

# Benefit Summary

## Easy Access and Great Value - Your Delta Dental Networks

As a Delta Dental EPO subscriber, you have access to Delta Dental's EPO network in Massachusetts (MA). Participating providers have agreed to offer discounted fees and a no balance billing policy. Should you require care outside of Massachusetts, you have access to Delta Dental's extensive national PPO network with more than 293,000 participating dentist locations nationwide. If you choose to receive services from a provider who does not participate in the Delta Dental EPO network in MA, or the Delta Dental PPO network out of MA, you will have higher out-of-pocket costs as your benefit is lower, Delta Dental contracted rates and the no balance billing policy do not apply.

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/](http://deltadentalma.com/members/discounts-on-covered-services/)

Simply visit [deltadentalma.com](http://deltadentalma.com) to find a participating dentist in your area.

### Learn more at [deltadentalma.com](http://deltadentalma.com)

You can get more information by visiting [deltadentalma.com](http://deltadentalma.com). At the site, you can search for a dentist or specialist, review eligibility status, get information on dental health and wellness, and find more about how dental coverage works. If you have any questions or need additional information, you can call customer service at 1-800-872-0500.

## Coverage Summary

Type	Amount	
<b>Deductible</b>		
Individual	\$50	Deductible waived for Diagnostic and Preventive categories.
Family	\$150	Deductible waived for Diagnostic and Preventive categories.
Maximum Per Member for members age 19 and over	\$1,250	
Out of Pocket Maximum for members under age 19	\$350	Limited to \$700 per family

Category / Procedure	Qualifications for members under age 19	Qualifications for members age 19 and over	Members under age 19		Members age 19 and over	
			In Network	Out of Network	In Network	Out of Network*
<b>Diagnostic</b>						
Comprehensive Evaluation	Once per patient per location.	Once every 60 months per location.	100%	80%	100%	80%
Periodic Oral Exam	Twice per patient per location per 12 months.	Twice every 12 months.	100%	80%	100%	80%
Full Mouth X- rays	Once every 36 months.	Once every 60 months.	100%	80%	100%	80%
Bitewing X-rays	Twice per patient per location per 12 months.	Twice every 12 months.	100%	80%	100%	80%
Single Tooth X-rays	As needed.	As needed.	100%	80%	100%	80%
<b>Preventive</b>						
Teeth Cleaning	Twice every 12 months.	Twice every 12 months.	100%	80%	100%	80%
Fluoride Treatments	Once every 3 months.	Not covered.	100%	80%	0%	0%
Space Maintainers	Covered.	Not covered.	100%	80%	0%	0%

## Delta Dental Individual and Family EPO Enhanced

Category / Procedure	Qualifications for members under age 19	Qualifications for members age 19 and over	Members under age 19		Members age 19 and over	
			In Network	Out of Network	In Network	Out of Network*
<b>Restorative</b>						
Silver Fillings	One per tooth per surface each 12 months.	Once every 24 months per surface per tooth.	75%	55%	75%	55%
White Fillings (Front Teeth)	One per tooth per surface per 12 months.	One per tooth per surface per 24 months.	75%	55%	75%	55%
White Fillings (Back Teeth)	One per tooth per surface per 12 months. Multi surfaces will be processed as silver filling and the patient is responsible up to the Delta Dental negotiated fee for white fillings, where allowable by state law. In other states, the patient is responsible up to the provider's full submitted charge.	One per tooth per surface per 24 months. Multi surfaces will be processed as a silver filling and the patient is responsible up to the Delta Dental negotiated fee for white fillings, where allowable by state law. In other states, the patient is responsible up to the provider's full submitted charge.	75%	55%	75%	55%
Temporary Fillings	Once per tooth per 60 months.	Once per tooth per 60 months.	75%	55%	75%	55%
Stainless Steel Crowns	Four per patient per day.		75%	55%	Not Covered	Not Covered
<b>Oral Surgery</b>						
Simple Extractions	Covered.	Once per tooth.	75%	55%	75%	55%
Surgical Extractions	Covered.	Once per tooth.	75%	55%	75%	55%
<b>Periodontics</b>						
Periodontal Surgery	One per quadrant every 36 months.	Once every 36 months per quadrant.	75%	55%	75%	55%
Scaling and Root Planing	One per quadrant every 24 months.	Once per quadrant every 24 months.	75%	55%	75%	55%
Periodontal Cleaning	Not Covered.	Four times every 12 months following active periodontal treatment. Not to be combined with preventive cleanings.	0%	0%	100%	80%
<b>Endodontics</b>						
Root Canal Treatment	Once per tooth per lifetime.	Once per tooth.	75%	55%	75%	55%
Vital Pulpotomy	Once per tooth per lifetime.	Not covered.	75%	55%	0%	0%
<b>Prosthetic Maintenance</b>						
Bridge or Denture Repair		Once per 12 months, same repair.	75%	55%	75%	55%
Rebase or Reline of Dentures	Once per patient every 24 months.	Once within 36 months.	75%	55%	75%	55%
Recement of Crowns & Onlays		Once per tooth.	75%	55%	75%	55%
<b>Emergency Dental Care</b>						
Minor treatment for Pain Relief		Three occurrences in 12 months.	75%	55%	75%	55%
General Anesthesia	Allowed with covered surgical services only.	Allowed with covered surgical services only.	75%	55%	75%	55%
<b>Prosthodontics</b>						
		<b>A 6-month waiting period applies.</b>				
Dentures	One per patient per 84 months.	Once within 60 months.	50%	30%	50%	30%
Fixed Bridges and Crowns	Once per tooth per 60 months.	When part of a bridge. Once within 60 months.	50%	30%	50%	30%
Implants	Not covered.	Not covered.	0%	0%	0%	0%
<b>Major Restorative</b>						
		<b>A 6-month waiting period applies.</b>				
Crowns	One per tooth each 60 months.	When teeth cannot be restored with regular fillings. Once within 60 months per tooth.	50%	30%	50%	30%
<b>Orthodontics</b>						
Medically Necessary Orthodonture**	Once per lifetime.	Not covered.	50%	30%	0%	0%

Dependents are covered up to age 26.

\* 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.

\*\* Orthodontic services for children under the age of nineteen (19) for severe and handicapping malocclusion as defined by HLD index score of 22 and/or one or more auto Qualifier. Requires prior authorization.

## Delta Dental Individual and Family EPO Enhanced

### 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: [deltadentalma.com](http://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  
Email: [FairTreatment@greatdentalplans.com](mailto:FairTreatment@greatdentalplans.com)  
TTY: 711

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

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.*



The information on this coverage summary 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, refer to your plan's Subscriber Certificate, which you can get by calling Customer Service at 1-800-872-0500.

Your Plan is Administered by:  
**Delta Dental of Massachusetts**  
(800) 872-0500  
[deltadentalma.com](http://deltadentalma.com)

465 Medford Street  
Boston, MA 02129