

Delta Dental Premier® with National Coverage

Delta Dental Individual and Family Premier Option One

This chart represents the approximate level of coverage for services performed by dentists who participate in the Delta Dental Premier network with national coverage. It also indicates any limitations that may exist for each service. 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 reverse side of this page for information about how to use your plan.

Deductible: Type I, none Calendar Year Deductible: Types II & III Combined, \$50 Individual, \$150 Family Calendar Year Maximum: \$1,000 per person (limitations do apply)		Coverage
Category / Procedure	Qualifications	In-Network
Type I - Preventive		
Diagnostic		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%
Teeth Cleaning	Once every 6 months.	
Periodontal Cleaning	Once every 3 months following active periodontal treatment, not to be combined with routine cleanings	
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, once per tooth for members through age 15. Sealants are also covered for members aged 16 up to age 19 for those who have had a recent cavity and are at risk for decay.	
Chlorhexidine Mouthrinse	This is a covered benefit only when administered and dispensed in your 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.	
Type II - Basic Restorative		
Restorative		80%
Silver Fillings	Once every 24 months per surface per tooth.	
White Fillings (Front Teeth)	Once every 24 months per surface per tooth.	
Inlays and 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%
Extractions	Once per tooth	
General Anesthesia	General Anesthesia and IV sedation allowed with covered surgical impacted wisdom teeth only (up to one hour).	
Periodontics		80%
Periodontal Surgery	One surgical procedure per quadrant in 36 months.	
Scaling and Root Planing	Once in 24 months, per quadrant. No more than 2 quadrants per date of service.	
Endodontics		80%
Root Canal Treatment	Once per tooth.	
Vital Pulpotomy	Limited to deciduous teeth.	
Prosthetic Maintenance		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%
Minor treatment for Pain Relief	Three occurrences in 12 months.	
Type III - Major Restorative		
Prosthodontics		50%
Dentures	Once within 60 months.	
Fixed Bridges and Crowns	When part of a bridge. Once within 60 months.	
Major Restorative		50%
Crowns	When teeth cannot be restored with regular fillings. Once within 60 months per tooth.	
Endosteal Implant (in lieu of a three unit bridge, and when the adjacent teeth do not require crowns)	Once per 60 months per implant	

Eligible dependents covered to age 26 or for two years past the loss of dependent status, whichever occurs first.

Waiting Period: There is a six month waiting period on Type II services and a twelve month waiting period on Type III services. The waiting period may be waived for former Delta Dental of Massachusetts members under limited circumstances. In order for the waiting period to be waived, your coverage on a comparable Delta Dental of Massachusetts plan would need to have terminated for no more than 60 days prior to the effective date of your Premier Individual Plan. A comparable plan must include substantially similar coverage. Members with an in-force dental plan will be subject to the waiting periods under this policy.

Note: No benefits are available for the replacement of teeth missing prior to the member's effective date of coverage.

Delta Dental Premier with National Coverage

You'll enjoy great benefits when you receive your dental care from one of more than 368,000 Delta Dental Premier network dentist locations, including:

- Lower out-of-pocket costs: Because network dentists often accept discounted fees for services, you will normally pay less when you visit a participating dentist.
- No claims processing: Participating dentists will prepare and submit claims for you.
- Direct payment: Delta Dental pays the dentist directly, so you don't have to pay the covered amount up front and wait for a reimbursement check.

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://www.deltadentalma.com/members/discounts-on-covered-services/>

To find out if your dentist is part of the Delta Dental Premier network with National Coverage, check the Directory of Participating Dentists or our Web site at www.deltadentalma.com. You can also call our Customer Service department at 1-800-872-0500.

The Claims Process for Delta Dental Premier Dentists

- Simply provide your dentist with the information that is printed on your ID card.
- The dentist will submit your claim to 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 any remaining balance which you pay directly to the dentist.
- 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 Web site at www.deltadentalma.com or call Customer Service at 1-800-872-0500 to determine your remaining benefits.

About Non-Participating and Out-of-Network Coverage

Your dental plan provides coverage for services received from dentists who don't participate in the Delta Dental Premier network with National Coverage. However, your out-of-pocket expenses may be more. Out-of-network coverage is only available for those services covered by your Delta Dental Premier with National Coverage plan, and is subject to the same limitations and exclusions. 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 what Delta Dental pays 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 of Massachusetts, PO Box 2907, Milwaukee, WI 53201-2907.
- You are responsible for the difference between what Delta Dental pays and what the dentist charges. 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. 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 Web site at www.deltadentalma.com or call Customer Service at 1-800-872-0500 to determine your remaining benefits.

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 plan.

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 the 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 a claim is denied, you can request an appeal by writing to Delta Dental within 180 days of receiving notice on the claim. Send appeals to Delta Dental, PO 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.

This information should be used only as a guideline for your dental benefits plan. For detailed information on your plan, riders, terms and conditions, or limitations and exclusions, please see the subscriber certificate. Copies of the Subscriber Certificate are available at no cost 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, 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:
 - 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

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)

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.

FOREIGN LANGUAGE ASSISTANCE

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).

كل رفاوتت ويوغللادع اسما لادامدخ ناف، غلللكذا ثدحتت تنك اذا: فظوحلم اناجلاب 1-800-872-0500 (TTY: 1-844-233-4524).

បុរយ័កុន៖ បើសិនជាអ្នកនិយាយភាសាខ្មែរ ឬសំនៀងខ្មែរ យើងមានសេវាបំប្រើប្រាស់ភាសាខ្មែរឱ្យអ្នកប្រើប្រាស់បានឱ្យងាយស្រួល។ តេឡេហ្វុន 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 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 ન:શિલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-872-0500 (TTY: 1-844-233-4524).

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 បើអ្នកឆ្លើយតបអ្នកបកប្រែ និងកិច្ចការបកប្រែ ដែលជាប់ទាក់ទងទៅនឹងវិធីចាត់ចែងការ 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'interprétiariat.
Les services de traduction et d'interprétiariat 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 Tradiskyon
Si w mande sèvis entèprèt ak tradiskyon pou prosede administratif, nap mete yo a dispozisyon ou.

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

បំណិកាវនបេឃាសា និង នាយឃាសា
តាមតំរូវការខ្ញុំ, ឃាវនើរិបំណិកាវនាយបេឃាសា និង ការបេឃាសាព័រ្យាវក្របខ័ណ្ឌពលការណ៍បំណិកាវនើរិបំណិកាវនាយបេឃាសា និង នាយឃាសា ឱ្យអ្នកប្រើប្រាស់បានឱ្យងាយស្រួល។

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 σχετική 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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