

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 Comprehensive Evaluation Periodic Oral Exam Full Mouth X-rays Bitewing X-rays Single Tooth X-rays	Once every 60 months. Twice every 12 months. Once every 60 months. Twice every 12 months. As needed.	100%
Preventive Teeth Cleaning Periodontal Cleaning Fluoride Treatments Space Maintainers Sealants Chlorhexidine Mouthrinse Fluoride Toothpaste	Twice every 12 months. Four times every 12 months following active periodontal treatment. Not to be combined with preventive cleanings. Twice every 12 months for members under age 19. Required due to the premature loss of teeth. For members under age 14 and not for the replacement of primary or permanent anterior teeth. 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. This is a covered benefit only when administered and dispensed in your dentist's office following scaling and root planing. This is a covered benefit only when administered and dispensed in the dentist's office following periodontal surgery.	100%
Type II - Basic Restorative		
Restorative Silver Fillings White Fillings (Front Teeth) Inlays and White Fillings (Back Teeth) Temporary Fillings Stainless Steel Crowns	Once every 24 months per surface per tooth. Once every 24 months per surface per tooth. 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. Once per tooth. Once every 24 months per tooth.	80%
Oral Surgery Extractions General Anesthesia	Once per tooth. General Anesthesia and IV sedation allowed with covered surgical impacted wisdom teeth only (up to one hour).	80%
Periodontics Periodontal Surgery Scaling and Root Planing	One surgical procedure per quadrant in 36 months. Once in 24 months, per quadrant. No more than 2 quadrants per date of service.	80%
Endodontics Root Canal Treatment Vital Pulpotomy	Once per tooth. Limited to deciduous teeth.	80%
Prosthetic Maintenance Bridge or Denture Repair Rebase or Reline of Dentures Recement of Crowns & Onlays	Once within 12 months, same repair. Once within 36 months. Once per tooth.	80%
Emergency Dental Care Minor treatment for Pain Relief	Three occurrences in 12 months.	80%
Type III - Major Restorative		
Prosthodontics Dentures Fixed Bridges and Crowns	Once within 60 months. When part of a bridge. Once within 60 months.	50%
Major Restorative Crowns Endosteal Implant (in lieu of a three unit bridge, and when the adjacent teeth do not require crowns)	When teeth cannot be restored with regular fillings. Once within 60 months per tooth. Once per 60 months per implant.	50%

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

With more than three out of four dentist participating in our Delta Dental Premier network nationwide, you'll receive great benefits and coverage.

- 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 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 website at deltadentalma.com. You can also call our Customer Service department at 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 website at deltadentalma.com or call Customer Service at 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 fees directly from you.
- Delta Dental will reimburse you based on a claim form that you submit to: Delta Dental of Massachusetts, P.O. 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 website at deltadentalma.com or call Customer Service at 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 (COB)

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 additional 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 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, 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 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 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 បើអ្នកធ្វើឱ្យមានអ្នកបកប្រែ និងកិច្ចការបកប្រែ ដែលជាប់ទាក់ទងទៅនឹងវិធានការ 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 traduzione a richiesta, sono disponibili servizi di interpretariato e traduzione relazionati con pratiche amministrative.

ບໍລິການແປພາສາ ແລະ ນາຍພາສາ ຕາມທີ່ທ່ານຂໍມາ, ພວກເຮົາມີບໍລິການນາຍ ແປພາສາ ແລະ ການແປພາສາທີ່ກ່ຽວກັບຂັ້ນຕອນການບໍລິຫານໃຫ້ທ່ານແລະ ສມາຊິກໃນຄອບຄົວຂອງທ່ານ

Servicos de tradutor(a)/interprete Se assim o solicitar, estao 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.

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

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: 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, sex, gender identity, sexual orientation, age, or disability, you can file a grievance with:

Civil Rights Coordinator
Compliance Department
P.O. Box 2907
Milwaukee, WI 53201-2907
Fax: 617-886-1390
Phone: 800-872-0500
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, the Civil Rights Coordinator 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
800-368-1019, 800-537-7697 (TDD)