Visit **deltadentalma.com** for detailed benefit information

Total Choice PPO 2000

Deductible: $50 per individual / $150 per family. Deductible waived for Diagnostic and Preventive categories.
Calendar Year Maximum: $2,000

Category / Procedure	Qualifications	Co-insurance In Network	Co-insurance Out of Network*
Diagnostic Comprehensive Evaluation Periodic Oral Evaluation Panoramic or 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%	80%
Preventive Teeth Cleaning Fluoride Treatments Space Maintainers Sealants	 Twice every 12 months. Twice every 12 months for members under age 15. 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	100%	80%
Restorative Silver Fillings White Fillings (Front Teeth) Inlays and White Filling (Back Teeth) Protective Restorations 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. For non-participating providers, 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 on deciduous (baby) teeth only.	100%	80%
Oral Surgery Extractions General Anesthesia	 Once per tooth. General Anesthesia and IV sedation allowed with covered surgical impacted teeth only (up to one hour).	100%	80%
Periodontics (on natural teeth only) Periodontal Surgery Scaling and Root Planing Periodontal Cleaning Bone Grafts/GTR	 One surgical procedure per quadrant in 36 months. Once in 24 months, per quadrant. No more than 2 quadrants per date of service Once every 3 months following active periodontal treatment. Not to be combined with preventive cleanings. No more than 2 teeth per quadrant per 36 months on natural teeth.	100%	80%
Endodontics Root Canal Treatment Root Canal Retreatment Vital Pulpotomy	 Once per tooth. Once per tooth after 24 months have elapsed from initial treatment. Limited to deciduous teeth.	100%	80%
Prosthetic Maintenance Bridge or Denture Repair Crown or Onlay Repair Rebase or Reline of Dentures Recement of Crowns, Onlays & Bridges	 Once per bridge/denture per 12 months, after 24 months of initial insertion. Once per tooth per 12 months after 24 months of initial placement Once per denture every 36 months. Once per crown, onlay, or bridge.	100%	80%
Emergency Dental Care Palliative treatment	 Three occurrences in 12 months..	100%	80%
Prosthodontics Dentures Fixed Bridges Implants Implant Abutments	 Once within 60 months (age 16 and older). Once within 60 months (age 16 and older). Endosteal Implant: Once per 60 months per tooth (Pre-estimate recommended). (Only when replacing one missing tooth and when adjacent teeth meet the criteria for coverage as described in the Subscriber Certificate) Once per implant only when surgical implant is benefitted.	60%	40%
Major Restorative Crowns or Onlay Posts/Buildups	 When teeth cannot be restored with regular fillings. Once within 60 months per tooth (age 12 and older). Once per tooth per 60 months only benefitted to retain a crown (age 12 and older).	60%	40%
Dependent Eligibility: Eligible dependents up to age 26.			

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 Total Choice PPO 2000 Plan. A comparable plan must include substantially similar coverage.

DELTA DENTAL®

Additional Benefit Information

Ask your dentist to submit a pre-treatment estimate to Delta Dental for any procedure that exceeds $300. This will help you estimate any out-of-pocket expenses you may incur.

*Non-participating dentists may balance bill. Subscribers are responsible for the difference between the non-participating maximum plan allowance and the full fee charged by the dentist.

Total Choice PPO

DELTA DENTAL®

Great dental coverage with an extensive network of dentist.

Total Choice PPO 2000 gives you and your family great dental coverage by combining comprehensive dental benefits with an extensive network of dentists across Massachusetts.

Your Coverage- Total Choice PPO 2000 offers you the highest level of coverage for both preventive (cleanings and exams) and basic restorative treatments (fillings).

But Total Choice PPO 2000 offers even more:

- 100% coverage for preventative care like cleanings and exams, and X-rays.
- 100% coverage for basic restorative care like fillings.
- A generous annual benefit maximum of $2,000.

Your network- There are more than 3,500 Massachusetts dentists who accept the Total Choice PPO 2000 plan, which means you are highly likely to be able to find a dentist who accepts your plan AND Delta Dental's negotiated discounted rates for services. Visit an in-network dentist to significantly reduce your out-of-pocket costs.

Learn more at deltadentalma.com

Visit the member area of www.deltadentalma.com to find plan information, review eligibility status, check on claim status, or find a dentist. If you have any questions or need additional information, you can call customer service at 800-872-0500.

You can also find more information about your plan in the Delta Dental Member Guide, available from your benefits administrator or online at www.deltadentalma.com. In the guide, you can learn how to use your benefits, how to find a dentist or specialist, how to access online resources, and more about keeping a healthy mouth for life.

The information on this coverage summary should be used only as a guideline for your dental benefits plan. For detailed information on your group's plan, riders, terms and conditions, or limitations and exclusions, refer to your plan's Subscriber Certificate, which is available through your benefits administrator.

Your Plan is Administered by:
Delta Dental of Massachusetts
800-872-0500
www.deltadentalma.com

465 Medford Street, Ste. 400
Boston, MA 02129

SP1463 (11.23)

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 of 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:
  - 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: 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/oice/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)

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).

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 નિશુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-872-0500 (TTY: 1-844-233-4524).