

Delta Dental PPO Voluntary Plan

The Delta Dental PPO Voluntary Plan is an employee-paid dental plan that will enable you and your family to enjoy the benefits of quality, affordable dental care.

The approximate level of coverage for services performed by dentists who participate in the Delta Dental PPO network is shown below. Any limitations that may exist for each service are also indicated. The limitations reflect the availability of coverage only. It is up to you and your dentist to determine the need and frequency of dental procedures. Please see the backside of this document for information about how to use your plan.

Type I Preventive	Type II Basic Restorative	Type III Major Restorative
Covered at 100% In-Network 80% Out-of-Network	Covered at 80% In-Network 60% Out-of-Network	Covered at 50% In-Network 30% Out-of-Network
<p>DIAGNOSTIC: Comprehensive Evaluation – Once every 60 months per dentist Periodic Oral Exams – Once every 6 months Full Mouth X-rays – Once every 60 months Bitewing X-rays – Once every 6 months when oral conditions indicate need Single Tooth X-rays – As needed</p> <p>PREVENTIVE: Teeth Cleaning – Once every 6 months Periodontal Cleaning – Once every 3 months following active periodontal treatment, not to exceed 2 in a calendar year if combined with preventive cleanings Fluoride Treatments – Once every 6 months for members under age 19 Space Maintainers (required due to the premature loss of teeth) – For members under age 14 and not for the replacement of primary or permanent front teeth Sealants – Unrestored permanent molars, once per tooth for members through age 15. Sealants are also covered for members aged 16 up to age 19 for those who have had a recent cavity and are at risk for decay Chlorhexidine Mouthrinse – This is a covered benefit only when administered and dispensed in the dentist’s office following scaling and root planing Fluoride Toothpaste – This is a covered benefit only when administered and dispensed in the dentist’s office following periodontal surgery</p>	<p>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 Stainless Steel Crowns (baby teeth only) – Once every 24 months per tooth</p> <p>ORAL SURGERY: Simple and Surgical Extractions – Oral surgical benefits not provided when rendered in a surgical day care or hospital setting</p> <p>PERIODONTICS: Periodontal Surgery – Periodontic benefits not provided when rendered in a surgical day care or hospital setting Scaling and Root Planing – Once in 24 months, per quadrant</p> <p>ENDODONTICS: Root Canal Treatment – Once per tooth Vital Pulpotomy – Limited to deciduous (baby) teeth for members under age 14</p> <p>PROSTHETIC MAINTENANCE: Bridge or Denture Repair – Once within 12 months, same repair Rebase or Reline of Dentures – Once within 36 months Recement of Crowns and Onlays – Once per tooth</p> <p>EMERGENCY DENTAL CARE: Minor Treatment for Pain Relief – Three occurrences in 12 months General Anesthesia – Allowed with covered surgical services only</p>	<p>PROSTHODONTICS: Dentures – Once within 60 months Fixed Bridges and Crowns (when part of a bridge) – Once within 60 months</p> <p>MAJOR RESTORATIVE: Crowns (when teeth cannot be restored with regular fillings) – Once within 60 months per tooth Endosteal (single tooth) Implants – To replace one missing tooth (in lieu of a three unit bridge, and when the adjacent teeth do not require crowns.) Once per 60 months per implant.</p>

ROLLOVER MAX: This valuable benefit feature allows members to roll over part of their unused spending in a healthy year to increase their maximum benefit limit the next year, and beyond. (Limitations apply, visit www.deltadentalma.com/pdf/07/rollovermax.pdf to view program rules and details)

CALENDAR YEAR MAXIMUM: \$1,000 Per Person Per Calendar Year

CALENDAR YEAR DEDUCTIBLE:

In-network: None

Out-of-network: \$100 per individual on Type I, II, and III services

Coverage is effective for all dependents up to age 26, or for two years past the loss of dependent status, whichever occurs first. **Limitations Do Apply.**

Preferred Voluntary Dental Plan

List of Covered Services

DIAGNOSTIC SERVICES

- D0120 Periodic oral examination
- D0140 Limited oral evaluation problem focused
- D0150 Comprehensive oral evaluation
- D0160 Detailed and extensive oral evaluation - problem focused
- D0170 Re-Evaluation - limited problem focused
- D0180 Comprehensive periodontal evaluation - new or established patient
- D0210 Full-mouth x-ray series
- D0220 Single x-ray
- D0230 Additional x-ray
- D0270 Single bitewing x-ray
- D0272 Two bitewing x-rays
- D0274 Four bitewing x-rays
- D0277 Vertical bitewing series (7 to 8 films)
- D0330 Panoramic x-ray
- D0999 Unspecified diagnostic procedure, by report**

** This code may be used for reimbursing Chlorhexidine and prescription strength toothpaste only when dispensed in the office by a dentist.

PREVENTIVE SERVICES

- D1110 Adult cleaning
- D1120 Child cleaning
- D1201 Fluoride treatment and cleaning - child (to age 19) - 1 per 6 month period
- D1203 Fluoride excluding cleaning - child (to age 19) - 1 per 6 month period
- D1351 Sealant application, per tooth (through age 15 - occlusal surface permanent molars)
- D1510 Space maintainer - fixed, unilateral
- D1515 Space maintainer - fixed, bilateral
- D1520 Space maintainer - removable, unilateral
- D1525 Space maintainer - removable, bilateral
- D4910 Periodontal cleaning

MINOR RESTORATIVE SERVICES

- D2140 One surface silver filling: permanent tooth
- D2150 Two surface silver filling: permanent tooth
- D2160 Three surface silver filling: permanent tooth
- D2161 Four or five surface silver filling: permanent tooth
- D2330 One surface white filling: front tooth
- D2331 Two surface white filling: front tooth
- D2332 Three surface white filling: front tooth
- D2335 Four or five surface white filling: front tooth
- D2391 One surface white filling: back tooth

MAJOR RESTORATIVE SERVICES

- D2740 Crown - porcelain/ceramic substrate
- D2750 Crown - porcelain and high noble metal
- D2751 Crown - porcelain and base metal
- D2752 Crown - noble metal
- D2780 Crown - ¾ cast high noble metal
- D2781 Crown - ¾ cast predominately base metal
- D2782 Crown - ¾ cast noble metal
- D2783 Crown - ¾ porcelain/ceramic
- D2790 Crown - high noble metal
- D2791 Crown - base metal
- D2792 Crown - noble metal
- D2794 Crown - titanium
- D2910 Recement inlay
- D2915 Recement cast or prefabricated post and core
- D2920 Recement crown
- D2930 Crown - stainless steel: baby tooth

- D2931 Crown - stainless steel: permanent tooth
- D2932 Crown - prefabricated resin
- D2940 Sedative filling (temporary)
- D2950 Crown build-up
- D2951 Pin retention in addition to filling
- D2952 Cast post and core
- D2954 Prefabricated post and core
- D2971 Additional procedures to construct new crown under existing partial denture framework

ENDODONTIC SERVICES

- D3220 Pulp removal on baby tooth
- D3221 Gross pulpal debridement primary and permanent teeth
- D3310 Root canal treatment: front tooth
- D3320 Root canal treatment: bicuspoid tooth
- D3330 Root canal treatment: molar tooth
- D3410 Root canal treatment: front tooth
- D3426 Surgical root canal treatment: each additional tooth

PERIODONTIC SERVICES

- D4210 Gum surgery: gingivectomy, per quadrant
- D4211 Gum surgery: gingivectomy, per tooth
- D4240 Gum surgery: flap procedure
- D4241 Gingival flap procedures, including root planing, one to three teeth, per quadrant
- D4260 Bone surgery
- D4261 Osseous surgery (including flap entry and closure) - one to three teeth, per quadrant
- D4274 Distal or proximal wedge procedure
- D4341 Periodontal scaling and root planing, per quadrant
- D4342 Periodontal scaling and root planing - one to three teeth, per quadrant
- D4381 Non-surgical gum therapy

REMOVEABLE PROSTHODONTICS

- D5110 Complete denture, upper
- D5120 Complete denture, lower
- D5130 Immediate denture, upper
- D5140 Immediate denture, lower
- D5211 Upper partial denture: resin
- D5212 Lower partial denture: resin
- D5213 Upper partial denture: metal
- D5214 Lower partial denture: metal
- D5225 Upper partial denture - flexible base (including any clasps, rests and teeth)
- D5226 Lower partial denture - flexible base (including any clasps, rests and teeth)
- D5281 Partial denture: one tooth, one side
- D5410 Adjust denture: complete, upper
- D5411 Adjust denture: complete, lower
- D5510 Repair broken complete denture base
- D5520 Replace missing or broken teeth: complete denture, per tooth
- D5610 Base repair: partial denture
- D5620 Cast framework repair
- D5630 Repair or replace broken clasp
- D5640 Replace partial denture tooth, per tooth
- D5650 Add tooth to existing partial denture
- D5660 Add clasp to existing partial denture
- D5670 Replace all teeth and acrylic on cast metal framework (upper)
- D5671 Replace all teeth and acrylic on cast metal framework (lower)
- D5730 Reline denture: complete, upper (chairside)
- D5731 Reline denture: complete, lower (chairside)
- D5740 Reline denture: partial, upper (chairside)

List of Covered Services (continued...)

- D5741 Reline denture: partial, lower (chairside)
- D5750 Reline denture: complete, upper (laboratory)
- D5751 Reline denture: complete, lower (laboratory)
- D5760 Reline denture: partial, upper (laboratory)
- D5761 Reline denture: partial, lower (laboratory)

FIXED PROSTHODONTICS

- D6010 Surgical placement of implant body: endosteal implant
- D6210 Bridge pontic: high noble metal
- D6211 Bridge pontic: base metal
- D6212 Bridge pontic: noble metal
- D6214 Pontic - titanium
- D6240 Bridge pontic: porcelain with high noble metal
- D6241 Bridge pontic: porcelain with base metal
- D6242 Bridge pontic: porcelain with noble metal
- D6545 Retainer - cast metal for acid etch bridge
- D6710 Crown - indirect resin based white
- D6750 Crown - porcelain with high noble metal
- D6751 Crown - porcelain with base metal
- D6752 Crown - porcelain with noble metal
- D6780 Crown - ¾ cast high noble metal
- D6781 Crown - ¾ cast predominately base metal
- D6782 Crown - ¾ cast noble metal
- D6790 Crown - cast high noble metal
- D6791 Crown - cast base metal
- D6792 Crown - cast noble metal
- D6794 Crown - titanium
- D6930 Recement bridge
- D6970 Cast post and core in addition to bridge retainer
- D6971 Cast post as part of bridge retainer
- D6972 Prefabricated post and core in addition to bridge retainer
- D6973 Core build-up for retainer, including any pins

ORAL AND MAXILLOFACIAL SURGERY

- D7111 Coronal remnants - deciduous (baby) tooth
- D7140 Extraction, erupted tooth or exposed root (elevation and/or forceps removal)
- D7210 Surgical tooth removal
- D7220 Impacted tooth removal: soft tissue
- D7230 Impacted tooth removal: partially bony
- D7240 Impacted tooth removal: completely bony
- D7241 Removal of impacted tooth - completely bony, with unusual surgical complications
- D7250 Root recovery
- D7285 Biopsy of hard tissue
- D7286 Biopsy of soft tissue
- D7287 Oral Exfoliative Cytology (brush biopsy)
- D7288 Brush biopsy - transepithelial sample collection
- D7310 Bone recontouring (done with extractions)
- D7320 Bone recontouring (done without extractions)
- D7412 Excision of benign lesion, complicated
- D7415 Excision of malignant lesion, complicated
- D7471 Excision - bone tissue
- D7472 Removal of torus palatinus
- D7473 Removal of torus mandibularis
- D7485 Surgical reduction of osseous tuberosity
- D7510 Incision and drainage of abscess
- D7511 Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)
- D7771 Alveolus - closed reduction stabilization of teeth
- D7960 Frenulectomy (frenectomy or frenotomy)
- D7963 Frenuloplasty
- D7972 Surgical reduction of fibrous tuberosity

ADJUNCTIVE GENERAL SERVICES

- D9110 Emergency treatment for the relief of pain
- D9220 General anesthesia: up to 30 minutes
- D9221 General anesthesia: each additional 15 minutes
- D9241 Intravenous sedation: up to 30 minutes
- D9242 Intravenous sedation: each additional 15 minutes

This information 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, please see the Subscriber Certificate. Copies of the Subscriber Certificate are available through your benefits administrator.

Identification Cards

Two identification cards from Delta Dental will be mailed to your home shortly after your enrollment. Both cards are issued in the subscriber's name, but can be used by everyone covered under the Delta Dental PPO Voluntary Plan. Simply provide your dentist with the information that is printed on your ID card at your next dental office visit.

Choosing a Dentist

You'll enjoy great benefits when you receive your dental care from a Delta Dental PPO network dentist, including:

- Lower out-of-pocket costs: Participating dentists agree to accept reduced fees for their services. Since your co-payments are based on these fees, you pay lower out-of-pocket costs than you would if you went to an out-of-network dentist.
- No claims processing: Participating dentists will prepare and submit claims for you.
- Direct Payment: Delta Dental pays the dentist directly, so you don't have to pay the covered amount up front and wait for a reimbursement check.

To find out if your dentist is part of the Delta Dental PPO network, check the *Directory of Participating Dentists* or visit our web site at www.deltadentalma.com. You can also call our Customer Service department at 1-800-872-0500.

The Claims Process for Delta Dental PPO Dentists

- Simply provide your dentist with the information that is printed on your ID card.
- The dentist will submit your claim and be paid directly by Delta Dental.
- If you have a patient responsibility, Delta Dental will send you an Explanation of Benefits (EOB) detailing what Delta Dental paid the dentist under your plan's coverage and your remaining patient balance, which you pay directly to the dentist.
- You are responsible for any co-payments and deductibles.
- If you receive a treatment that is not covered under your plan, you may be billed at the dentist's normal rate rather than Delta Dental's negotiated rate. **Also, if you receive a treatment after you have exhausted your maximum or if you receive a treatment which will cause you to exceed your maximum, you may be billed at the dentist's normal rate rather than Delta Dental's negotiated rate.** To avoid any unexpected out-of-pocket expenses, we recommend that you visit Delta Dental's web site at www.deltadentalma.com or call Customer Service at 1-800-872-0500 to determine your remaining benefits.

About Non-Participating Dentists and Out-of-Network Coverage

Your Delta Dental PPO Voluntary Plan provides coverage for services received from dentists who don't participate in the Delta Dental PPO network. However, your out-of-pocket expenses may be more. Please refer to the *Coverage Section* at the beginning of this document for your out-of-network coverage levels. Out-of-network coverage is only available for those services covered by your Delta Dental PPO Voluntary Plan, and it is subject to the same limitations and exclusions.

Delta Dental's payment for services received from non-participating dentists is based on either the dentist's fee or the maximum plan allowance for non-participating dentists, whichever is lower. If you utilize the services of a non-participating dentist whose fees are higher than the maximum plan allowance, you will be responsible for the difference between Delta Dental's payment and the dentist's total submitted charges.

The Claims Process for Non-Participating Dentists

Many dentists who are not members of the Delta Dental PPO network do participate in other Delta Dental networks. There are different claims procedures for these dentists and dentists who do not participate in any of the Delta Dental networks.

For dentists who participate in other Delta Dental of Massachusetts networks, but are not in the Delta Dental PPO network:

- Simply provide your dentist with the information that is printed on your ID card.
- Members who receive care from a Delta Dental dentist who does not participate in this plan must satisfy a \$100 annual deductible that applies to all services. Each member who receives care from a non-participating dentist must satisfy the deductible before receiving coverage.
- The dentist will submit your claim and be paid directly by Delta Dental.
- You are responsible for paying any deductibles or co-payments as well as the difference between what Delta Dental pays and what the dentist charges.

For dentists who have no affiliation with Delta Dental of Massachusetts:

- Simply provide your dentist with the information that is printed on your ID card. Your dentist will collect his/her fees directly from you.
- Members who receive care from a Delta Dental dentist who does not participate in this plan must satisfy a \$100 annual deductible that applies to all services. Each member who receives care from a non-participating dentist must satisfy the deductible before receiving coverage.
- Delta Dental will reimburse you based on a claim form that you submit to: Delta Dental, P.O. Box 9695, Boston, MA 02114.
- You are responsible for paying any deductibles or co-payments as well as the difference between what Delta Dental pays and what the dentist charges.

Coordination of Benefits

If your family is covered by more than one dental plan (or a medical plan that offers dental coverage), Delta Dental will coordinate benefits with the other carrier. In determining coverage, total payments from both carriers cannot exceed the allowable charge for service. If you have a question about Coordination of Benefits (COB), please contact our Customer Service Department at 1-800-872-0500.

Other Claims Information

- All claims must be submitted within one year.
- Ask your dentist to submit a "pre-treatment estimate" to Delta Dental for any procedure that exceeds \$300. This will enable us to help you estimate any out-of-pocket expenses you may incur.
- If you receive a treatment that is not covered under your plan, you may be billed at the dentist's normal rate rather than Delta Dental's negotiated rate. **Also, if you receive a treatment after you have exhausted your maximum or if you receive a treatment which will cause you to exceed your maximum, you may be billed at the dentist's normal rate rather than Delta Dental's negotiated rate.** To avoid any unexpected out-of-pocket expenses, we recommend that you visit Delta Dental's web site at www.deltadentalma.com or call Customer Service at 1-800-872-0500 to determine your remaining benefits.
- If a claim is denied, you can request an appeal by writing to Delta Dental within 180 days of receiving notice on the claim. Appeals should be sent to: Delta Dental of Massachusetts, P.O. Box 9695, Boston, MA 02114.
- Under your plan's subrogation clause, you may be required to reimburse Delta Dental for claim payments if you also receive payment from a third party who is held liable for an injury that required the dental care.

Where To Get More Information

If you have further questions, please contact Delta Dental's Customer Service department at 1-800-872-0500.

At your request, interpreter and translation services related to administrative procedures are available to you or a covered family member.

خدمات ترجمة فورية/ترجمة
في حالة طلبكم نقوم بتوفير مترجمين وخدمات ترجمة تتعلق بالاجراءات الإدارية.

អ្នកបកប្រែ ឬកិច្ចការបកប្រែ
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翻譯服務
如果您提出要求，我們可以為您提供相關的行政禮節的翻譯服務。

Services de traduction et d'interprétariat.
Les services de traduction et d'interprétariat en connexion avec les
procédures administratives sont disponibles sur demande

Услуги устного/письменного перевода.
По Вашему требованию будут предоставлены услуги устного и
письменного перевода, связанные с административными процедурами.

Sèvis Entèprèt ak Tradiksyon Si w mande sèvis entèprèt ak tradiksyon pou
prosedè administratif, nap mete yo a dispozisyon ou.

Servizi di interpretariato e traduzione A richiesta, sono disponibili
servizi di interpretariato e traduzione relazionati con pratiche
amministrative.

ບໍລິການແປພາສາ ແລະ ນາຍພາສາ
ຕາມທີ່ທ່ານຂໍມາ, ພວກເຮົາມີບໍລິການນາຍ ແປພາສາ ແລະ
ການແປພາສາທີ່ກ່ຽວກັບຂັ້ນຕອນການບໍລິຫານໃຫ້ທ່ານແລະ ສມາຊິກໃນຄອບຄົວຂອງທ່ານ

Serviços de tradutor(a)/intérprete Se assim o solicitar, estão
disponíveis serviços de tradução e interpretação para os procedimentos
administrativos.

Υπηρεσίες Διερμηνεία/Μεταφραστή
Μετά από αίτησή σας, υπηρεσίες διερμηνεία και μεταφραστή σχετικές με
διοικητικές διαδικασίες είναι στη διάθεσή σας.

Servicios de interpretación/traducción Si usted lo solicita, se
encuentran a su disposición servicios de interpretación y traducción para
asistirle en procedimientos administrativos.

Your Plan is Administered by:

Delta Dental of Massachusetts
1-800-872-0500



Delta Dental of Massachusetts
465 Medford Street, Boston, MA 02129

www.deltadentalma.com

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