DELTA DENTAL®

Delta Dental EPO
Family Basic Exclusive Network Plan

MASSACHUSETTS HEALTH CONNECTOR

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 no coverage.

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 http://www.deltadentalma.com/members/discounts-on-covered-services/

Simply visit www.deltadentalma.com to find a participating dentist in your area.

Learn more at www.deltadentalma.com

You can find more information about your benefits plan in the Delta Dental Subscriber Agreement available from your benefits administrator. In the guide, you can learn how to use your benefits, how to find a dentist or specialist, how the claims and appeal processes work, and more about keeping a healthy mouth for life.

Visit 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 1-800-872-0500.

Coverage Summary

Type	Amount	
Deductible Individual Family	 $100 $300	 Deductible waived for Diagnostic and Preventive categories. Deductible waived for Diagnostic and Preventive categories.
Maximum Per Member for members age 19 and over	$750	
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*
Diagnostic						
Comprehensive Evaluation	Once per patient per location.	Once every 60 months per location.	100%	0%	100%	0%
Periodic Oral Exam	Twice per patient per location per 12 months.	Once every 6 months.	100%	0%	100%	0%
Full Mouth X- rays	Once every 36 months.	Once every 60 months.	100%	0%	100%	0%
Bitewing X-rays	Two per patient per location per 12 months.	Once every 6 months.	100%	0%	100%	0%
Single Tooth X-rays	As needed.	As needed.	100%	0%	100%	0%
Preventive						
Teeth Cleaning	Twice every 12 months.	Once every 6 months.	100%	0%	100%	0%
Fluoride Treatments	Once every 3 months.	Not covered.	100%	0%	0%	0%
Space Maintainers	Covered.	Not covered.	100%	0%	0%	0%
Sealants	Once per patient per location every 3 years.	Not covered.	100%	0%	0%	0%

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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*
Restorative						
Silver Fillings	One per tooth per surface each 12 months.	Once every 24 months per surface per tooth.	40%	0%	30%	0%
White Fillings (Front Teeth)	One per tooth per surface per 12 months.	Once every 24 months per surface per tooth.	40%	0%	30%	0%
White Fillings (Back Teeth)	One per tooth per surface per 12 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.	One per tooth per surfacde 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.	40%	0%	30%	0%
Temporary Fillings	Once per tooth per 60 months.	Once per tooth per 60 months.	40%	0%	30%	0%
Stainless Steel Crowns	Four per patient per day.		40%	0%	0%	0%
Oral Surgery						
Simple Extractions	Covered.	Once per tooth.	40%	0%	30%	0%
Surgical Extractions	Covered.	Once per tooth.	40%	0%	30%	0%
Periodontics						
Periodontal Surgery	One per quadrant every 36 months.	Once every 36 months per quadrant.	40%	0%	30%	0%
Scaling and Root Planing	Once per quadrant per 24 months.	Once per quadrant per 24 months.	40%	0%	30%	0%
Periodontal Cleaning	Not covered.	Once every 3 months.	0%	0%	100%	0%
Endodontics						
Root Canal Treatment	Once per tooth per lifetime.	Once per tooth.	40%	0%	30%	0%
Vital Pulpotomy	Once per tooth per lifetime.	Not covered.	40%	0%	0%	0%
Prosthetic Maintenance						
Bridge or Denture Repair		Once per 12 months, same repair.	40%	0%	30%	0%
Rebase or Reline of Dentures	Once per patient every 24 months.	Once within 36 months.	40%	0%	30%	0%
Recement of Crowns & Onlays		Once per tooth.	40%	0%	30%	0%
Emergency Dental Care						
Minor treatment for Pain Relief		Three occurrences in 12 months.	40%	40%	30%	30%
General Anesthesia	Allowed with covered surgical services only.	Allowed with covered surgical services only.	40%	0%	30%	0%
Prosthodontics						
Dentures	One per patient per 84 months.	Not covered.	40%	0%	0%	0%
Fixed Bridges and Crowns	Once per tooth per 60 months.	Not covered.	40%	0%	0%	0%
Implants	Not covered	Not covered.	0%	0%	0%	0%
Major Restorative						
Crowns	One per tooth each 60 months.	Not covered.	40%	0%	0%	0%
Orthodontics						
Medically Necessary Orthodonture**	Once per lifetime.	Not covered.	40%	0%	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.

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

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: http://www.deltadentalma.com or call the number on our 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
Phone: 617-886-1683
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, 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.

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ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-844-233-4522 (TTY: 1-844-233-4524).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-844-233-4522 (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 1-844-233-4522（TTY: 1-844-233-4524）。

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-844-233-4522 (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 1-844-233-4522 (TTY: 1-844-233-4524).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-844-233-4522 (телетайп: TTY: 1-844-233-4524).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-844-233-4522 (رقم هاتف الصم والبكم:1-844-233-4524).

ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតឈ្នួល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1-844-233-4522 (TTY: 1-844-233-4524)។

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-844-233-4522 (ATS: 1-844-233-4524).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-844-233-4522 (TTY: 1-844-233-4524).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-844-233-4522 (TTY: 1-844-233-4524).번으로 전화해 주십시오.

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-844-233-4522 (TTY: 1-844-233-4524).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-844-233-4522 (TTY: 1-844-233-4524).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-844-233-4522 (TTY: 1-844-233-4524). पर कॉल करें।

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિઃશુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-844-233-4522 (TTY: 1-844-233-4524).

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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 is available through your benefits administrator.

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

465 Medford Street
Boston, MA 02129