DELTA DENTAL®

Delta Dental Individual and Family™
EPO Enhanced

MASSACHUSETTS HEALTH CONNECTOR

Benefit summary

Easy access and great value

Members of the Delta Dental Individual and Family™ EPO Enhanced plan have access to Delta Dental's EPO network in Massachusetts (MA). Participating providers have agreed to offer discounted fees and adhere to a no-balance-billing policy.

If you require care outside of Massachusetts, you have access to Delta Dental's extensive national PPO network. Members also have the flexibility to visit a provider who does not participate in the Delta Dental EPO network in MA or the Delta Dental PPO network outside of MA; however, benefits will be paid at the out-of-network level shown in the right-hand column of this coverage summary. Out-of-pocket costs will be higher because the benefit level is lower, Delta Dental's contracted rates do not apply, and the no-balance-billing policy is not in effect.

Learn more at deltadentalma.com

Visit deltadentalma.com and log into your online member account to search for a dentist, check eligibility and claims history, view your member ID, and more. If you have questions or need assistance, call customer service at 800-872-0500, Monday through Friday, 8:00 a.m. – 8:00 p.m.

Discover how to empower your smile and make the most of your dental plan at **deltadentalma.com/maximize-your-plan.**

Coverage summary

Type	Amount	
Deductible Individual Family	 $50 $150	 Deductible waived for Diagnostic and Preventive categories. Deductible waived for Diagnostic and Preventive categories.
Maximum Per Member for members age 19 and over	$1,250	
Out of Pocket Maximum for members under age 19	$350	Limited to $700 per family

Category / Procedure	Qualifications for members under age 19	Qualifications for members age 19 and over	Members under age 19		Members age 19 and over	
			In Network	Out of Network	In Network	Out of Network*
Diagnostic						
Comprehensive Evaluation	Once per patient per location.	Once every 60 months per location.	100%	80%	100%	80%
Periodic Oral Exam	Twice per patient per location per 12 months.	Twice every 12 months.	100%	80%	100%	80%
Full Mouth X- rays	Once every 36 months.	Once every 60 months.	100%	80%	100%	80%
Bitewing X-rays	Twice per patient per location per 12 months.	Twice every 12 months.	100%	80%	100%	80%
Single Tooth X-rays	As needed.	As needed.	100%	80%	100%	80%
Preventive						
Teeth Cleaning	Twice every 12 months.	Twice every 12 months.	100%	80%	100%	80%
Fluoride Treatments	Once every 3 months.	Not covered.	100%	80%	0%	0%
Space Maintainers	Covered.	Not covered.	100%	80%	0%	0%
Sealants	Age 0-16. One per 3 years per provider or location per tooth.	Not covered.	100%	80%	0%	0%

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Category / Procedure	Qualifications for members under age 19	Qualifications for members age 19 and over	Members under age 19		Members age 19 and over	
			In Network	Out of Network	In Network	Out of Network*
Restorative						
Silver Fillings	One per tooth per surface each 12 months.	Once every 24 months per surface per tooth.	75%	55%	75%	55%
White Fillings (Front Teeth)	One per tooth per surface per 12 months.	One per tooth per surface per 24 months.	75%	55%	75%	55%
White Fillings (Back Teeth)	One per tooth per surface per 12 months. Multi surfaces will be processed as silver filling and the patient is responsible up to the Delta Dental negotiated fee for white fillings, where allowable by state law. In other states, the patient is responsible up to the provider's full submitted charge.	One per tooth per surface per 24 months. Multi surfaces will be processed as a silver filling and the patient is responsible up to the Delta Dental negotiated fee for white fillings, where allowable by state law. In other states, the patient is responsible up to the provider's full submitted charge.	75%	55%	75%	55%
Temporary Fillings	Once per tooth per 60 months.	Once per tooth per 60 months.	75%	55%	75%	55%
Stainless Steel Crowns	Four per patient per day.		75%	55%	Not Covered	Not Covered
Oral Surgery						
Simple Extractions	Covered.	Once per tooth.	75%	55%	75%	55%
Surgical Extractions	Covered.	Once per tooth.	75%	55%	75%	55%
Periodontics						
Periodontal Surgery	One per quadrant every 36 months.	Once every 36 months per quadrant.	75%	55%	75%	55%
Scaling and Root Planing	One per quadrant every 24 months.	Once per quadrant every 24 months.	75%	55%	75%	55%
Periodontal Cleaning	Not Covered.	Four times every 12 months following active periodontal treatment. Not to be combined with preventive cleanings.	0%	0%	100%	80%
Endodontics						
Root Canal Treatment	Once per tooth per lifetime.	Once per tooth.	75%	55%	75%	55%
Vital Pulpotomy	Once per tooth per lifetime.	Not covered.	75%	55%	0%	0%
Prosthetic Maintenance						
Bridge or Denture Repair		Once per 12 months, same repair.	75%	55%	75%	55%
Rebase or Reline of Dentures	Once per patient every 24 months.	Once within 36 months.	75%	55%	75%	55%
Recement of Crowns & Onlays		Once per tooth.	75%	55%	75%	55%
Emergency Dental Care						
Minor treatment for Pain Relief		Three occurrences in 12 months.	75%	55%	75%	55%
General Anesthesia	Allowed with covered surgical services only.	Allowed with covered surgical services only.	75%	55%	75%	55%
Prosthodontics		**A 6-month waiting period applies.**				
Dentures	One per patient per 84 months.	Once within 60 months.	50%	30%	50%	30%
Fixed Bridges and Crowns	Once per tooth per 60 months.	When part of a bridge. Once within 60 months.	50%	30%	50%	30%
Implants	Not covered.	Not covered.	0%	0%	0%	0%
Major Restorative		**A 6-month waiting period applies.**				
Crowns	One per tooth each 60 months.	When teeth cannot be restored with regular fillings. Once within 60 months per tooth.	50%	30%	50%	30%
Orthodontics						
Medically Necessary Orthodonture**	Once per lifetime.	Not covered.	50%	30%	0%	0%

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.

Nondiscrimination Notice and Language Assistance

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 and us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, and accessible electronic formats)
- Providers 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:

Alisa Lewis
Senior Director of Governance, Risk and Compliance
Compliance Department
465 Medford Street
Boston, MA 02129
Phone: 617-580-2028
Email: privacy@deltadentalmass.com
TTY : 711

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Alisa Lewis 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/ocu/portal/lobby.jst 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
800-363-1019, 800-537-7697 (TDD)

View our Notice of Privacy Practices at https://deltadentalma.com/privacy-policy

(1) Delta Dental of Massachusetts PPO and Premier insurance products are offered by Dental Services of Massachusetts, Inc.
(2) Total Choice PPO and Delta Dental EPO insurance products are offered by DSM Massachusetts Insurance Company, Inc.

Notice of availability of Language Services

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-872-0500 (TTY: 711).

ATTENTION : Si vous parlez français, vous avez accès gratuitement à des services d'assistance linguistique. Appelez le 1-800-872-0500 (TTY: 711).

ATENÇÃO: Se você fala português, tem à sua disposição serviços gratuitos de assistência linguística. Ligue para 1-800-872-0500 (TTY: 711).

注意：如果您说中文，您可以免费获得语言协助服务。请致电 1-800-872-0500 (TTY: 711).

CHÚ Ý: Nếu bạn nói tiếng Việt, bạn có quyền sử dụng miễn phí dịch vụ hỗ trợ ngôn ngữ. Vui lòng gọi 1-800-872-0500 (TTY: 711).

주의: 한국어를 사용하시는 경우, 무료 언어 지원 서비스를 이용하실 수 있습니다. 1-800-872-0500 (TTY: 711) 로 전화하십시오.

Kung nagsasalita ka ng Tagalog, mayroon kang libreng access sa mga serbisyo ng tulong sa wika. Tumawag sa 1-800-872-0500 (TTY: 711).

ربية، يمكنك الحصول على خدمات المساعدة اللغوية مجانًا. يرجى الاتصال برقم 1-800-872-0500 (TTY: 711).
إشعار: إذا كنت تتحدث اللغة العـ

ВНИМАНИЕ: Если вы говорите по-русски, у вас есть бесплатный доступ к услугам языковой поддержки. Звоните 1-800-872-0500 (TTY: 711).

ATTENZIONE: Se parli italiano, hai accesso gratuito ai servizi di assistenza linguistica. Chiama il 1-800-872-0500 (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, haben Sie kostenlosen Zugang zu Sprachunterstützungsdiensten. Rufen Sie 1-800-872-0500 (TTY: 711).

注意: 日本語を話す場合、無料で言語支援サービスをご利用いただけます。1-800-872-0500 (TTY: 711) にお電話ください。

UWAGA: Jeśli mówisz po polsku, masz bezpłatny dostęp do usług wsparcia językowego. Zadzwoń pod numer 1-800-872-0500 (TTY: 711).

ATANSYON: Si w pale kreyòl ayisyen, ou gen aksè gratis ak sèvis asistans lang. Rele 1-800-872-0500 (TTY: 711).