Delta Dental Individual and FamilySM
EPO Enhanced

Benefit Summary

Easy Access and Great Value – Your Delta Dental Networks
As a Delta Dental EPO subscriber, you have access to Delta Dental’s EPO network in Massachusetts (MA). Participating providers have agreed to offer discounted fees and a no balance billing policy. Should you require care outside of Massachusetts, you have access to Delta Dental’s extensive national PPO network with more than 293,000 participating dentist locations nationwide. If you choose to receive services from a provider who does not participate in the Delta Dental EPO network in MA, or the Delta Dental PPO network out of MA, you will have higher out-of-pocket costs as your benefit is lower, Delta Dental contracted 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 www.deltadentalma.com
You can get more information by visiting www.deltadentalma.com. At the site, you can search for a dentist or specialist, review eligibility status, get information on dental health and wellness, and find more about how dental coverage works. If you have any questions or need additional information, you can call customer service at 1-800-872-0500.

Coverage Summary

<table>
<thead>
<tr>
<th>Type</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible</td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>$50</td>
</tr>
<tr>
<td>Family</td>
<td>$150</td>
</tr>
<tr>
<td>Maximum Per Member for members age 19 and over</td>
<td>$1,250</td>
</tr>
<tr>
<td>Out of Pocket Maximum for members under age 19</td>
<td>$350</td>
</tr>
<tr>
<td>Limited to $700 per family</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Category / Procedure</th>
<th>Qualifications for members under age 19</th>
<th>Qualifications for members age 19 and over</th>
<th>Members under age 19</th>
<th>Members age 19 and over</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In Network</td>
<td>Out of Network</td>
<td>In Network</td>
<td>Out of Network*</td>
</tr>
<tr>
<td>Diagnostic</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comprehensive Evaluation</td>
<td>Once per patient per location.</td>
<td>Once every 60 months per location.</td>
<td>100%</td>
<td>80%</td>
</tr>
<tr>
<td>Periodic Oral Exam</td>
<td>Twice per patient per location per 12 months.</td>
<td>Once every 6 months.</td>
<td>100%</td>
<td>80%</td>
</tr>
<tr>
<td>Full Mouth X-rays</td>
<td>Once every 36 months.</td>
<td>Once every 60 months.</td>
<td>100%</td>
<td>80%</td>
</tr>
<tr>
<td>Bitewing X-rays</td>
<td>Two per patient per location per 12 months.</td>
<td>Once every 6 months.</td>
<td>100%</td>
<td>80%</td>
</tr>
<tr>
<td>Single Tooth X-rays</td>
<td>As needed.</td>
<td>As needed.</td>
<td>100%</td>
<td>80%</td>
</tr>
<tr>
<td>Preventive</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teeth Cleaning</td>
<td>Twice every 12 months.</td>
<td>Once every 6 months.</td>
<td>100%</td>
<td>80%</td>
</tr>
<tr>
<td>Fluoride Treatments</td>
<td>Once every 3 months.</td>
<td>Not covered.</td>
<td>100%</td>
<td>0%</td>
</tr>
<tr>
<td>Space Maintainers</td>
<td>Covered.</td>
<td>Not covered.</td>
<td>100%</td>
<td>0%</td>
</tr>
<tr>
<td>Sealants</td>
<td>Once per patient per location every 3 years.</td>
<td>Not covered.</td>
<td>100%</td>
<td>0%</td>
</tr>
</tbody>
</table>

Delta Dental of Massachusetts EPO insurance products are offered by DSM Massachusetts Insurance Company, Inc.


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## Delta Dental Individual and Family EPO Enhanced

### Qualifications for members under age 19

<table>
<thead>
<tr>
<th>Category / Procedure</th>
<th>Qualifications for members under age 19</th>
<th>Qualifications for members age 19 and over</th>
<th>Members under 19</th>
<th>Members age 19 and over</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In Network</td>
<td>Out of Network</td>
<td>In Network</td>
<td>Out of Network*</td>
</tr>
<tr>
<td><strong>Restorative</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Silver Fillings</td>
<td>One per tooth per surface each 12 months.</td>
<td>Once every 24 months per surface per tooth.</td>
<td>75%</td>
<td>55%</td>
</tr>
<tr>
<td>White Fillings (Front Teeth)</td>
<td>One per tooth per surface per 12 months.</td>
<td>One per tooth per surface per 24 months.</td>
<td>75%</td>
<td>55%</td>
</tr>
<tr>
<td>White Fillings (Back Teeth)</td>
<td>One per tooth per surface per 12 months.</td>
<td>One per tooth per surface per 24 months.</td>
<td>75%</td>
<td>55%</td>
</tr>
<tr>
<td>Temporary Fillings</td>
<td>Once per tooth per 60 months.</td>
<td>Once per tooth per 60 months.</td>
<td>75%</td>
<td>55%</td>
</tr>
<tr>
<td>Stainless Steel Crowns</td>
<td>Four per patient per day.</td>
<td></td>
<td>75%</td>
<td>55%</td>
</tr>
<tr>
<td><strong>Oral Surgery</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Simple Extractions</td>
<td>Covered.</td>
<td>One per tooth.</td>
<td>75%</td>
<td>55%</td>
</tr>
<tr>
<td>Surgical Extractions</td>
<td>Covered.</td>
<td>One per tooth.</td>
<td>75%</td>
<td>55%</td>
</tr>
<tr>
<td><strong>Periodontics</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Periodontal Surgery</td>
<td>One per quadrant every 36 months.</td>
<td>One every 36 months per quadrant.</td>
<td>75%</td>
<td>55%</td>
</tr>
<tr>
<td>Scaling and Root Planing</td>
<td>One per quadrant every 24 months.</td>
<td>One quadrant every 24 months.</td>
<td>75%</td>
<td>55%</td>
</tr>
<tr>
<td>Periodontal Cleaning</td>
<td>Not Covered.</td>
<td>One every 3 months.</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Endodontics</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Root Canal Treatment</td>
<td>Once per tooth per lifetime.</td>
<td>One per tooth.</td>
<td>75%</td>
<td>55%</td>
</tr>
<tr>
<td>Vital Pulpotomy</td>
<td>Once per tooth per lifetime.</td>
<td>Not covered.</td>
<td>75%</td>
<td>55%</td>
</tr>
<tr>
<td><strong>Prosthetic Maintenance</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bridge or Denture Repair</td>
<td>Once per 12 months, same repair.</td>
<td></td>
<td>75%</td>
<td>55%</td>
</tr>
<tr>
<td>Rebase or Reline of Dentures</td>
<td>Once per patient every 24 months.</td>
<td>Once within 36 months.</td>
<td>75%</td>
<td>55%</td>
</tr>
<tr>
<td>Recement of Crowns &amp; Onlays</td>
<td>Once per tooth.</td>
<td></td>
<td>75%</td>
<td>55%</td>
</tr>
<tr>
<td><strong>Emergency Dental Care</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Minor treatment for Pain Relief</td>
<td>Three occurrences in 12 months.</td>
<td></td>
<td>75%</td>
<td>55%</td>
</tr>
<tr>
<td>General Anesthesia</td>
<td>Allowed with covered surgical services only.</td>
<td>Allowed with covered surgical services only.</td>
<td>75%</td>
<td>55%</td>
</tr>
<tr>
<td><strong>Prosthodontics</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dentures</td>
<td>One patient per 84 months.</td>
<td>One within 60 months.</td>
<td>50%</td>
<td>30%</td>
</tr>
<tr>
<td>Fixed Bridges and Crowns</td>
<td>One per tooth per 60 months.</td>
<td>When part of a bridge. One within 60 months.</td>
<td>50%</td>
<td>30%</td>
</tr>
<tr>
<td>Implants</td>
<td>Not covered.</td>
<td>Not covered.</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Major Restorative</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crowns</td>
<td>One per tooth each 60 months.</td>
<td>When teeth cannot be restored with regular fillings. One within 60 months per tooth.</td>
<td>50%</td>
<td>30%</td>
</tr>
<tr>
<td><strong>Orthodontics</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medically Necessary Orthodonture**</td>
<td>Once per lifetime.</td>
<td>Not covered.</td>
<td>50%</td>
<td>30%</td>
</tr>
</tbody>
</table>

*Dependents are covered up to age 26.*

*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.

**Orthodontic services for children under the age of nineteen (19) for severe and handicapping malocclusion as defined by HLD index score of 22 and/or one or more auto Qualifier. Requires prior authorization.

Delta Dental Individual and Family EPO Enhanced

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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:
  - Qualified sign language interpreters
  - 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:
  - Qualified interpreters
  - 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)

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The information on this coverage summary should be used only as a guideline for your dental benefits plan. For detailed information on your plan, riders, terms and conditions, or limitations and exclusions, refer to your plan’s Subscriber Certificate, which you can get by calling Customer Service at 1-800-872-0500.