

## Delta Dental PPO *Plus Premier*™

## Coverage Summary for Servier Pharmaceuticals, LLC Group # 014724

Deductible: \$50 per individual/\$150 per family. Deductible waived for Diagnostic and Preventive categories  
Calendar Year Maximum: \$2,000 per person.

Co-Insurance

Category / Procedure	Qualifications	PPO Network	Premier & Out of Network*
<b>Diagnostic</b> Comprehensive Evaluation Periodic Oral Exam Panoramic or Full Mouth X-rays Bitewing X-rays Single Tooth X-rays	Once every 60 months. Twice per calendar year. Once every 3 year period. Twice per calendar year. As needed.	100%	100%
<b>Preventive</b> Teeth Cleaning Fluoride Treatments Space Maintainers  Sealants	Twice per calendar year. 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, once every 36 months per tooth for members through age 15. Sealants also covered for members age 16 up to age 19 with a recent cavity and are at risk for decay.	100%	100%
<b>Restorative</b> Silver Fillings White Fillings Inlays  Protective Restorations Stainless Steel Crowns	Once every 24 months per surface per tooth. Once every 24 months per surface per tooth. Once every 60 months per tooth, inlays are processed as a silver filling and the patient is responsible for the difference between the silver filling and the Delta Dental negotiated fee for an inlay, where permitted by state law. In other states, the patient may be responsible for paying up to the provider's full submitted charge for an inlay. Once per tooth. Once every 24 months per tooth (on primary teeth only).	90%	80%
<b>Oral Surgery</b> Extractions General Anesthesia	Once per tooth. General Anesthesia and IV sedation allowed with covered oral surgical procedures and other endodontic and periodontic procedures (up to one hour).	90%	80%
<b>Periodontics</b> (on natural teeth only) Periodontal Surgery Scaling and Root Planing Periodontal Cleaning Bone Grafts/GTR	One surgical procedure per quadrant in any 5 year period. Once in 24 months, per quadrant. No more than 2 quadrants per date of service. Four times per calendar year. Not to be combined with preventive cleanings. No more than 2 teeth per quadrant per 36 months on natural teeth.	90%  100%	80%  100%
<b>Endodontics</b> Root Canal Treatment Root Canal Retreatment Vital Pulpotomy	Once per tooth. Once per tooth after 24 months have elapsed from initial treatment Limited to deciduous teeth.	90%	80%
<b>Prosthetic Maintenance</b> Bridge or Denture Repair Crown 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 tooth per 12 months after 24 months of initial placement Once per denture within 36 months. Once per crown, onlay or bridge.	90%	80%
<b>Emergency Dental Care</b> Palliative Treatment	Three occurrences in 12 months.	90%	80%
<b>Prosthetic</b> Dentures Fixed Bridges Implants Implant Abutments	Once within 60 months (age 16 and older). Once within 60 months (age 16 and older). Once per 60 months per Implant. (Pre-estimate recommended). Once per 60 months. (Pre-estimate recommended).	60%	50%
<b>Major Restorative</b> Crowns or Onlay  Cast Posts/Buildups	When teeth cannot be restored with regular fillings. Once within 60 months per tooth (age 12 and older). Once per tooth per 60 months only benefitted to retain a crown.	60%	50%
<b>Orthodontics:</b> Covered at 50% of Maximum Plan Allowance charges for members up to any age. \$2,000 separate LIFETIME maximum. Orthodontic treatment must be administered/supervised by a licensed dentist.			

**Additional Benefit Information**

Dependent Eligibility: Eligible dependents up to the end of the month in which they turn age 26.
Deductible waived for periodontal cleanings.
Domestic partner coverage is available.
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.

*This plan is eligible for 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 exam in the calendar year. You must be enrolled for dental coverage before the 4<sup>th</sup> quarter of the plan year (10/1-12/31) and your paid claims must not exceed the maximum “threshold” amount.

Your calendar 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.
\$2,000	\$800	\$600	\$1,500

\*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.

## Get to know your benefits

Thank you for choosing Delta Dental of Massachusetts as your trusted smile partner. As a Delta Dental member, you will enjoy convenient access and unmatched value. With 3 out of 4 dentists nationwide participating in a Delta Dental network, you'll be sure to find a dentist near your home or work. By visiting an in-network dentist, you'll benefit from significant cost savings.

Managing your dental plan — and your oral health — has never been easier with Delta Dental's digital tools and resources.

### Visit [deltadentalma.com](https://deltadentalma.com) for access to:



#### Find a Dentist search tool

Find an in-network dentist in your area with our searchable directory.



#### Dental Care Cost Estimator

Discover what a dental procedure will cost before your visit with our estimator tool.



#### DentaQual®

View dentists' ratings when searching for a participating provider with our 5-star performance scale.



#### Teledentistry.com/ddma

Schedule a virtual visit with a dentist 24/7 by visiting [teledentistry.com/ddma](https://teledentistry.com/ddma).

### Stay informed with your oral health:



Sign up for our Member Brush Up Newsletter [here](#).



Visit our member engagement website [ExpressYourHealthMA.com](https://ExpressYourHealthMA.com).

- ✓ Benefit information and reminders
- ✓ Oral health tips for at home care
- ✓ DDMA community initiatives

### Access the secure member portal for:



#### Coverage information

Review your dental plan information including eligibility, waiting periods, plan maximums and frequency limitations.



#### Claims history

View the status of your claims or pre-estimates.



#### Mobile ID card

Print or download a replacement ID card.



### Manage your oral health, anytime, anywhere with the \*Delta Dental Mobile App:

- ✓ Quick and easy access to digital ID cards
- ✓ Detailed claims information
- ✓ Review your dental policy coverage
- ✓ Find a Dentist search tool
- ✓ Dental Care Cost Estimator tool



Scan to download the  
Delta Dental Mobile App.

\*Members must first register on the Delta Dental of Massachusetts secure, member portal.



### Need assistance?

Call our Customer Care center: 800-872-0500.  
Representatives available Mon-Fri 8 am - 8 pm EST  
Email: [customer.care@deltadentalmass.com](mailto:customer.care@deltadentalmass.com)

Your Plan is Administered by  
**Delta Dental of Massachusetts**

465 Medford Street, Ste 400  
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, sex, gender identity, sexual orientation, age, or disability. Delta Dental of Massachusetts does not exclude people or treat them differently because race, color, national origin, sex, gender identity, sexual orientation, age, or disability.

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: [deltadentalma.com](http://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, sex, gender identity, sexual orientation, age, or disability, you can file a grievance with:

Civil Rights Coordinator  
Compliance Department  
P.O. Box 2907  
Milwaukee, WI 53201-2907  
Fax: 617-886-1390  
Phone: 800-872-0500  
Email: [FairTreatment@greatdentalplans.com](mailto: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, the Civil Rights Coordinator 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  
800-368-1019, 800-537-7697 (TDD)

## Language assistance

ATTENTION: If you speak English, language assistance is available at no cost. Call 800-872-0500 (TTY: 844-233-4524).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800-872-0500 (TTY: 844-233-4524).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 800-872-0500 (TTY: 844-233-4524).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 800-872-0500 (TTY: 844-233-4524)。

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 800-872-0500 (TTY: 844-233-4524).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 800-872-0500 (TTY: 844-233-4524).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 800-872-0500 (TTY: 844-233-4524).

تنبيه: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية المجانية متاحة لك. اتصل بالرقم 800-872-0500 (الهاتف النصي: 844-233-4524).

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្លូវភាសាដោយមិនគិតលុយនឹងត្រូវបានផ្តល់ឱ្យអ្នក។ ចូរទូរស័ព្ទ 800-872-0500 (TTY: 844-233-4524)។

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 800-872-0500 (ATS: 844-233-4524).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 800-872-0500 (TTY: 844-233-4524).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 800-872-0500 (TTY: 844-233-4524). 번으로 전화해 주십시오.

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 800-872-0500 (TTY: 844-233-4524).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 800-872-0500 (TTY: 844-233-4524).

ध्यान दें: यदि आप हंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 800-872-0500 (TTY: 844-233-4524). पर कॉल करें।

સુચના: જો તમે ગુજરાતી બોલતા છો, તો નિશ્ચયક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 800-872-0500 (TTY: 844-233-4524).