

IMPORTANT: Delta Dental Patient Direct is not dental insurance. For those with mandated coverage requirements, Delta Dental Patient Direct does not suffice as Minimum Creditable Coverage or satisfy Essential Health Benefit requirements. The program provides discounts on dental services from Massachusetts dentists participating in the Delta Dental Patient Direct network. No payments to members or providers will be made by Delta Dental of Massachusetts. Members are obligated to pay for all dental services provided. If you have a complaint, please contact Delta Dental of Massachusetts at the phone number listed below.



SEE YOUR DENTIST MORE. FOR LESS.

Introducing Delta Dental Patient Direct*

Delta Dental Patient Direct gives Massachusetts residents Delta Dental's discounted rates from Massachusetts dentists in the Delta Dental Patient Direct network. It is NOT dental insurance.



Delta Dental of Massachusetts
465 Medford Street
Boston, MA 02129

deltadentalma.com | 1-800-872-0500

An Independent Licensee of the Delta Dental Plans Association.
*Registered Marks of the Delta Dental Plans Association.
©2017 DSM.
SP1028 (1/17)



Introducing Delta Dental Patient Direct.

- Gives Massachusetts residents savings of 15-45% off retail prices for certain procedures like check-ups, fillings and crowns
- From Delta Dental of Massachusetts—the name you and your dentist know and trust

No dental insurance? No worries. You can still experience the Delta Dental difference.

Delta Dental Patient Direct makes dental care more affordable.

- **The dentists you prefer.** Over 1,800 Massachusetts locations honor Delta Dental Patient Direct.

Visit www.deltadentalma.com/find-a-dentist for a complete list of dentists in the Delta Dental Patient Direct network.

- **The discounts you want.** You pay Delta Dental's low, negotiated fees for certain dental procedures, with a savings of 15-45% off retail prices.
- **The services you need.** Most preventive and restorative dental services are discounted, even for pre-existing conditions.

Visit www.deltadentalma.com/patientdirect for details on the prices you will pay and to search for Massachusetts dentists in the Delta Dental Patient Direct network.

You've got questions? We've got answers.

Q: How much does Delta Dental Patient Direct cost?
A: \$99 for Individual, \$149 for Family for 12 months. These amounts are non-refundable.

Q: When does Delta Dental Patient Direct become effective?
A: Applications postmarked by the 10th of the month will become effective the 1st of the following month. Examples: Applications postmarked June 10 will have an Effective Date of July 1. Applications postmarked June 11 will have an Effective Date of August 1.

Q: How long is Delta Dental Patient Direct effective for?
A: Delta Dental Patient Direct is valid for one year from the effective date. There are no refunds of any portion of the pre-paid annual fee.

Q: Does every dentist accept Delta Dental Patient Direct?
A: No, only Massachusetts dentists in the Delta Dental Patient Direct network accept Delta Dental Patient Direct. Visit www.deltadentalma.com for a listing of Massachusetts dentists in the Delta Dental Patient Direct Network.

Q: What services are discounted with Delta Dental Patient Direct?
A: Delta Dental Patient Direct gives you discounts on most dental services—from simple cleanings to fillings, crowns and root canals—even if you have a pre-existing condition.

Do you have a question we haven't answered? Give us a call on our toll-free line, 1.800.872.0500, or visit us on the web www.deltadentalma.com/patientdirect.

ENROLL TODAY!
Call 1.800.872.0500
www.deltadentalma.com/patientdirect

Delta Dental Patient Direct Dental Services - 2018

Listed below are only a sample of the discounts you'll receive.

	Customary Fee*	Member Fee**
Diagnostic/Preventive		
Comprehensive oral evaluation	\$95.00	\$50.00
Periodic oral evaluation	\$54.00	\$29.00
Limited oral evaluation, problem focused	\$92.00	\$55.00
Adult prophylaxis (routine cleaning)	\$110.00	\$69.00
Child prophylaxis, 14 & under (routine cleaning)	\$82.00	\$53.00
Topical application of fluoride	\$44.00	\$26.00
Radiographs		
Periapical, first X-ray	\$32.00	\$19.00
Bitewing, single X-ray	\$32.00	\$18.00
Complete series of radiographic images	\$155.00	\$96.00
Panoramic X-ray	\$140.00	\$88.00
Restorative		
Amalgam Restorations (silver filling)		
One surface	\$150.00	\$78.00
Two surfaces	\$190.00	\$98.00
Three surfaces	\$215.00	\$115.00
Four or more surfaces	\$259.00	\$140.00
Resin Restorations (tooth-colored filling)		
One surface, anterior	\$172.00	\$98.00
Two surfaces, anterior	\$210.00	\$121.00
Three surfaces, anterior	\$255.00	\$148.00
Four or more surfaces or involving incisal angle (anterior)	\$326.00	\$187.00
Crown and Bridge (per unit/tooth)		
Crown, porcelain fused to alloy of gold, platinum, etc.	\$1,405.00	\$878.00
Crown, full cast alloy of gold, platinum, etc.	\$1,610.00	\$915.00
Crown, porcelain/ceramic	\$1,500.00	\$908.00
Crown, stainless steel	\$375.00	\$185.00
Recent crown	\$125.00	\$70.00
Dentures		
Complete denture (upper or lower)	\$1,350.00	\$1,003.00
Partial denture, resin base (upper or lower)	\$1,034.00	\$768.00
Partial denture, metal framework with resin base (upper or lower)	\$1,500.00	\$1,067.00

Repair complete denture base	\$215.00	\$120.00
Repair metal framework	\$214.00	\$157.00
Reline complete denture (laboratory)	\$475.00	\$307.00
Replace missing or broken teeth, complete denture (each tooth)	\$184.00	\$103.00
Repair or replace broken clasp	\$220.00	\$137.00
Endodontics (excluding fixed restorations)		
Pulp cap, direct or indirect	\$85.00	\$46.00
Pulpotomy	\$216.00	\$117.00
Root Canal Therapy		
Anterior	\$945.00	\$614.00
Bicuspid	\$1,150.00	\$728.00
Molar	\$1,450.00	\$893.00
Adjunctive General Services		
Sealant, per tooth	\$70.00	\$44.00
Occlusal guard (night guard)	\$529.00	\$311.00
Periodontics		
Comprehensive periodontal evaluation	\$140.00	\$79.00
Scaling and root planing, four or more teeth per quadrant	\$280.00	\$170.00
Periodontal maintenance (following active therapy)	\$152.00	\$101.00
Gingivectomy/gingivoplasty, four or more contiguous teeth or tooth bounded spaces per quadrant	\$600.00	\$366.00
Soft tissue graft procedure (including donor site), first tooth or position in graft	\$1,329.00	\$754.00
Osseous surgery (including flap entry and closure) - four or more teeth per quadrant	\$1,500.00	\$925.00
Oral Surgery		
Extraction, single tooth	\$184.00	\$98.00
Surgical extraction of erupted tooth	\$325.00	\$190.00
Extraction of impacted tooth, soft tissue	\$400.00	\$257.00
Extraction of impacted tooth, partial bony	\$550.00	\$339.00
Extraction of impacted tooth, full bony	\$650.00	\$415.00
Orthodontics		
Pre-orthodontic treatment visit	\$200.00	\$204.00
Comprehensive Orthodontic Treatment, standard 2-year case up to age 19	\$5,647.00	\$4,692.00

*The listed Customary Fee is for illustrative purposes only. Fees will vary by dentist and geographic area.

** The listed Member Fee is for illustrative purposes only. Fees will vary by dentist and geographic areas. As performed by a Delta Dental Patient Direct participating General Dentist. Fees for services performed by a qualified specialist will be higher than amounts listed in the Greater Boston zipcode area. Members may call Customer Service for questions on a specific fee.

You know the importance of good dental health.

Improving the oral health of all.

It's no secret that good dental health is essential to living a healthy and happy life. Delta Dental strives to make dental care affordable by offering you a low-cost alternative to dental insurance.

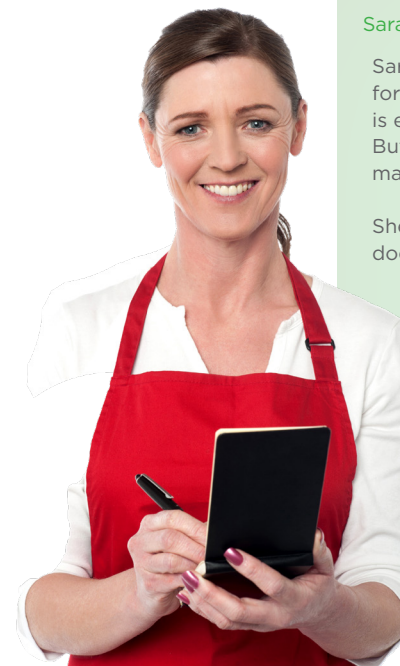
We negotiate. You save.

With Delta Dental Patient Direct, you take advantage of the deep discounts we've negotiated with the dentists in our Delta Dental Patient Direct network, without having to deal with a monthly insurance bill! This will mean big savings - 15 to 45% - on a wide range of dental services for you.

Enroll today and save up to 15-45% off the cost of certain services at your next dental visit.

- \$99 per Individual per year
- \$149 per Family per year

No portion of these annual fees are refundable. Enroll now, and present the card at your next visit to the dentist.



Sarah's Story

Sarah works part-time as a waitress for the best diner in town. Her smile is essential to her success at work. But lately, the pain in her teeth is making it hard to smile.

She knows she needs a crown, but doesn't get dental insurance as part of her benefits package at work. So she's been saving money for nearly two years to pay for it.

With Delta Dental Patient Direct Sarah will now pay 15 - 45% less for her crown. Which means she can get the procedure she needs and start smiling again.

Patient Direct Enrollment Form

Last Name*	First Name*	MI
Street Address*		
City*	State*	Zip Code*
Social Security Number*		Date of Birth*
Home Telephone Number*		Work Telephone Number
Email Address		
*Mandatory Fields		
Discount Type		
<input type="checkbox"/> Individual \$99 per year	<input type="checkbox"/> Family \$149 per year	
Eligible dependents to Age 26		
Last Name	First	MI
Sex		Date of Birth
<i>Subscriber</i>	M/F	/ /
<i>Spouse</i>	M/F	/ /
<i>Children</i>	M/F	/ /
	M/F	/ /
	M/F	/ /
	M/F	/ /

Method of Payment

Make check payable to Delta Dental and enclose it with this application and mail to:

Delta Dental Plans of Massachusetts
Enrollment Department
P.O. Box 9695
Boston, MA 02114-9695

Additional Provisions

1. Delta Dental Patient Direct is not insurance coverage and does not meet Massachusetts's minimum creditable coverage requirements.
2. Delta Dental Patient Direct does not make any payments to providers for services received.
3. Members must pay for all services provided but will receive a discount on certain services rendered by providers who have contracted to participate in the Delta Dental of Massachusetts Patient Direct network.
4. This discount program cannot be used in conjunction with any other discount plan or dental insurance plan.
5. Delta Dental Patient Direct does not coordinate benefits with any dental plan.
6. The range of discounts (if applicable) for specified dental services will vary depending upon type of provider and type of service.
7. This document contains the terms and conditions applicable to the Delta Dental Patient Direct discount plan. Please keep a copy for your records.