

# Benefit summary

## Easy access and great value

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. 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 outside of MA, you will have higher out-of-pocket costs. This is because your benefit level is lower, Delta Dental's contracted rates do not apply and the no balance billing policy is not in effect.

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

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

Visit [deltadentalma.com](https://deltadentalma.com) to 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, call customer service at 800-872-0500.

## Coverage summary

Type	Amount	
<b>Deductible</b> Individual	\$50	Deductible waived for Diagnostic and Preventive categories.
Out of Pocket Maximum for members under age 19	\$350	

Category / Procedure	Qualifications for members under age 19	Members under age 19	
		In Network	Out of Network*
<b>Diagnostic</b>			
Comprehensive Evaluation	Once per patient per location.	100%	80%
Periodic Oral Exam	Twice per patient per location per 12 months.	100%	80%
Full Mouth X- rays	Once every 36 months.	100%	80%
Bitewing X-rays	Two per patient per location per 12 months.	100%	80%
Single Tooth X-rays	As needed.	100%	80%
<b>Preventive</b>			
Teeth Cleaning	Twice every 12 months.	100%	80%
Fluoride Treatments	Once every 3 months.	100%	80%
Space Maintainers	Covered.	100%	80%
Sealants	Age 0-16. One per 3 years per provider or location per tooth.	100%	80%

## Delta Dental Individual and Family EPO Pediatric

Category / Procedure	Qualifications for members under age 19	Members under age 19	
		In Network	Out of Network*
Restorative			
Silver Fillings	One per tooth per surface each 12 months.	75%	55%
White Fillings (Front Teeth)	One per tooth per surface per 12 months.	75%	55%
White Fillings (Back Teeth)	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%
Temporary Fillings	Once per tooth per 60 months.	75%	55%
Stainless Steel Crowns	Four per patient per day.	75%	55%
Oral Surgery			
Simple Extractions	Covered.	75%	55%
Surgical Extractions	Covered.	75%	55%
Periodontics			
Periodontal Surgery	One per quadrant every 36 months.	75%	55%
Scaling and Root Planing	Once per quadrant every 24 months.	75%	55%
Periodontal Cleaning	Not covered.	0%	0%
Endodontics			
Root Canal Treatment	Once per tooth per lifetime.	75%	55%
Vital Pulpotomy	Once per tooth per lifetime.	75%	55%
Prosthetic Maintenance			
Bridge or Denture Repair		75%	55%
Rebase or Reline of Dentures	Once per patient every 24 months.	75%	55%
Recement of Crowns & Onlays		75%	55%
Emergency Dental Care			
Minor treatment for Pain Relief		75%	55%
General Anesthesia	Allowed with covered surgical services only.	75%	55%
Prosthodontics			
Dentures	One per patient per 84 months.	50%	30%
Fixed Bridges and Crowns	Once per tooth per 60 months.	50%	30%
Implants	Not covered	0%	0%
Major Restorative			
Crowns	One per tooth each 60 months.	50%	30%
Orthodontics			
Medically Necessary Orthodonture**	Once per lifetime.	50%	30%

- \* 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.

Your Plan is Administered by  
**Delta Dental of Massachusetts**

465 Medford Street, Ste 400  
Boston, MA 02129

## Get to know your benefits

Thank you for choosing Delta Dental of Massachusetts as your trusted smile partner. As a Delta Dental member, you will enjoy convenient access and unmatched value. With 3 out of 4 dentists nationwide participating in a Delta Dental network, you'll be sure to find a dentist near your home or work. By visiting an in-network dentist, you'll benefit from significant cost savings.

Managing your dental plan — and your oral health — has never been easier with Delta Dental's digital tools and resources.

### Visit [deltadentalma.com](https://deltadentalma.com) for access to:



#### **Find a Dentist** search tool

Find an in-network dentist in your area with our searchable directory.



#### **Dental Care Cost Estimator**

Discover what a dental procedure will cost before your visit with our estimator tool.



#### **DentaQual®**

View dentists' ratings when searching for a participating provider with our 5-star performance scale.



#### **Teledentistry.com/ddma**

Schedule a virtual visit with a dentist 24/7 by visiting [teledentistry.com/ddma](https://teledentistry.com/ddma).

### Stay informed with your oral health:



Sign up for our Member Brush Up Newsletter [here](#).



Visit our member engagement website **[ExpressYourHealthMA.com](https://ExpressYourHealthMA.com)**.

- ✓ Benefit information and reminders
- ✓ Oral health tips for at home care
- ✓ DDMA community initiatives



### Need assistance?

Call our Customer Care center: 800-872-0500.  
Representatives available Mon-Fri 8 am - 8 pm EST  
Email: [customer.care@deltadentalmass.com](mailto:customer.care@deltadentalmass.com)

### Access the secure [member portal](#) for:



#### **Coverage information**

Review your dental plan information including eligibility, waiting periods, plan maximums and frequency limitations.



#### **Claims history**

View the status of your claims or pre-estimates.



#### **Mobile ID card**

Print or download a replacement ID card.



### **Manage your oral health, anytime, anywhere with the \*Delta Dental Mobile App:**

- ✓ Quick and easy access to digital ID cards
- ✓ Detailed claims information
- ✓ Review your dental policy coverage
- ✓ Find a Dentist search tool
- ✓ Dental Care Cost Estimator tool



Scan to download the  
Delta Dental Mobile App.

\*Members must first register on the Delta Dental of Massachusetts secure, member portal.

### Your Plan is Administered by **Delta Dental of Massachusetts**

465 Medford Street, Ste 400  
Boston, MA 02129

## Delta Dental Individual and Family EPO Pediatric

### 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:
  - 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](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, 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](mailto: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)



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 800-872-0500.

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

465 Medford Street, Ste 400  
Boston, MA 02129

## Delta Dental Individual and Family EPO Pediatric

### Language assistance

ATTENTION: If you speak English, language assistance is available at no cost. Call 800-872-0500 (TTY: 844-233-4524).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800-872-0500 (TTY: 844-233-4524).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 800-872-0500 (TTY: 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 800-872-0500 (TTY: 844-233-4524)。

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 800-872-0500 (TTY: 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 800-872-0500 (TTY: 844-233-4524).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 800-872-0500 (TTY: 844-233-4524).

تنبيه: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية المجانية متاحة لك. اتصل بالرقم 800-872-0500 (الهاتف النصي: 844-233-4524).

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្លូវភាសាដោយមិនគិតលុយនូវគឺអាចមានសំរាប់អ្នក។ ចូរទូរស័ព្ទ 800-872-0500 (TTY: 844-233-4524)។

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 800-872-0500 (ATS: 844-233-4524).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 800-872-0500 (TTY: 844-233-4524).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 800-872-0500 (TTY: 844-233-4524). 번으로 전화해 주십시오.

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 800-872-0500 (TTY: 844-233-4524).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 800-872-0500 (TTY: 844-233-4524).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 800-872-0500 (TTY: 844-233-4524). पर कॉल करें।

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિઃશુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 800-872-0500 (TTY: 844-233-4524).