

**Coverage Summary for
Town of Arlington
Group Number: 012314
Effective 1/1/2022**

Visit deltadentalma.com for detailed benefit information

Calendar Year Maximum (01/01—12/31):		Low Plan \$750	High Plan \$1,500
Calendar Year Deductible (01/01-12/31): Individual/Family Max: Waived for Diagnostic and Preventive categories		\$50/\$150	\$50/\$150
Category / Procedure	Qualifications		
Diagnostic Comprehensive Evaluation Periodic Oral Evaluation 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
Preventive Teeth Cleaning Periodontal Cleaning Fluoride Treatments Space Maintainers Sealants	Twice per calendar year. Four per plan year following active periodontal treatment (scaling and root planing or osseous surgery). 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.		
Basic Restorative 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. Once per tooth. Once every 24 months per primary tooth, after a pulpotomy.	80% Coverage	80% Coverage
Oral Surgery Extractions General Anesthesia and IV Sedation	Once per tooth. Covered with surgical impacted teeth only. Only up to one hour.		
Periodontics – On Natural Teeth Only Periodontal Surgery Scaling and Root Planing Bone Grafts/GTR	One surgical procedure in 36 months, per quadrant. Once in 24 months, per quadrant. No more than 2 quadrants per date of service. No more than 2 teeth per quadrant, per 36 months on natural teeth.		
Endodontics 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.		
Prosthetic Maintenance 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.	Not Covered	50% Coverage
Emergency Dental Care Palliative treatment	Three occurrences in 12 months.		
Prosthodontics Dentures Bridges Implants (only in lieu of a 3unit 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). Once per implant only when surgical implant benefitted.		
Major Restorative Crowns or Onlays Cast posts/Buildups	When teeth cannot be restored with regular fillings due to fracture or decay. Once within 60 months per tooth. Aged 12 and older. Once per tooth per 60 months only benefitted to retain a crown.	Not Covered	100% coverage, \$1,000 per person Lifetime Maximum
Orthodontics (dependents to age 19)	Orthodontic treatment must be administered/supervised by a licensed dentist. Mail order kits are not covered by this plan.		

Monthly Rates:	Monthly Rates:
\$41.21-individual	\$57.14-individual
\$96.74-family	\$134.12-family

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 evaluation in the plan year. You must be enrolled for dental coverage before the 4th quarter of the plan year (4/1-6/30) and your paid claims must not exceed the maximum "threshold" amount.

Your plan 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 - \$1,500	\$700	\$500	\$1,250
Low Plan – Not eligible	Not eligible	Not eligible	Not eligible

- Eligible dependents are covered until the last day of the member's 26th birthday month.
- Delta Dental of Massachusetts ("DDMA") members who are enrolled in plans that include coverage of orthodontic services are only covered when the orthodontic services are performed by a licensed dentist. Orthodontic coverage can include treatment with traditional braces or invisible aligner therapy, as long as the services are administered and supervised by a licensed dentist. All coverage is subject to the terms, conditions, and limitations set forth in the member's subscriber certificate.
- Ask your dentist to submit a pre-treatment estimate to Delta Dental for any procedure that exceeds \$300. This will help you estimate any out-of-pocket expenses you may incur and will confirm that the services are covered under your dental coverage.
- 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.

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 to find a participating dentist in your area.

Learn more at deltadentalma.com

Visit the member area of 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.

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. 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
1-800-872-0500
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, or sex. Delta Dental of Massachusetts does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

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
Phone: 617-886-1683
Email: 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)

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.

