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Delta Dental Individual and Family EPO

Deductible: \$50 per individual / \$150 per family. Deductible waived for Diagnostic and Preventive categories.
Calendar Year Maximum: \$1,000 per person.

		Co-insurance
Category / Procedure	Qualifications	In Network
Diagnostic Comprehensive Evaluation Periodic Oral Exam Full Mouth X- rays Bitewing X-rays Single Tooth X-rays	Once every 60 months. Twice every 12 months. Once every 60 months. Twice every 12 months. As needed.	100%
Preventive Teeth Cleaning Fluoride Treatments Space Maintainers Sealants Chlorhexidine Mouthrinse Fluoride Toothpaste	Twice every 12 months. Twice every 12 months for members under age 19. Required due to the premature loss of teeth. For members under age 14 and not for the replacement of primary or permanent anterior teeth. 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 had a recent cavity and are at risk for decay. This is a covered benefit only when administered and dispensed in the dentist's office following scaling and root planing. This is a covered benefit only when administered and dispensed in the dentist's office following periodontal surgery.	100%
Restorative Silver Fillings White Fillings (Front Teeth) White Fillings (Back Teeth) Temporary Fillings Stainless Steel Crowns	Once every 24 months per surface per tooth. Once every 24 months per surface per tooth. Covered only for single surfaces. Once every 24 months per surface, per tooth, multi-surfaces will be processed as a silver filling and the patient is responsible up to the submitted charge. Once per tooth. Once every 24 months per tooth.	70%
Oral Surgery Simple Extractions Surgical Extractions	Once per tooth. Once per tooth.	70%
Periodontics Periodontal Surgery Scaling and Root Planing Periodontal Cleaning	One surgical procedure per quadrant in 36 months. Once in 24 months, per quadrant. Once every 3 months following active periodontal treatment. Not to be combined with preventive cleanings.	70% 100%
Endodontics Root Canal Treatment Vital Pulpotomy	Once per tooth. Limited to deciduous teeth.	70%
Prosthetic Maintenance Bridge or Denture Repair Rebase or Reline of Dentures Recement of Crowns & Onlays	Once within 12 months, same repair. Once within 36 months. Once per tooth.	70%
Emergency Dental Care Minor treatment for Pain Relief General Anesthesia	Three occurrences in 12 months. General Anesthesia and IV sedation are allowed with covered surgical impacted wisdom teeth only.	70%
Prosthodontics Dentures Fixed Bridges and Crowns Implants (only in lieu of a 3-unit bridge)	Once within 60 months. When part of a bridge. Once within 60 months. An Endosteal Implant: Only when it is to replace one missing tooth and when adjacent teeth are healthy and do not require crowns. Once per 60 months per Implant. (Pre-estimates recommended).	40%
Major Restorative Crowns	When teeth cannot be restored with regular fillings. Once within 60 months per tooth.	40%

Dependent Eligibility: Eligible dependents up to age 26.

Additional Benefit Information

Deductible waived for periodontal cleanings.

Waiting Period: There is a six month waiting period on Type II services and a twelve month waiting period on Type III services. The waiting period may be waived for former Delta Dental of Massachusetts members under limited circumstances. In order for the waiting period to be waived, your coverage on a comparable Delta Dental of Massachusetts plan would need to have terminated for no more than 60 days prior to the effective date of your Delta Dental Individual and Family EPO plan. A comparable plan must include substantially similar coverage. Members with an in-force dental plan will be subject to the waiting periods under this policy.

Note: No Benefits are available for the replacement of teeth missing prior to the member's effective date of coverage.

Delta Dental EPO



Easy Access and Great Value – Your Delta Dental Networks

As a Delta Dental EPO subscriber, you have access to Delta Dental's EPO network of more than 1,000 dentists in Massachusetts. 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 268,000 participating dentist locations nationwide.

Services from a provider who does not participate in the Delta Dental EPO network in Massachusetts, or the Delta Dental PPO network outside of Massachusetts, are not covered except in some cases for an emergency.

To find a dentist, simply visit www.deltadentalma.com (click on the *Find a Dentist* link and select *Delta Dental EPO*) or call Delta Dental customer service at 1-800-872-0500.

Learn more at deltadentalma.com

You can find more information about your benefits plan in the Delta Dental Member Guide, available online at www.deltadentalma.com or by calling Customer Service. 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.

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 1-800-872-0500. If you receive a treatment after you have exhausted your maximum or if you receive a treatment that will cause you to exceed your maximum, you may be billed at the dentist's normal rate rather than Delta Dental's negotiated rate.

Your Plan is Administered by:
Delta Dental of Massachusetts
1-800-872-0500
www.deltadentalma.com

465 Medford Street
Boston, MA 02129

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