



## Delta Dental PPO *Plus Premier* Voluntary Enhanced Plan

You value your dental benefits, but providing these benefits can be cost prohibitive for some employers. That's why Delta Dental offers the Delta Dental PPO *Plus Premier* Enhanced Plan. This program makes it possible for you to join a comprehensive, cost-effective dental plan with all the advantages of a contributory plan.

### Experience the Delta Dental Advantage

With the Delta Dental PPO *Plus Premier* Enhanced Plan, you will enjoy:

- NO waiting periods for service and NO pre-existing conditions exclusions.
- A comprehensive plan design – coverage on everything from routine cleanings to crowns.
- Access to the largest dental networks in the state and the U.S. through our Delta Dental PPO and Delta Dental Premier Networks.
- Up to \$1,000 in coverage annually for each member.

### How the Plan Works

The Delta Dental PPO *Plus Premier* Enhanced Plan is easy to use and understand. Upon enrollment, you will receive an ID card and a benefits summary which lists the level of coverage for services performed by participating Delta Dental PPO or Delta Dental Premier dentists.

#### Networks

Delta Dental PPO *Plus Premier* Enhanced Plan members benefit from having access to two of Delta Dental's extensive national networks — **Delta Dental PPO**, with over 193,000 participating dentist locations and **Delta Dental Premier**, the largest dental network in the country with over 278,000 dentist locations.

- **Delta Dental Premier** network dentists provide good value and an extensive network.
- **Delta Dental PPO** network dentists provide greater savings due to deeper discounts.
- Both networks offer discounted fees and a no balance-billing policy.
- If you choose to receive services from a non-participating dentist, you will have higher out-of-pocket costs as the Delta Dental contract rates and no balance-billing policy do not apply.

#### No Claim Forms

Participating dentists prepare and submit claims. If a co-payment is applicable, it is paid directly to the network dentist.

#### Direct Payment

Delta Dental pays the dentist directly, so you don't have to pay the covered amount up front and wait for a reimbursement check.

#### Rollover Max

This valuable benefit feature allows you to roll over part of your unused spending in a healthy year to increase your maximum benefit limit the next year, and beyond. Visit our website or see our *Rollover Max* brochure for more details and limitations.

#### Out-of-Network Coverage

The Delta Dental PPO *Plus Premier* Enhanced Plan covers services performed by non-participating dentists. However, your out-of-pocket expenses may be greater. You will be responsible for the difference between Delta Dental's payment and the dentist's submitted charge, and may be responsible for submitting your own claim forms.

### Eligibility Requirements and Rates

All active employees are eligible to join this plan. Coverage is available for dependents up to age 26. Employees who elect coverage must remain on the plan for one year.

#### Premium Information

Your company will collect the following monthly premiums through payroll deductions and remit payment to Delta Dental:

|                    |                 |
|--------------------|-----------------|
| <b>Individual:</b> | <b>\$48.00</b>  |
| <b>Family:</b>     | <b>\$123.00</b> |

These rates will be in effect from July 1, 2013, through June 30, 2015.

## Delta Dental PPO Plus Premier

### Voluntary Enhanced Plan

The Delta Dental PPO Plus Premier Enhanced Plan is primarily an employee-paid dental plan that will enable you and your family to enjoy the benefits of quality, affordable dental care from dentists in Massachusetts and across the country.

The approximate level of coverage for services performed by dentists who participate in the Delta Dental PPO or Delta Dental Premier networks is shown below. Any limitations that may exist for each service are also indicated. The limitations reflect the availability of coverage only. It is up to you and your dentist to determine the need and frequency of dental procedures. Please see the backside of this document for information about how to use your plan.

| DEDUCTIBLE: \$50 per individual / \$150 per family. Deductible waived for Diagnostic and Preventive categories.<br>CALENDAR YEAR MAXIMUM: \$1,000 per person.                          |   | CO-INSURANCE COVERAGE |                |
|--|---|-----------------------|----------------|
| CATEGORY / PROCEDURE   | QUALIFICATIONS  | IN-NETWORK            | OUT-OF-NETWORK |
| <b>DIAGNOSTIC</b><br>Comprehensive Evaluation<br>Periodic Oral Exam<br>Full Mouth X-rays<br>Bitewing X-rays<br>Single Tooth X-rays   | Once every 60 months per dentist.<br>Once every 6 months.<br>Once every 60 months.<br>Once every 6 months.<br>As needed.  | 100%                  | 100%           |
| <b>PREVENTIVE</b><br>Teeth Cleaning<br>Fluoride Treatments<br>Space Maintainers<br><br>Sealants<br><br>Chlorhexidine Mouthrinse<br><br>Fluoride Toothpaste<br><br>Periodontal Cleaning | Once every 6 months.<br>Once every 6 months for members under age 19.<br>Required due to the premature loss of teeth. For members under age 14 and not for the replacement of primary or permanent anterior teeth.<br>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. This is a covered benefit only when administered and dispensed in the dentist's office following scaling and root planing.<br>This is a covered benefit only when administered and dispensed in the dentist's office following periodontal surgery.<br>Once every 3 months following active periodontal treatment. Not to be combined with preventive cleanings. | 100%                  | 100%           |
| <b>RESTORATIVE</b><br>Silver Fillings<br>White Fillings (Front Teeth)<br>White Fillings (Back Teeth)<br><br>Temporary Fillings<br>Stainless Steel Crowns                               | Once every 24 months per surface per tooth.<br>Once every 24 months per surface per tooth.<br>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 up to the submitted charge.<br>Once per tooth.<br>Once every 24 months per tooth.  | 80%                   | 80%            |
| <b>ORAL SURGERY</b><br>Simple Extractions<br>Surgical Extractions  | Once per tooth.<br>Once per tooth.  | 80%                   | 80%            |
| <b>PERIODONTICS</b><br>Periodontal<br>Scaling and Root Planing   | Once in 24 months, per quadrant.  | 80%                   | 80%            |
| <b>ENDODONTICS</b><br>Root Canal Treatment<br>Vital Pulpotomy  | Once per tooth.<br>Limited to baby teeth.   | 80%                   | 80%            |
| <b>PROSTHETIC MAINTENANCE</b><br>Bridge or Denture Repair<br>Rebase or Reline of Dentures<br>Recement of Crowns & Onlays   | Once within 12 months, same repair.<br>Once within 36 months.<br>Once per tooth.  | 80%                   | 80%            |
| <b>EMERGENCY DENTAL CARE</b><br>Minor treatment for Pain Relief<br>General Anesthesia  | Three occurrences in 12 months.<br>Allowed with covered surgical services only.   | 80%                   | 80%            |
| <b>PROSTHODONTICS</b><br>Dentures<br>Fixed Bridges and Crowns<br>Implants  | Once within 60 months.<br>When part of a bridge. Once within 60 months<br>An Endosteal Implant is covered to replace one missing tooth (in lieu of a three unit bridge, and when all adjacent teeth do not require crowns.) Once per 60 months per Implant.   | 50%                   | 50%            |
| <b>MAJOR RESTORATIVE</b><br>Crowns   | When teeth cannot be restored with regular fillings. Once within 60 months per tooth  | 50%                   | 50%            |
| <b>DEPENDENT ELIGIBILITY:</b>  | Dependents are eligible to age 26.  |                       |                |
| <b>ROLLOVER MAX:</b>   | This plan eligible for Rollover Max. Visit <a href="http://www.deltadentalma.com/pdf/07/rollovermax.pdf">www.deltadentalma.com/pdf/07/rollovermax.pdf</a> for rules and details.  |                       |                |

### Choosing a Dentist

As a Delta Dental PPO Plus Premier Enhanced Plan member, you benefit from having access to two of Delta Dental's extensive national networks — Delta Dental PPO, with more than 193,000 participating dentist locations and Delta Dental Premier, the largest dental network in the country with more than 278,000 dentist locations. You will enjoy great benefits when you receive your dental care from a participating dentist in either of these networks.

- You will receive good value from Delta Dental Premier network dentists who generally accept discounted fees
- You will enjoy greater out-of-pocket savings when visiting Delta Dental PPO network dentists due to even deeper discounts
- Both networks offer discounted fees and a no balance-billing policy

If you choose to receive services from a non-participating dentist, you will have higher out-of-pocket costs as the Delta Dental contract rates and no balance-billing policy **do not apply**.

Visit [www.deltadentalma.com](http://www.deltadentalma.com) to find a participating dentist in your area.