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**Coverage Summary for  
Beth Israel Lahey Health  
Group #014997  
Benefits Effective  
01/01/2021**

Calendar Year Maximum:		High Plan \$5,000	Low Plan \$1,000
Calendar Year Deductible – Individual/Family Max: Waived for Diagnostic and Preventive categories		\$50/\$150	\$25/\$75
Category / Procedure	Qualifications		
<b>Diagnostic</b> Comprehensive Evaluation Periodic Oral Exam Panoramic or Full Mouth X- rays Bitewing X-rays Single Tooth X-rays	Once every 60 months. Twice per calendar year. Once every 60 months. Twice per calendar year. As needed.	100% Coverage	100% Coverage
<b>Preventive</b> Teeth Cleaning Periodontal Cleaning Fluoride Treatments Space Maintainers Sealants	Twice per calendar year. Four per calendar year following active periodontal treatment (scaling and root planing). Not to be combined with preventive cleanings. Twice per calendar year 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, every 4 years 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.		
<b>Basic Restorative</b> Silver Fillings White Fillings – Front teeth Inlays and White Fillings (Back Teeth) Protective Restoration 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 for the difference between the silver filling and the Delta Dental negotiated fee for white fillings, where permitted by state law. Once per tooth. Once every 24 months per primary tooth.	80% Coverage	60% Coverage
<b>Oral Surgery</b> Extractions General Anesthesia and IV Sedation	Once per tooth. Covered with surgical impacted teeth only. Only up to one hour.		
<b>Periodontics – On Natural Teeth Only</b> Periodontal Surgery Scaling and Root Planing Bone Grafts/GTR	Limited to one surgical procedure in 36 months, per quadrant. Once in 24 months, per quadrant. Only two quadrants are allowed per date of service. No more than two teeth per quadrant, per 36 months.		
<b>Endodontics</b> Root Canal Treatment Root Canal Re-treatment Vital Pulpotomy	Once per tooth. Once per tooth after 24 months have elapsed from initial treatment. Limited to deciduous teeth.		
<b>Prosthetic Maintenance</b> Bridge or Denture Repair Crowns or Onlay Repair Rebase or Reline of Dentures Recement of Crowns , Onlays & Bridges	Once per bridge/denture per 12 months, after 24 months of initial insertion. Once per 12 months after 24 months of initial placement. Once per denture within 36 months. Once per crown, onlay or bridge.	50% Coverage	Not a covered Benefit
<b>Emergency Dental Care</b> Palliative treatment	Three occurrences in 12 months.		
<b>Prosthodontics</b> Dentures Bridges Implants (only in lieu of a 3-unit bridge) Implant Abutments	Once within 60 months. Aged 16 and older. Once within 60 months. Aged 16 and older. Endosteal Implant: Only when replacing one missing tooth and when adjacent teeth are healthy and do not require crowns. Once per 60 months per Implant. (Pre-estimate recommended). See back page for qualification criteria. Once per implant only when surgical implant benefitted.		
<b>Major Restorative</b> Crowns or Onlays Cast posts/Buildups	When teeth cannot be restored with regular fillings due to decay or fracture. Once within 60 months per tooth. Aged 12 and older. Once per tooth per 60 months only benefitted to retain a crown.	50% coverage, \$1,000 per person Lifetime Maximum	Not a covered Benefit
<b>Orthodontics</b> (For dependents to age 19)	Orthodontic treatment must be administered/supervised by a licensed dentist. Mail order orthodontic kits are not covered under this plan.		

### Additional Benefit Information

- **Rollover Maximum:** Rollover Max dollars do not apply to orthodontic services. To qualify for Rollover Max, you must receive at least one cleaning or oral exam in the calendar year. You must be enrolled for dental coverage before the 4<sup>th</sup> quarter of the plan year (10/1-12/31) and your paid claims must not exceed the maximum "threshold" amount.

Your calendar year maximum benefit amount.	If your total yearly claims don't exceed this threshold amount...	Then you can roll over this amount to use next year, and beyond.	Your accumulated rollover total is capped at this amount.
High Plan: \$5,000	\$1,000	\$750	\$1,500
Low Plan - N/A	N/A	N/A	N/A

- Non-participating dentists may balance bill. Subscribers are responsible for the difference between the non-participating maximum plan allowance and the full fee charged by the dentist.
- Ask your dentist to submit a pre-estimate to Delta Dental for any procedure that exceeds \$300.00. This will help you estimate in advance any out-of-pocket expenses you may incur and will confirm that the services you're having are covered under your dental plan.
- Dependent Eligibility: Eligible dependents covered through the end of the month in which they turn age 26.
- \*\* To qualify for a single tooth implant, you must meet specific criteria:
  - a) There must be natural teeth present on both sides of the missing tooth
  - b) Only one tooth can be missing (if two teeth are missing this would be a 4-unit bridge and would not qualify for the implant benefit)
  - c) The adjacent teeth must be healthy (in other words free of decay or fracture and not need crowns)
  - d) The adjacent teeth must be free of periodontal disease
  - e) If multiple teeth are missing in an arch this would not qualify for a 3-unit bridge nor the implant benefit

Delta Dental PPO *Plus Premier*



## Easy Access and Great Value – Your Delta Dental Networks

As a Delta Dental PPO *Plus Premier* subscriber, you have access to two of Delta Dental's extensive national networks- Delta Dental PPO, with more than 283,000 participating dentist locations and Delta Dental Premier, the largest dental network in the country with more than 358,000 dentist locations. Three out of four dentists nationwide participate in one or both of these networks.

You will enjoy great benefits when you receive your dental care from a participating dentist in either the Delta Dental PPO or Delta Dental Premier networks.

- Both networks offer discounted fees and a no balance billing policy.
- You will receive good value from Delta Dental Premier network dentists who generally accept discounted fees.
- You will enjoy the greatest savings when visiting Delta Dental PPO network dentists due to even deeper discounts.
- 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 the 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://www.deltadentalma.com/members/discounts-on-covered-services/>

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

## Learn more at [deltadentalma.com](http://deltadentalma.com)

Visit the member area of [www.deltadentalma.com](http://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 1-800-368-4708.

You can also find more information about your plan in the Delta Dental Member Guide, available from your benefits administrator or online at [www.deltadentalma.com](http://www.deltadentalma.com). In the guide, you can learn how to use your benefits, how to find a dentist or specialist, how to access online resources, and more about keeping a healthy mouth for life.

The information on this coverage summary 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, refer to your plan's Subscriber Certificate, which is available through your benefits administrator.

Your Plan is Administered by:  
**Delta Dental of Massachusetts**  
 1-800-368-4708  
[www.deltadentalma.com](http://www.deltadentalma.com)

465 Medford Street  
 Boston, MA 02129

## 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, age, disability, sex, gender identity or sexual orientation. Delta Dental of Massachusetts does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, gender identity or sexual orientation.

Delta Dental of Massachusetts:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - o Qualified sign language interpreters
  - o 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:
  - o Qualified interpreters
  - o Information written in other languages

If you need these services, visit: <http://www.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, age, disability, or sex, you can file a grievance with:

Ugonna Onyekwu  
Civil Rights Coordinator  
Compliance Department  
465 Medford Street  
Boston, MA 02129  
Fax: 617-886-1390  
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, Ugonna Onyekwu 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/office/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  
1-800-368-1019, 800-537-7697 (TDD)

View our Notice of Privacy Practices at <http://bit.ly/ddmanpp>

*Delta Dental of Massachusetts PPO and Premier insurance products are offered by Dental Service of Massachusetts, Inc. Delta Dental of Massachusetts EPO and DeltaCare insurance products are offered DSM Massachusetts Insurance Company, Inc.*