

**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*
Diagnostic			
Comprehensive Evaluation	Once every 60 months.	100%	100%
Periodic Oral Exam	Twice per calendar year.		
Panoramic or Full Mouth X-rays	Once every 3 year period.		
Bitewing X-rays	Twice per calendar year.		
Single Tooth X-rays	As needed.		
Preventive			
Teeth Cleaning	Twice per calendar year.	100%	100%
Fluoride Treatments	Twice per calendar year for members under age 19.		
Space Maintainers	Required due to the premature loss of teeth. For members under age 14 and not for the replacement of primary or permanent anterior teeth.		
Sealants	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.		
Restorative			
Silver Fillings	Once every 24 months per surface per tooth.	90%	80%
White Fillings	Once every 24 months per surface per tooth.		
Inlays	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.		
Protective Restorations	Once per tooth.		
Stainless Steel Crowns	Once every 24 months per tooth (on primary teeth only).		
Oral Surgery			
Extractions	Once per tooth.	90%	80%
General Anesthesia	General Anesthesia and IV sedation allowed with covered oral surgical procedures and other endodontic and periodontic procedures (up to one hour).		
Periodontics (on natural teeth only)			
Periodontal Surgery	One surgical procedure per quadrant in any 5 year period.	90%	80%
Scaling and Root Planing	Once in 24 months, per quadrant. No more than 2 quadrants per date of service.		
Periodontal Cleaning	Four times per calendar year. Not to be combined with preventive cleanings.	100%	100%
Bone Grafts/GTR	No more than 2 teeth per quadrant per 36 months on natural teeth.		
Endodontics			
Root Canal Treatment	Once per tooth.	90%	80%
Root Canal Retreatment	Once per tooth after 24 months have elapsed from initial treatment		
Vital Pulpotomy	Limited to deciduous teeth.		
Prosthetic Maintenance			
Bridge or Denture Repair	Once per bridge/denture per 12 months, after 24 months of initial insertion.	90%	80%
Crown or Onlay Repair	Once per tooth per 12 months after 24 months of initial placement		
Rebase or Reline of Dentures	Once per denture within 36 months.		
Recement of Crowns, Onlays, Bridges	Once per crown, onlay or bridge.		
Emergency Dental Care			
Palliative Treatment	Three occurrences in 12 months.	90%	80%
Prosthodontics			
Dentures	Once within 60 months (age 16 and older).	60%	50%
Fixed Bridges	Once within 60 months (age 16 and older).		
Implants	Once per 60 months per Implant. (Pre-estimate recommended).		
Implant Abutments	Once per 60 months. (Pre-estimate recommended).		
Major Restorative			
Crowns or Onlay	When teeth cannot be restored with regular fillings. Once within 60 months per tooth (age 12 and older).	60%	50%
Cast Posts/Buildups	Once per tooth per 60 months only benefitted to retain a crown.		

Orthodontics: 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.

Delta Dental PPO Plus Premier™

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 4th 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 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.

Stay informed with your oral health:



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



Visit our member engagement website ExpressYourHealthMA.com.

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



Need assistance?

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

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.

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 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
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).

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

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε