

Delta Dental Premier Voluntary Enhanced Plan with National Coverage

The Delta Dental Premier Voluntary Enhanced Plan is an employee-paid dental plan, that will enable you and your family to enjoy the benefits of quality, affordable dental care from dentists in Massachusetts and across the country.

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

\$50 per person/\$150 maximum per family, Type II, and III services only

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.**

Choosing a Dentist

You’ll enjoy great benefits when you receive your dental care from a Delta Dental Premier 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 Premier 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.

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 Premier Voluntary Enhanced Plan. Simply provide your dentist with the information that is printed on your ID card at your next dental office visit.

The Claims Process for Delta Dental Premier 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 Premier Voluntary Enhanced Plan provides coverage for services received from dentists who don't participate in the Delta Dental Premier network. However, your out-of-pocket expenses may be more.

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

- Simply provide your dentist with the information that is printed on your ID card. Your dentist will collect his/her fees directly from you.
- 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 الادارية.

អ្នកបកប្រែ ឬកិច្ចការបកប្រែ
បើអ្នកស្នើឱ្យមានអ្នកបកប្រែ អងកិច្ចការបកប្រែ ដែលជាប់ទាក់ទងទៅនឹង
វិធានការចែករំលែក យើងមានអង្គជំនួយ ។

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 Διαμετρήνεια/Μεταφραστική
Μετά από αίτησή σας, υπηρεσίες διαμετρήνεια και μεταφραστική σχετικά 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

An Independent Licensee of the Delta Dental Plans Association.
®Registered Marks of the Delta Dental Plans Association.
©2008 Delta Dental of Massachusetts.
Current Dental Terminology ©2006 American Dental Association.
All Rights Reserved.

SP396(3/08)13M