

2021 Town of Arlington - Dual Option Plan Comparison

Trying to decide between plans? Here is a comparison of some of the key similarities and differences between the Town of Arlington's 2 Delta Dental PPO Plus Premier High and Low Option Plans.

Delta Dental PPO Plus Premier National Network Massachusetts & National Provider Network High Option	Delta Dental PPO Plus Premier National Network Massachusetts & National Provider Network Low Option
<p>Monthly Rates for 2021: \$61.44 per Individual & \$144.21 per Family.</p> <p>Members have access to two of Delta Dental's extensive national networks Delta Dental PPO and Delta Dental Premier. You will enjoy great benefits when you receive your dental care from a participating dentist in either of these two networks. Visit our website at www.deltadentalma.com click on "how to find a participating provider".</p> <p><u>Covered Services:</u></p> <p>Diagnostic and Preventative – 100%</p> <p>Basic Restorative – 80% :(member pays 20% of service fee)</p> <p>Restorative Oral Surgery Endodontics Prosthetic Maintenance Emergency Dental Care</p> <p>Major Restorative - 50% Coverage:(member pays 50% of service fee)</p> <p>Crown Bridges Dentures</p> <p>An Endosteal Implant is covered as Type III 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-Pretreatment Estimate with x-rays from Provider advised prior to service.</p> <p><u>Calendar Year Deductible (January-December):</u> \$50 per individual/\$150 per family. Deductible waived for Diagnostic & Preventive Services (covered at 100%)</p> <p><u>Calendar Year Maximum (January –December)</u> \$1,500 per person per family member</p> <p><u>Orthodontic Coverage</u> Covered at 100% of the maximum plan allowance to age 19 with a separate \$1,000 lifetime maximum.</p> <p>Eligible dependents are covered until the last day of the member's 26th birthday month.</p>	<p>Monthly Rates for 2021: \$44.31 per Individual & \$104.02 per Family.</p> <p>Members have access to two of Delta Dental's extensive national networks Delta Dental PPO and Delta Dental Premier. You will enjoy great benefits when you receive your dental care from a participating dentist in either of these two networks. Visit our website at www.deltadentalma.com click on "how to find a participating provider".</p> <p><u>Covered Services:</u></p> <p>Diagnostic and Preventative - 100%</p> <p>Basic Restorative – 80%: (member pays 20% of service fee)</p> <p>Restorative Oral Surgery Endodontics Prosthetic Maintenance Emergency Dental Care</p> <p>Major Restorative Services – Not covered</p> <p><u>Calendar Year Deductible (January-December):</u> \$50 per individual/\$150 per family Deductible waived for Diagnostic & Preventive Services (covered at 100%)</p> <p><u>Calendar Year Maximum (January-December):</u> \$750 per person per family member.</p> <p>No Coverage</p> <p>Eligible dependents are covered until the last day of the member's 26th birthday month.</p>

Rollover Maximum Benefit – Under the High Plan, you must have at least one cleaning or exam during the calendar year and have used less than the claim threshold of \$700 to qualify for Rollover dollars. If you qualify each year you can roll over \$500 with a maximum accumulated amount of \$1,250.

Delta Dental recommends a Pre-Treatment Estimate for dental work of \$300 or more prior to service to better assist the member in understanding their benefits.

Limitations Do Apply

No Coverage

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Rollover Maximum for Town of Arlington

The following applies for each member enrolled in the Delta Dental PPO Plus Premier High Plan Only:

The *Annual Maximum \$1,500* for covered services for each member on the **High Plan**.

Each member is eligible to roll over a portion of their unused *annual maximum* to the following calendar year provided the following requirements are met:

- The member must have 1 cleaning and/or oral exam per calendar year
- Incurred claims for the calendar year cannot exceed the plan threshold amount (see above).
- **The member must be on the plan for more than 3 months in the calendar year**
- The present maximum rollover dollars available will vary depending upon the plan selected.
- The accumulated rollover total cannot exceed either \$1,250 (see above).
- Retroactive claims will affect the *Rollover Max* (ROM) balance.
- Regular maximum benefit dollars are used first; ROM benefit dollars are used second.
- **To find out if you were eligible for rollover dollars go to www.deltadentalma.com to register or call Customer Service at 800-872-0500.**

For more detailed information please refer to your benefit plan summaries.