

Individual and Family Dental Plan Summary Plan Description

Individual and Family Plan Options for Delta Dental Premier

Customer Service: 800-872-0500

		Coverage Options:	Option 1	Option 2
Annual Benefit Maximum			\$1,000	\$1,000
Examples of Covered Services		Coverage Options:	Option 1	Option 2
Preventive (No waiting period)			100%	100%
Diagnostic Services				
Oral exams	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				
Cleanings	Limited to 1 in a 6 month period			
Periodontal cleanings	Once every 3 months following active periodontal treatment, not to be combined with preventive cleanings			
Fluoride treatments	Limited to 1 in a 6 month period, under age 19			
Basic Restorative (A six month waiting period may apply)			80%	50%
Restorative				
Silver fillings	Once every 24 months per surface per tooth			
White fillings	Once every 24 months per surface per tooth on front teeth; single surface only on back teeth			
Temporary fillings	Once per tooth			
Endodontics				
Root canal treatment				
Oral Surgery				
Simple extractions				
Surgical extractions				
Periodontics				
Periodontal surgery				
Scaling and root planing	Once in 24 months, per quadrant			
Major Restorative (A twelve month waiting period may apply)*			50%	40%
Prosthodontics				
Dentures	Once within 60 months			
Fixed bridges and crowns	When part of a bridge. Once within 60 months			
Major Restorative				
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.			

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

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.

Deductible: There is a \$50 deductible per person up to \$150 per family, on Basic and Major Restorative Services.

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