

# Delta Dental PPO™ *Plus Premier*

## Voluntary 1000

The Delta Dental PPO *Plus Premier* Voluntary 1000 plan is primarily 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 PPO or Delta Dental Premier networks 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.

Deductible: \$50 per individual / \$150 per family. Deductible waived for Diagnostic and Preventive categories. Calendar Year Maximum: \$1,000 per person.		Co-insurance Coverage	
Category / Procedure	Qualifications	In-Network	Out-Of-Network
<b>Diagnostic</b>		100%	100%
Comprehensive Evaluation	Once every 60 months per dentist.		
Periodic Oral Exam	Twice every 12 months.		
Consultation	Once every 12 months.		
Full Mouth X-rays	Once every 60 months.		
Bitewing X-rays	Twice every 12 months.		
Single Tooth X-rays	As needed.		
<b>Preventive</b>		100%	100%
Teeth Cleaning	Twice every 12 months.		
Fluoride Treatments	Twice every 12 months for members under age 19. Also covered for members age 19 and over for those who have had a recent cavity and are at risk for decay.		
Space Maintainers	Required due to the premature loss of teeth. For members under age 14 and not for the replacement of primary or permanent anterior teeth.		
Sealants	Unrestored permanent bicuspid and permanent molars, once per 48 months per tooth for members to age 19.		
Application of caries arresting medicament	Twice per tooth per 12 months.		
Periodontal Cleaning	Four times every 12 months following active periodontal treatment. Not to be combined with preventive cleanings.		
<b>Restorative</b>		80%	80%
Fillings (Silver and White)	Once every 24 months per surface per tooth.		
Inlays	Once every 60 months per surface per tooth, covered as an alternate benefit as silver filling and the patient is responsible for paying the difference between the silver filling and the Delta Dental negotiated fee for the inlay where permitted by state law. For non-participating providers, the patient may be responsible for paying up to the provider's full submitted charge for the inlay.		
Temporary Fillings	Once per tooth.		
Stainless Steel Crowns	Once every 24 months per tooth.		
<b>Oral Surgery</b>		80%	80%
Simple Extractions	Once per tooth.		
Surgical Extractions	Once per tooth.		
<b>Periodontics</b>		80%	80%
Periodontal Scaling and Root Planing	Once in 24 months, per quadrant.		
<b>Endodontics</b>		80%	80%
Root Canal Treatment	Once per tooth.		
Vital Pulpotomy	Limited to baby teeth.		
<b>Prosthetic Maintenance</b>		80%	80%
Bridge or Denture Repair	Once within 12 months, same repair.		
Rebase or Reline of Dentures	Once within 36 months.		
Recement of Crowns & Onlays	Once per tooth.		
<b>Adjunctive Services</b>		80%	80%
Occlusal Guards	One appliance per 60 months		
<b>Emergency Dental Care</b>		80%	80%
Minor treatment for Pain Relief	Three occurrences in 12 months.		
General Anesthesia	Allowed with covered surgical services only.		
<b>Prosthodontics</b>		50%	50%
Dentures	Once within 60 months.		
Fixed Bridges and Crowns	When part of a bridge. Once within 60 months.		
Implants	Endosteal Implant: when the implant replaces permanent teeth through the second molars. Once per tooth per 60 months. (Pre-estimate recommended).		
<b>Major Restorative</b>		50%	50%
Crowns	When teeth cannot be restored with regular fillings. Once within 60 months per tooth.		
<b>Dependent Eligibility:</b>		Dependents are eligible to age 26.	
<b>Rollover Max:</b>		This plan is eligible for <i>Rollover Max</i> . Visit <a href="http://www.deltadentalma.com/pdf/07/rollovermax.pdf">www.deltadentalma.com/pdf/07/rollovermax.pdf</a> for rules and details.	

## Choosing a Dentist

As a Delta Dental PPO *Plus Premier* Voluntary 1000 plan member, you benefit from having access to two of Delta Dental's extensive national networks — Delta Dental PPO, with more than 350,000 participating dentist locations and Delta Dental Premier, the largest dental network in the country with more than 450,000 dentist locations. You will enjoy great benefits when you receive your dental care from a participating dentist in either of these networks.

- You will enjoy the greatest out-of-pocket savings when visiting Delta Dental PPO network dentists.
- You will receive good value from Delta Dental Premier network dentists who generally accept discounted fees.
- Both networks offer discounted fees and a no balance-billing policy

If you choose to receive services from a non-participating dentist, you will have higher out-of-pocket costs as the Delta Dental contract rates and 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 <http://deltadentalma.com/members/discounts-on-covered-services/>.

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

## 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 *Plus Premier* Voluntary 1000 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 PPO or Delta Dental Premier Participating 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 contracted rate. To avoid any unexpected out-of-pocket expenses, we recommend that you visit Delta Dental's website at [www.deltadentalma.com](http://www.deltadentalma.com) or call Customer Service at 800-872-0500 to determine your remaining benefits.

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

Your Delta Dental PPO *Plus Premier* Voluntary 1000 plan provides coverage for services received from dentists who don't participate in the Delta Dental PPO or Delta Dental Premier networks. 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 2907, Milwaukee, WI 53201-2907.
- 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 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. To avoid any unexpected out-of-pocket expenses, we recommend that you visit Delta Dental's website at [www.deltadentalma.com](http://www.deltadentalma.com) or call Customer Service at 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 2907, Milwaukee, WI 53201-2907.

- 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 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

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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, sex, gender identity, sexual orientation, age, or disability. Delta Dental of Massachusetts does not exclude people or treat them differently because of 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/oice/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)

## Language Assistance

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-872-0500 (TTY: 1-844-233-4524).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-872-0500 (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 1-800-872-0500 (TTY: 1-844-233-4524)。

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-872-0500 (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 1-800-872-0500 (TTY: 1-844-233-4524).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-872-0500 (TTY: 1-844-233-4524).

مقرب لصرتنا. ناهج ابل لكل رفاوتت ةيوعلل ادعاسملا تامدخ ناف، ةغلل ارفذا ثدحتت تنك اذا: تطو حليم 1-800-872-0500 (TTY: 1-844-233-4524).

បរិស្ថាន បរិស្ថាន ជា អនុកម្ម ឥត គិត ថ្លៃ ការ ជំនួយ ភាសា ខ្មែរ ប្រចាំ ថ្ងៃ រាល់ ថ្ងៃ ដើម្បី ជួយ អ្នក ក្នុង ការ ប្រើប្រាស់ ប្រព័ន្ធ របស់ យើង ឥត គិត ថ្លៃ ។ ចូរ ទូរស័ព្ទ 1-800-872-0500 (TTY: 1-844-233-4524) ។

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-872-0500 (TTY: 1-844-233-4524).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-872-0500 (TTY: 1-844-233-4524).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-872-0500 (TTY: 1-844-233-4524) 번으로 전화해 주십시오.

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-800-872-0500 (TTY: 1-844-233-4524).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-872-0500 (TTY: 1-844-233-4524).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-872-0500 (TTY: 1-844-233-4524) पर कॉल करें।

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિશ્ચિત્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-872-0500 (TTY: 1-844-233-4524).