide your dentist with the information that is printed on your ID card, and make your applicable patient payment.

No balance billing—In Massachusetts, Delta Dental PPO participating dentists agree to accept our discounted fee for minor and major restorative services as full payment.

No Waiting Periods—Your benefits begin immediately, and there are no exclusions for pre-existing conditions. The only exception is work in progress- dental expenses incurred in connection with any dental procedure started prior to coverage with Delta Dental Individual and Family - PPO Value for Seniors are excluded.

In-Network Coverage

In-network diagnostic and preventive services are covered nationwide at 100% — which means that you won’t have any additional out-of-pocket costs for those procedures nationwide when visiting a Delta Dental PPO participating dentist.

In-network minor and major restorative services are available to you at negotiated discounted rates in Massachusetts — Members receive negotiated discounted rates on services like fillings, crowns, and root canals when visiting a Delta Dental PPO participating dentist in Massachusetts. Members are responsible for 100% of the cost of these services.

Delta Dental Individual and Family - PPO Value for Seniors Plan Questions and Answers

Q. What is Delta Dental Individual and Family - PPO Value for Seniors?

A. The Delta Dental Individual and Family - PPO Value for Seniors plan provides members with financial savings when receiving care from participating dentists.

Q. How do I know if my dentist participates in this plan?

A. Delta Dental has several dental programs and not all dentists participate in all Delta Dental programs. Only dentists who participate in the Delta Dental PPO Network are considered participating dentists for this plan. If your dentist does not participate in the Delta Dental PPO Network, please see the **Out-of-Network Coverage** section for more details.

Q. Does Delta Dental Individual and Family - PPO Value for Seniors provide access for specialty services?

A. YES. Delta Dental Individual and Family - PPO Value for Seniors maintains a panel of specialists. Should you require specialty services, you may select a specialist from the Delta Dental PPO network. **There is no discount on services received from a specialist outside of Massachusetts.**

This chart shows an example of your potential cost savings with Delta Dental Individual and Family - PPO Value for Seniors. It takes into account one average year of dental care.

	Dentist's Usual Fee*	Fee You Pay with Delta Dental Individual and Family - PPO Value for Seniors (ZIP Code 02138)**	Member Savings
Preventive & Diagnostic Services: Cleaning, oral exam, bitewing X-rays***	\$504.00	\$0.00	\$504.00
Restorative: Two surface silver filling	\$196.00	\$110.00	\$86.00
		Potential Member Savings**	\$590.00

* *Dentist's Usual Fee is for illustrative purposes only. Costs will vary by dentist and geographic area.*

** *Fees vary depending on your dentist's geographic location. Call customer service for fees at your dentist. Example for Delta Dental PPO network participating dentist only.*

*** *Cleanings and oral exams covered once every six months.*

To find a participating dentist for Delta Dental Individual and Family - PPO Value for Seniors:

Visit www.deltadentalma.com and on the Find a Dentist screen, click the box for Delta Dental PPO, or call customer service at 1-800-872-0500

Out-of-Network Coverage

Out-of-network diagnostic and preventive services — If you visit a dentist that does not participate in the national Delta Dental PPO Network, you will be covered for diagnostic and preventive services **only**. For these services, you will be covered up to 80% of the lesser of the maximum fee allowance or the dentist’s charge.

If you receive diagnostic and preventive services from a non-participating dentist, you may be responsible for paying the dentist directly and submitting a claim form to Delta Dental for reimbursement.

Out-of-network minor and major restorative services — minor and major restorative services are only discounted when provided by a dentist located in Massachusetts that participates with the Delta Dental PPO network.

Delta Dental Individual and Family - PPO Value for Seniors

Effective January 1, 2019

List of Available Services

The following Diagnostic or Preventive Services are covered at 100% when performed by a Delta Dental national PPO

DIAGNOSTIC SERVICES

- D0120 Periodic oral evaluation (once every 6 months)
- D0140 Limited oral evaluation problem focused
- D0145 Oral evaluation for patient under three years of age
- D0150 Comprehensive oral evaluation (once every 60 months)
- D0160 Detailed and extensive oral evaluation - problem focused
- D0170 Re-Evaluation - limited problem focused
- D0171 Re-Evaluation - post operative office visit
- D0180 Comprehensive periodontal evaluation - new or established patient (once every 60 months)
- D0210 Full-mouth X ray series (once every 60 months)
- D0220 Single X ray (covered as needed)
- D0230 Additional X ray (covered as needed)
- D0270 Single bitewing X ray (once every 6 months)
- D0272 Two bitewing X rays (once every 6 months)
- D0273 Bitewings - three films (once every 6 months)
- D0274 Four bitewing X rays (once every 6 months)
- D0277 Vertical bitewing series (7 to 8 films)
- D0330 Panoramic X ray (once every 60 months)
- D0999 Unspecified diagnostic procedure, by report**

** This code may be used for reimbursing Chlorhexidine and prescription strength fluoride toothpaste only when dispensed by a dentist in his or her office. There is no fee for the member.

PREVENTIVE SERVICES

- D1110 Adult cleaning (once every 6 months)
- D1120 Child cleaning (once every 6 months)
- D1206 Topical fluoride varnish; therapeutic application for moderate to high caries risk patients (to age 19)
- D1208 Topical application of fluoride (to age 19)
- D1351 Sealants - Once per tooth per 48 months on the occlusal surface of permanent first and second molars for patients up to age 16. Sealants are also covered to age 19 on molars for patients at risk for decay
- D1352 Preventive resin restoration in permanent tooth for moderate to high caries risk patients
- D1353 Sealant Repair - per tooth
- D1510 Space maintainer - fixed, unilateral
- D1516 Space maintainer - fixed - bilateral, maxillary
- D1517 Space maintainer - fixed - bilateral, mandibular
- D1520 Space maintainer - removable, unilateral
- D1526 Space maintainer - removable - bilateral, maxillary
- D1527 Space maintainer - removable - bilateral, mandibular
- D1555 Removal of fixed space maintainer
- D1575 Distal shoe space maintainer - fixed - unilateral
- D4910 Periodontal cleaning (once per 3 months)

The following services are available at negotiated discounted rates when performed by a Delta Dental PPO participating Massachusetts dentist. Members are responsible for 100% of the cost of these services. To obtain fees for any of these procedures, call 1-800-872-0500. Be prepared to provide the ZIP code of your dentist's office.

MINOR RESTORATIVE SERVICES

- D2140 One surface silver filling: permanent tooth
- D2150 Two surface silver filling: permanent tooth
- D2160 Three surface silver filling: permanent tooth
- D2161 Four or five surface silver filling: permanent tooth
- D2330 One surface white filling: front tooth

- D2331 Two surface white filling: front tooth
- D2332 Three surface white filling: front tooth
- D2335 Resin-based white - four or more surfaces or involving incisal angle (front)
- D2391 One surface white filling: back tooth

MAJOR RESTORATIVE SERVICES

- D2740 Crown - porcelain/ceramic substrate
- D2750 Crown - porcelain fused to high noble metal
- D2751 Crown - porcelain fused to predominantly base metal
- D2752 Crown - porcelain fused to noble metal
- D2780 Crown - 3/4 cast high noble metal
- D2781 Crown - 3/4 cast high predominantly base metal
- D2782 Crown - 3/4 cast metal
- D2783 Crown - 3/4 porcelain/ceramic
- D2790 Crown - full cast high noble metal
- D2791 Crown - full cast predominantly base metal
- D2792 Crown - full cast noble metal
- D2910 Recement inlay
- D2920 Recement crown
- D2929 Prefabricated porcelain/ceramic crown - primary tooth
- D2930 Prefabricated stainless steel crown - primary tooth
- D2931 Prefabricated stainless steel crown - permanent tooth
- D2932 Prefabricated resin crown
- D2940 Sedative filling
- D2950 Core buildup, including any pins
- D2951 Pin retention - per tooth, in addition to restoration
- D2952 Cast post and core in addition to crown
- D2954 Prefabricated post and core in addition to crown

ENDODONTIC SERVICES

- D3220 Pulp removal on baby tooth
- D3221 Gross pulpal debridement primary and permanent teeth
- D3222 Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development
- D3310 Root canal treatment: front tooth
- D3320 Root canal treatment: bicuspid tooth
- D3330 Root canal treatment: molar tooth
- D3410 Surgical root canal treatment: front tooth
- D3426 Surgical root canal treatment: each additional tooth

PERIODONTIC SERVICES

- D4210 Gum surgery: gingivectomy, per quadrant 1
- D4211 Gum surgery: gingivectomy, per tooth
- D4240 Gum surgery: flap procedure
- D4241 Gingival flap procedures, including root planing - one to three teeth, per quadrant
- D4260 Bone surgery
- D4261 Osseous surgery (including flap entry and closure) - one to three teeth, per quadrant
- D4274 Distal or proximal wedge procedure¹
- D4341 Periodontal scaling and root planing, per quadrant
- D4342 Periodontal scaling and root planing - one to three teeth, per quadrant
- D4346 Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation

REMOVEABLE PROSTHODONTICS

- D5110 Complete denture, upper
- D5120 Complete denture, lower
- D5130 Immediate denture, upper
- D5140 Immediate denture, lower
- D5211 Upper partial denture: resin
- D5212 Lower partial denture: resin
- D5213 Upper partial denture: metal

List of Available Services (continued)

- D5214 Lower partial denture: meta
- D5221 Immediate maxillary partial denture - resin base
- D5222 Immediate mandibular partial denture - resin base
- D5223 Immediate maxillary partial denture - cast metal framework with resin denture bases
- D5224 Immediate mandibular partial denture - cast metal framework with resin denture bases
- D5225 Upper partial denture - flexible base (including any clasps, rests and teeth)
- D5226 Lower partial denture - flexible base (including any clasps, rests and teeth)
- D5282 Removable unilateral partial denture - one piece cast metal (including clasps and teeth), maxillary
- D5283 Removable unilateral partial denture - one piece cast metal (including clasps and teeth), mandibular
- D5410 Adjust denture: complete, upper
- D5411 Adjust denture: complete, lower
- D5510 Repair broken complete denture base
- D5520 Replace missing or broken teeth: complete denture, per tooth
- D5610 Base repair: partial denture
- D5620 Cast framework repair
- D5630 Repair or replace broken clasp
- D5640 Replace partial denture tooth, per tooth
- D5650 Add tooth to existing partial denture
- D5660 Add clasp to existing partial denture
- D5670 Replace all teeth and acrylic on cast metal framework (upper)
- D5671 Replace all teeth and acrylic on cast metal framework (lower)
- D5730 Reline denture: complete, upper (chairside)
- D5731 Reline denture: complete, lower (chairside)
- D5740 Reline denture: partial, upper (chairside)
- D5741 Reline denture: partial, lower (chairside)
- D5750 Reline denture: complete, upper (laboratory)
- D5751 Reline denture: complete, lower (laboratory)
- D5760 Reline denture: partial, upper (laboratory)
- D5761 Reline denture: partial, lower (laboratory)

IMPLANTS

- D6010 Surgical placement of implant body: endosteal implant
- D6013 Surgical placement of mini implant
- D6056 Prefabricated abutment (includes placement)
- D6057 Custom abutment (includes placement)
- D6058 Abutment supported porcelain/ceramic crown
- D6059 Abutment supported porcelain fused to metal crown (high noble)
- D6061 Abutment supported porcelain fused to metal crown (noble metal)
- D6065 Implant supported porcelain/ceramic crown
- D6066 Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)
- D6067 Implant supported metal crown (titanium, titanium alloy, high noble metal)
- D6095 Repair implant abutment, by report
- D6100 Implant removal, by report

FIXED PROSTHODONTICS

- D6210 Bridge pontic: high noble metal
- D6211 Bridge pontic: base metal
- D6212 Bridge pontic: noble metal
- D6214 Pontic - titanium
- D6240 Bridge pontic: porcelain with high noble metal
- D6241 Bridge pontic: porcelain with base metal
- D6242 Bridge pontic: porcelain with noble metal
- D6245 Pontic - porcelain/ceramic
- D6545 Retainer - cast metal for acid etch bridge
- D6548 Retainer - porcelain/ceramic
- D6549 Resin Retainer - for resin bonded fixed prosthesis
- D6710 Crown - indirect resin based white
- D6740 Crown - porcelain/ceramic
- D6750 Crown - porcelain with high noble metal
- D6751 Crown - porcelain with base metal
- D6752 Crown - porcelain with noble metal

- D6780 Crown - 3/4 cast high noble metal
- D6781 Crown - 3/4 cast predominantly base metal
- D6782 Crown - 3/4 cast noble metal
- D6790 Crown - cast high noble metal
- D6791 Crown - cast base metal
- D6792 Crown - cast noble metal
- D6794 Crown - titanium
- D6930 Recement bridge

ORAL AND MAXILLOFACIAL SURGERY

- D7111 Coronal remnants - deciduous (baby) tooth
- D7140 Extraction, erupted tooth or exposed root (elevation and/or forceps removal)
- D7210 Surgical tooth removal
- D7220 Impacted tooth removal: soft tissue
- D7230 Impacted tooth removal: partially bony
- D7240 Impacted tooth removal: completely bony
- D7241 Removal of impacted tooth - completely bony, with unusual surgical complications
- D7250 Root recovery
- D7285 Biopsy of hard tissue
- D7286 Biopsy of soft tissue
- D7287 Oral exfoliative cytology (brush biopsy)
- D7288 Brush biopsy - transepithelial sample collection
- D7310 Bone recontouring (done with extractions)
- D7320 Bone recontouring (done without extractions)
- D7471 Excision - bone tissue
- D7472 Removal of torus palatinus
- D7473 Removal of torus mandibularis
- D7510 Incision and drainage of abscess
- D7511 Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)
- D7960 Frenulectomy (frenectomy or frenotomy)
- D7963 Frenuloplasty

ADJUNCTIVE GENERAL SERVICES

- D9110 Emergency treatment for the relief of pain
- D9223 Deep sedation/general anesthesia - each 15 minute increment
- D9243 Intravenous moderate (conscious) sedation/analgesia - each 15 minute increment

Frequency Limitations

1. **Periodic Oral Evaluation**—Once every six months. Includes periodontal screening and oral cancer evaluation.
2. **Cleanings**—Once every six months (months begin with first treatment).
3. **Periodontal Cleanings**—Once every three months following active periodontal treatment, not to be combined with preventive cleanings.
4. **Bitewing X Rays**—based on need, up to one series of four films in any six-month period.
5. **Full Mouth X Rays**—are limited to one set every sixty (60) consecutive months when indicated.
6. **Topical Fluoride Treatment**—limited to one treatment per six months for members under age 19.
7. **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.
8. **Sealants**—Once per tooth per 48 months on the occlusal surface of permanent first and second molars for patients up to age 16. Sealants are also covered for patients age 16 to 19 on molars for those who have had a recent cavity and are at risk for decay.
9. **Chlorhexidine Mouthrinse**—This is a covered benefit only when administered and dispensed in the dentist's office following scaling and root planing.
10. **Fluoride Toothpaste**—This is a covered benefit only when administered and dispensed in the dentist's office following periodontal surgery.

Exclusions

1. General anesthesia and the services of a special anesthesiologist.
2. Cosmetic dental care.
3. Dental conditions arising out of and due to enrollee's employment or for which Worker's Compensation is payable. Services that are provided to the enrollee by state government or agency thereof, or are provided without cost to the enrollee by any municipality, county, or other subdivision.
4. Treatment required by reason of war.
5. Dental services performed in a hospital and related hospital fees.
6. Treatment of fractures and dislocations.
7. Loss or theft of fixed and removable prosthetics (crowns, bridges, full or partial dentures).
8. Dental expenses incurred in connection with any dental procedures started after termination of eligibility for coverage.
9. Any service that is not specifically listed.
10. Congenital malformation.
11. Cysts and malignancies.
12. Dispensing of drugs not normally supplied in a dental office.
13. Accidental injury. Accidental injury is defined as damage to the hard and soft tissues of the oral cavity resulting from forces external to the mouth. Damages to the hard and soft tissues of the oral cavity from normal masticatory (chewing) function will be covered at the normal schedule of benefits.
14. Cases which in the professional judgment of the attending dentist determines a satisfactory result cannot be obtained or where the prognosis is poor or guarded.
15. Prophylactic removal of impactions (asymptomatic nonpathological).
16. Specialist consultations for noncovered benefits.
17. Dental expenses incurred in connection with any dental procedure started prior to the enrollee's eligibility with the Delta Dental Value for Seniors program. Example: teeth prepared for crowns, root canals in progress, orthodontic treatment.
18. Orthodontics (braces).

You must remain on the plan for one year. If coverage is cancelled, you are not eligible to reapply for dental coverage until 12 months after the cancellation date.

NOTE: This is only a brief summary of the Delta Dental Value for Seniors. If any conflict arises between this description and the Subscriber Certificate, or if any point is not covered, the terms of the Subscriber Certificate will govern in all cases. Copies of the Subscriber Certificate are available free of charge by calling Customer Service at 1-800-872-0500.

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, sex, gender identity or sexual orientation. Delta Dental of Massachusetts does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, gender identity or sexual orientation.

Delta Dental of Massachusetts:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - o Qualified sign language interpreters
 - o 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:
 - o Qualified interpreters
 - o 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

View our Notice of Privacy Practices at <http://bit.ly/ddmanp>

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, 1-800-537-7697 (TDD)

*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.*

