

**Coverage Summary for  
Town of Arlington  
Group Number: 012314  
Effective 1/1/2025**

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Calendar Year Maximum (01/01—12/31):		<b>Low Plan</b> \$750	<b>High Plan</b> \$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		
<b>Diagnostic</b> 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
<b>Preventive</b> 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
<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	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.		
<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.	Not Covered	50% Coverage
<b>Emergency Dental Care</b> Palliative treatment	Three occurrences in 12 months.		
<b>Prosthodontics</b> 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.		
<b>Major Restorative</b> 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
<b>Orthodontics</b> (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