

# Delta Dental Premier Voluntary Enhanced Table Plan

**The Delta Dental Premier Voluntary Enhanced Table Plan is an employee-paid dental plan that will enable you and your family to enjoy the benefits of quality, affordable dental care.**

## How the Plan Works

The Delta Dental Premier Voluntary Enhanced Table Plan is easy to use and understand. There are no deductibles, and each member is eligible to receive up to \$1,500 in benefits each year.

It provides coverage for the services listed in the following Table of Allowance. When you visit a Delta Dental Premier dentist (or a dentist whose office is located outside of Massachusetts), we will provide reimbursement up to the amount listed on the Table of Allowance.

To use your dental benefits, simply provide your dentist with the information that is printed on your ID card. The dentist will complete and submit your claim for you. If you have a patient responsibility, Delta Dental will send you an Explanation of Benefits (EOB) detailing what Delta Dental paid the dentist under your plan's coverage and your remaining patient balance, which you pay directly to the dentist.

Coverage is effective for all dependents up to age 26.

## When You Visit a Delta Dental Premier Dentist

The Delta Dental Premier Voluntary Enhanced Table Plan utilizes our Delta Dental Premier network of more than 9,000 dentist locations in Massachusetts. To find out if your dentist is part of this network, simply ask your dentist, visit our web site at [www.deltadentalma.com](http://www.deltadentalma.com) or contact Delta Dental's Customer Service department at 1-800-872-0500. Because our dentists generally agree to accept reduced fees from Delta Dental members, your out-of-pocket costs will generally be lower when visiting a Delta Dental Premier dentist.

All diagnostic and preventive services are covered at 100%, which means you have no out-of-pocket costs when you visit a participating dentist. Other services require a co-payment. For example, assume your Delta Dental Premier dentist typically charges \$85 for a one surface silver filling. However, his/her contract fee with Delta Dental is \$65, which means that he/she will accept \$65 as payment in full. Delta Dental will pay \$33 (code D2140 on the table of allowance) toward the filling, and your co-payment will be \$32.\*

If you receive a treatment that is not covered under your plan, you may be billed at the dentist's normal rate rather than Delta Dental's negotiated rate. Also, if you receive a treatment after you have exhausted your maximum or if you receive a treatment which will cause you to exceed your maximum, you may be billed at the dentist's normal rate rather than Delta Dental's negotiated rate. To avoid any unexpected out-of-pocket expenses, we recommend that you visit Delta Dental's website at [www.deltadentalma.com](http://www.deltadentalma.com) or call Customer Service at 1-800-872-0500 to determine your remaining benefits.

## When You Visit an Out-of-Network Dentist

When you visit a Massachusetts dentist who is not part of the Delta Dental Premier network, you will be responsible for any difference between Delta Dental's payment and the dentist's submitted charge for diagnostic and preventive services. For all other services, we will provide up to 80% of the amount listed on the Table of Allowance. For example, for a one surface filling (code D2140) we will pay \$26.40 if provided by a non-participating

dentist—that is 80% of the \$33 payment you would receive if you visited a Delta Dental Premier dentist.\*

If you receive dental care from a dentist located outside of Massachusetts, you will be responsible for any difference between Delta Dental's payment and the dentist's submitted charge for diagnostic and preventive services. For all other services we will pay up to the amount listed on the Table of Allowance.

In these cases, you will be responsible for the difference between your dentist's full charge and the amount Delta Dental pays. In addition, you may have to pay the dentist at the time of your visit and submit a claim to us at: Delta Dental, P.O. Box 249, Thiensville, WI 53092.

## Identification Card

Two Delta Dental identification cards will be mailed to your home shortly after your enrollment. Both cards are issued in the subscriber's name, but can be used by any family member covered by the Delta Dental Premier Voluntary Enhanced Table Plan.

## More About Claims

- All claims must be submitted within one year.
- You may want to ask your dentist to submit a pre-treatment estimate to Delta Dental for any procedure that exceeds \$300. This will enable us to help you estimate any out-of-pocket expenses you may incur.
- If a claim is denied you can request an appeal by writing to Delta Dental within 180 days of receiving notice on the claim. Appeals should be sent to Delta Dental, P.O. Box 9695, Boston, MA 02114.
- Under your plan's subrogation clause you may be required to reimburse Delta Dental for claim payments if you also receive payment from a third party who is held liable for an injury that required the dental care.

## Coordination of Benefits

Many people have dental coverage under more than one plan. If you and your family are covered by more than one dental plan (or a medical plan that offers dental coverage), Delta Dental will coordinate benefits with the other carrier. In determining coverage, total payments from both carriers cannot exceed the allowable charge for the service. If you have a question about Coordination of Benefits (COB), please contact our Customer Service department at 1-800-872-0500.

## Premiums and Rates

All premiums will be automatically deducted from your paycheck. Once you enroll, you must remain on the Delta Dental Premier Voluntary Enhanced Table Plan for one year. Rates for the Delta Dental Premier Voluntary Enhanced Table Plan are reviewed each year and may be subject to change effective in July.

## Rollover Max

*Rollover Max* is a benefit feature that allows you to roll over a portion of your unused spending to increase your maximum benefit limit next year, and beyond. To qualify, you must receive at least one cleaning or one oral exam in the plan year, and your total yearly claims cannot exceed \$700. Rollover Max will then allow you to roll over \$500 to use the next year and beyond. See [www.deltadentalma.com/pdf/07/rollovermax.pdf](http://www.deltadentalma.com/pdf/07/rollovermax.pdf) for more details.

\* Examples for illustrative purposes only. Actual fees and contract amounts will vary.

The following is a complete list of the procedures covered under the Delta Dental Premier Voluntary Enhanced Table Plan. The amounts listed are the maximum amounts Delta Dental will pay for these procedures.

## Delta Dental Premier Voluntary Enhanced Table Plan

### Table of Allowance

#### Diagnostic Services

D0120	Periodic oral examination.....	Covered at 100%
D0140	Limited oral evaluation problem focused..	Covered at 100%
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver.....	Covered at 100%
D0150	Comprehensive oral evaluation .....	Covered at 100%
D0160	Detailed and extensive oral evaluation - problem focused .....	Covered at 100%
D0180	Comprehensive periodontal evaluation - new or established patient .....	Covered at 100%
D0210	Full-mouth x-ray series .....	Covered at 100%
D0220	Single x-ray .....	Covered at 100%
D0230	Additional x-ray .....	Covered at 100%
D0270	Single bitewing x-ray .....	Covered at 100%
D0272	Two bitewing x-rays .....	Covered at 100%
D0273	Three bitewing x-rays .....	Covered at 100%
D0274	Four bitewing x-rays .....	Covered at 100%
D0277	Vertical bitewing series (7 to 8 films) ....	Covered at 100%
D0330	Panoramic x-ray .....	Covered at 100%
D0999	Unspecified diagnostic procedure, by report** .....	Covered at 100%

\*\* This code may be used for reimbursing Chlorhexidine and prescription strength toothpaste only when administered and dispensed in the dental office.

#### Preventive Services

D1110	Adult cleaning .....	Covered at 100%
D1120	Child cleaning.....	Covered at 100%
D1206	Topical application fluoride varnish .....	Covered at 100%
D1208	Topical application of fluoride .....	Covered at 100%
D1351	Sealant application.....	Covered at 100%
D1352	Preventive resin restoration in permanent tooth for moderate to high caries risk patients..	Covered at 100%
D1510	Space maintainer - fixed, unilateral.....	Covered at 100%
D1515	Space maintainer - fixed, bilateral.....	Covered at 100%
D1520	Space maintainer - removable, unilateral..	Covered at 100%
D1525	Space maintainer - removable, bilateral ...	Covered at 100%
D4910	Periodontal cleaning .....	Covered at 100%

#### Minor Restorative Services

D2140	One surface silver filling: permanent tooth .....	\$ 33.00
D2150	Two surface silver filling: permanent tooth .....	\$ 42.00
D2160	Three surface silver filling: permanent tooth.....	\$ 48.00
D2161	Four or five surface silver filling: permanent tooth. ....	\$ 61.00
D2330	One surface white filling: front tooth.....	\$ 38.00
D2331	Two surface white filling: front tooth.....	\$ 49.00
D2332	Three surface white filling: front tooth .....	\$ 60.00
D2335	Four or five surface white filling: front tooth .....	\$ 80.00
D2391	One surface white filling: back tooth.....	\$ 38.00

#### Major Restorative Services

D2542	Onlay - metallic, two surfaces.....	\$ 318.00
D2543	Onlay - metallic, three surfaces .....	\$ 318.00
D2544	Onlay - metallic, four or more surfaces.....	\$ 318.00
D2642	Onlay - porcelain/ceramic, two surfaces.....	\$ 318.00
D2643	Onlay - porcelain/ceramic, three surfaces .....	\$ 318.00
D2644	Onlay - porcelain/ceramic, four or more surfaces..	\$ 318.00
D2662	Onlay - white/resin, two surfaces (laboratory processed).....	\$ 318.00
D2663	Onlay - white/resin, three surfaces (laboratory processed) .....	\$ 318.00
D2664	Onlay - white/resin, four or more surfaces (laboratory processed) .....	\$ 318.00

D2740	Crown - porcelain/ceramic substrate.....	\$ 348.00
D2750	Crown - porcelain and high noble metal .....	\$ 331.00
D2751	Crown - porcelain and base metal .....	\$ 292.00
D2752	Crown - noble metal .....	\$ 305.00
D2780	Crown - 3/4 cast high noble metal .....	\$ 331.00
D2781	Crown - 3/4 cast predominately base metal .....	\$ 331.00
D2782	Crown - 3/4 cast noble metal .....	\$ 331.00
D2783	Crown - 3/4 porcelain/ceramic .....	\$ 318.00
D2790	Crown - high noble metal.....	\$ 331.00
D2791	Crown - base metal .....	\$ 292.00
D2792	Crown - noble metal .....	\$ 305.00
D2794	Crown - titanium .....	\$ 331.00
D2910	Recement inlay.....	\$ 29.00
D2915	Recement cast or prefabricated post and core ....	\$ 29.00
D2920	Recement crown .....	\$ 29.00
D2930	Crown - stainless steel: baby tooth.....	\$ 87.00
D2932	Crown - prefabricated resin.....	\$ 80.00
D2940	Sedative filling (temporary).....	\$ 29.00
D2950	Crown build-up .....	\$ 92.00
D2951	Pin retention in addition to filling .....	\$ 23.00
D2952	Cast post and core.....	\$ 127.00
D2954	Prefabricated post and core .....	\$ 112.00
D2971	Additional procedures to construct new crown under existing partial denture framework .....	\$ 67.00

#### Endodontic Services

D3220	Pulp removal on baby tooth .....	\$ 46.00
D3221	Gross pulpal debridement primary and permanent teeth .....	\$ 29.00
D3310	Root canal treatment: front tooth.....	\$ 210.00
D3320	Root canal treatment: bicuspid tooth .....	\$ 245.00
D3330	Root canal treatment: molar tooth.....	\$ 350.00
D3410	Surgical root canal treatment: front tooth.....	\$ 176.00
D3426	Surgical root canal treatment: each additional tooth.....	\$ 175.00

#### Periodontic Services

D4210	Gum surgery: gingivectomy, per quadrant .....	\$ 191.00
D4211	Gum surgery: gingivectomy, per tooth .....	\$ 48.00
D4240	Gum surgery: flap procedure .....	\$ 267.00
D4241	Gingival flap procedures, including root planing, one to three teeth, per quadrant.....	\$ 161.00
D4260	Bone surgery 4 or more teeth .....	\$ 376.00
D4261	Bone surgery 1-3 teeth .....	\$ 226.00
D4273	Subepithelial connective tissue graft procedure ...	\$ 267.00
D4274	Distal or proximal wedge procedure .....	\$ 188.00
D4277	Free soft tissue graft procedure, first tooth, 2 teeth per quadrant, per 36 months .....	\$ 267.00
D4283	Autogenous connective tissue graft procedure each additional contiguous tooth, implant, or edentulous tooth position in same graft site .....	\$ 133.50
D4285	Non-autogenous connective tissue graft procedure each additional contiguous tooth, implant, or edentulous tooth position in same graft site .....	\$ 133.50
D4341	Periodontal scaling and root planing, per quadrant.....	\$ 68.00
D4342	Periodontal scaling and root planing - one to three teeth, per quadrant.....	\$ 41.00
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis.....	\$ 59.00
D4381	Non-surgical gum therapy .....	\$ 24.00

# Delta Dental Premier Voluntary Enhanced Table Plan

## Table of Allowance

### Removable Prosthodontics

D5110	Complete denture, upper .....	\$ 331.00
D5120	Complete denture, lower .....	\$ 331.00
D5130	Immediate denture, upper .....	\$ 331.00
D5140	Immediate denture, lower .....	\$ 331.00
D5211	Upper partial denture: resin .....	\$ 305.00
D5212	Lower partial denture: resin .....	\$ 305.00
D5213	Upper partial denture: metal .....	\$ 355.00
D5214	Lower partial denture: metal .....	\$ 355.00
D5221	Immediate maxillary partial denture - resin base (including any conventional clasps, rests and teeth) .....	\$ 305.00
D5222	Immediate mandibular partial denture - cast metal framework resin base (including any conventional clasps, rests and teeth) .....	\$ 305.00
D5223	Immediate mandibular partial denture - cast metal framework resin denture bases (including any conventional clasps, rests and teeth) .....	\$ 355.00
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) .....	\$ 355.00
D5225	Upper partial denture - flexible base (including any clasps, rests and teeth) .....	\$ 355.00
D5226	Lower partial denture - flexible base (including any clasps, rests and teeth) .....	\$ 355.00
D5281	Partial denture: one tooth, one side .....	\$ 204.00
D5410	Adjust denture: complete, upper .....	\$ 25.00
D5411	Adjust denture: complete, lower .....	\$ 25.00
D5510	Repair broken complete denture base .....	\$ 59.00
D5520	Replace missing or broken teeth: complete denture, per tooth .....	\$ 38.00
D5610	Base repair: partial denture .....	\$ 45.00
D5620	Cast framework repair .....	\$ 67.00
D5630	Repair or replace broken clasp .....	\$ 45.00
D5640	Replace partial denture tooth, per tooth .....	\$ 39.00
D5650	Add tooth to existing partial denture .....	\$ 48.00
D5660	Add clasp to existing partial denture .....	\$ 58.00
D5670	Replace all teeth and acrylic on cast metal framework (upper) .....	\$ 212.00
D5671	Replace all teeth and acrylic on cast metal framework (lower) .....	\$ 212.00
D5730	Reline denture: complete, upper (chairside) .....	\$ 80.00
D5731	Reline denture: complete, lower (chairside) .....	\$ 80.00
D5740	Reline denture: partial, upper (chairside) .....	\$ 80.00
D5741	Reline denture: partial, lower (chairside) .....	\$ 80.00
D5750	Reline denture: complete, upper (laboratory) .....	\$ 122.00
D5751	Reline denture: complete, lower (laboratory) .....	\$ 122.00
D5760	Reline denture: partial, upper (laboratory) .....	\$ 112.00
D5761	Reline denture: partial, lower (laboratory) .....	\$ 112.00

### Fixed Prosthodontics

D6010	Surgical placement of implant body: endosteal implant .....	\$ 331.00
D6056	Prefabricated abutment (includes placement) .....	\$ 112.00
D6057	Custom abutment (includes placement) .....	\$ 127.00
D6058	Abutment supported porcelain/ceramic crown .....	\$ 348.00
D6059	Abutment supported porcelain fused to metal crown (high noble) .....	\$ 331.00
D6061	Abutment supported porcelain fused to metal crown (noble metal) .....	\$ 305.00
D6065	Implant supported porcelain/ceramic crown .....	\$ 348.00
D6066	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal) .....	\$ 331.00
D6067	Implant supported metal crown (titanium, titanium alloy, high noble metal) .....	\$ 331.00
D6094	Abutment supported crown - (titanium) .....	\$ 331.00
D6095	Repair implant abutment, by report .....	\$ 127.00

D6100	Implant removal, by report .....	\$ 116.00
D6205	Pontic - indirect resin based white .....	\$ 297.00
D6210	Bridge pontic: high noble metal .....	\$ 331.00
D6211	Bridge pontic: base metal .....	\$ 292.00
D6212	Bridge pontic: noble metal .....	\$ 305.00
D6214	Pontic - titanium .....	\$ 331.00
D6240	Bridge pontic: porcelain with high noble metal .....	\$ 331.00
D6241	Bridge pontic: porcelain with base metal .....	\$ 292.00
D6242	Bridge pontic: porcelain with noble metal .....	\$ 305.00
D6545	Retainer - cast metal for acid etch bridge.....	\$ 127.00
D6611	Onlay - cast high noble metal, three or more surfaces.....	\$ 318.00
D6612	Onlay - cast predominantly base metal, two surfaces .....	\$ 318.00
D6613	Onlay - cast predominantly base metal, three or more surfaces.....	\$ 318.00
D6615	Onlay - cast noble metal, three or more surfaces ....	\$ 318.00
D6624	Inlay - titanium.....	\$ 318.00
D6634	Onlay - titanium .....	\$ 318.00
D6710	Crown - indirect resin based white .....	\$ 331.00
D6750	Crown - porcelain with high noble metal.....	\$ 331.00
D6751	Crown - porcelain with base metal .....	\$ 292.00
D6752	Crown - porcelain with noble metal .....	\$ 305.00
D6780	Crown - 3/4 cast high noble metal .....	\$ 331.00
D6781	Crown - 3/4 cast predominately base metal .....	\$ 331.00
D6782	Crown - 3/4 cast noble metal .....	\$ 331.00
D6790	Crown - cast high noble metal.....	\$ 331.00
D6791	Crown - cast base metal .....	\$ 292.00
D6792	Crown - cast noble metal .....	\$ 305.00
D6794	Crown - titanium.....	\$ 331.00
D6930	Recement bridge.....	\$ 38.00

### Oral and Maxillofacial Surgery

D7111	Coronal remnants - deciduous (baby) tooth.....	\$ 20.00
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal) .....	\$ 38.00
D7210	Surgical tooth removal.....	\$ 77.00
D7220	Impacted tooth removal: soft tissue.....	\$ 96.00
D7230	Impacted tooth removal: partially bony .....	\$ 127.00
D7240	Impacted tooth removal: completely bony .....	\$ 175.00
D7250	Root recovery .....	\$ 64.00
D7285	Biopsy of hard tissue.....	\$ 154.00
D7286	Biopsy of soft tissue .....	\$ 154.00
D7287	Oral Exfoliative Cytology (brush biopsy).....	\$ 64.00
D7288	Brush biopsy - transepithelial sample collection .....	\$ 64.00
D7310	Bone recontouring (done with extractions).....	\$ 81.00
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant ...	\$ 81.00
D7320	Bone recontouring (done without extractions).....	\$ 118.00
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant ...	\$ 118.00
D7471	Excision - bone tissue.....	\$ 207.00
D7472	Removal of torus palatinus.....	\$ 207.00
D7473	Removal of torus mandibularis .....	\$ 207.00
D7510	Incision and drainage of abscess .....	\$ 48.00
D7511	Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces).....	\$ 48.00
D7960	Frenulectomy (frenectomy or frenotomy) .....	\$ 143.00
D7963	Frenuloplasty .	\$ 143.00

### Adjunctive General Services

D9110	Emergency treatment for the relief of pain .....	\$ 29.00
D9223	Deep sedation/general anesthesia - each 15 minute increment.....	\$ 29.00
D9243	Intravenous moderate conscious sedation/analgesia - each 15 minute increment .....	\$ 29.00

# Delta Dental Premier Enhanced Voluntary Table Plan

## Limitations

### DIAGNOSTIC:

**Comprehensive Evaluation** – Once every 60 months per dentist

**Periodic Oral Exams** – Once every 6 months

**Full-mouth X-rays** – Once every 60 months

**Bitewing X-rays** – Once every 6 months when oral conditions indicate need

**Single Tooth X-rays** – As needed

### PREVENTIVE:

**Teeth Cleaning** – Once every 6 months

**Fluoride Treatments** – Once every 6 months 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 front teeth

**Sealants** – Once per tooth per 48 months on the occlusal surface of permanent first and second molars for patients up to age 16. Sealants are also covered for patients age 16 to 19 on molars for those who have had a recent cavity and are at risk for decay

**Chlorhexidine Mouthrinse** – This is a covered benefit only when administered and dispensed in the dentist's office following scaling and root planing

**Fluoride Toothpaste** – This is a covered benefit only when administered and dispensed in the dentist's office following periodontal surgery

### RESTORATIVE:

**Silver Fillings** – Once every 24 months per surface per tooth

**White Fillings** – Once every 24 months per surface per tooth on front teeth; single surface only on back teeth

**Temporary Fillings** – Once per tooth

**Stainless Steel Crowns (baby teeth only)** – Once every 24 months per tooth

### ORAL SURGERY:

**Simple Extractions** – Once per tooth

**Surgical Extractions** – Once per tooth

### PERIODONTICS:

**Periodontal Surgery** – One surgical procedure per quadrant in 36 months.

**Scaling and Root Planing** – Once in 24 months, per quadrant

**Periodontal Cleaning** – Once every 3 months following active periodontal treatment, not to exceed 2 in a calendar year if combined with preventive cleanings

### ENDODONTICS:

**Root Canal Treatment** – Once per tooth

**Vital Pulpotomy** – Limited to deciduous (baby) teeth for members under age 14

### PROSTHETIC MAINTENANCE:

**Bridge or Denture Repair** – Once within 12 months, same repair

**Rebase or Reline of Dentures** – Once within 36 months

**Recement of Crowns and Onlays** – Once per tooth

### EMERGENCY DENTAL CARE:

**Minor Treatment for Pain Relief** – Three occurrences in 12 months

**General Anesthesia** – General Anesthesia and IV sedation are allowed with covered surgical impacted wisdom teeth only.

### PROSTHODONTICS:

**Dentures** – Once within 60 months

**Fixed Bridges and Crowns** (when part of a bridge) – Once within 60 months

### MAJOR RESTORATIVE:

**Crowns** (when teeth cannot be restored with regular fillings) – Once within 60 months per tooth

**Endosteal (single tooth) Implants** – Implants: (only in lieu of a 3-unit bridge) An Endosteal Implant: Only when it is to replace one missing tooth and when adjacent teeth are healthy and do not require crowns. Once per 60 months per Implant. (Pre-estimates recommended).

## For More Information

This information should be used only as a guideline for your dental benefits plan. For detailed information on your group's plan, riders, terms and conditions or limitations and exclusions, please see the Subscriber Certificate. Copies of the Subscriber Certificate are available through your benefits administrator. If you have further questions, please contact Delta Dental's Customer Service department.

At your request, Interpreter and translation services related to administrative procedures are available to you or a covered family member.

خدمات ترجمة فورية/ترجمة  
في حالة طلبكم نقوم بتوفير مترجمين وخدمات ترجمة تتعلق بالإجراءات الإدارية.

អ្នកបកប្រែ ឬកិច្ចការបកប្រែ  
បើអ្នកស្នើសុំមានអ្នកបកប្រែ និងកិច្ចការបកប្រែ ដែលជាប់ទាក់ទងទៅនឹង  
វិធានការនៃការ យើងមានផ្តល់ជូន ។

翻譯服務  
如果您提出要求,我們可以為您提供相關的行政禮節的翻譯服務。

Services de traduction et d'interprétariat.  
Les services de traduction et d'interprétariat en connexion avec les  
procédures administratives sont disponibles sur demande.

Услуги устного/письменного перевода.  
По Вашему требованию будут предоставлены услуги устного и  
письменного перевода, связанные с административными процедурами.

Sèvis Entèprèt ak TradiskyonSi w mande sèvis entèprèt ak  
tradiksyon pou prosede administratif, nap mete yo a dispozisyon ou.

Servizi di interpretariato e traduzioneA richiesta, sono disponibili servizi  
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ຕາມທີ່ທ່ານຂໍມາ, ພວກເຮົາມີບໍລິການນາຍ ແປພາສາ ແລະ  
ການແປພາສາທີ່ກ່ຽວກັບຂັ້ນຕອນການບໍລິຫານໃຫ້ທ່ານແລະ ສມາຊິກໃນຄອບຄົວຂອງທ່ານ

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servicos de traducao e interpretacao para os procedimentos  
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Υπηρεσίες Διερμηνείας/Μεταφραστή  
Μετά από αίτησή σας, υπηρεσίες διερμηνείας και μεταφραστή σχετικά με  
διοικητικές διαδικασίες είναι στη διάθεσή σας.

Servicios de interpretación/traducción Si usted lo solicita, se encuentran  
a su disposición servicios de interpretación y  
traducción para asistirle en procedimientos administrativos.



Your Plan is Administered by:  
**Delta Dental of Massachusetts**  
(800) 872-0500  
www.deltadentalma.com

465 Medford Street  
Boston, MA 02129

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SP336 (12/15)

## Rollover Max is easy and automatic.

- To qualify for Rollover Max, you must receive at least one cleaning or one oral exam in the plan year. If you don't receive a cleaning or exam, you won't be eligible to roll over any of your benefit dollars to the following year.
- In addition, your paid claims must not exceed the maximum "threshold" amount of your current annual plan maximum (see chart inside brochure).
- Once you qualify, a portion of your unused annual maximum benefit dollars will roll over for use in your next plan year and beyond. This amount varies based on your annual maximum benefit payment (see chart inside brochure).
- Annual maximum dollars are used first. Rollover Max dollars are used after the annual maximum is met.



## Rollover Max rules and details:

- If you disenroll from your plan (for example, if you marry and enroll under your spouse's plan), you will lose your current rollover balance/amount.
- Rollover Max does not apply to lifetime maximums that may exist (such as orthodontics). Your benefits administrator can tell you if your plan includes any lifetime maximums.
- If your dental plan does not cover major restorative services, you are not eligible for Rollover Max.
- Eligibility for Rollover Max accrual is based on your benefit year.\*
- If you enroll after the beginning of the fourth quarter of the benefit period, you will not be eligible to begin rollover accrual until the beginning of your group's next benefit period.
- Claims not received by the last day of the calendar year may affect any Rollover Max dollars deposited in January of the following year. If claims for services covered in the prior year are received after the date the maximum is calculated, the calculation will be adjusted accordingly.

*\*Rollover Max amounts for groups with plan years (for example, July to June rather than the calendar year) will be calculated during that plan year (July to June).*



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[www.deltadentalma.com](http://www.deltadentalma.com) | 1-800-872-0500

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SP518 (11/15)



A Delta Dental benefit feature that lets you roll over part of your unused spending in one year to increase your benefits for the following year, and beyond.

With *Rollover Max* from Delta Dental, you won't lose what you don't use.

Thanks to *Rollover Max* from Delta Dental, there's good news if you don't hit your maximum dental benefit limit during the year.

This valuable benefit feature allows you to roll over a portion of your unused spending to increase your maximum benefit limit next year, and beyond. So, you can save and accumulate part of your unused benefit dollars from a healthy year and use it for larger, more expensive procedures in the future—such as bridges, crowns, and root canals.

How to check your *Rollover Max* balance online at [www.deltadentalma.com](http://www.deltadentalma.com):

- Log on with your User ID and password. If this is your first visit, you'll be asked to register.
- Once logged in, click on **Claims Status – Deductibles and Maximums**.
- The rollover amount for each member will be listed under **Rollover Maximum Available**.
- This is the amount available once your plan's annual maximum has been satisfied.

*Rollover Max* increases your dental benefit value.

You get more flexibility in planning and paying for your dental care, as well as the peace of mind knowing you have more benefits—if you need them, when you need them. Best of all, Rollover Max comes as part of your Delta Dental coverage. There's no additional fee.

*How Rollover Max works.*

The chart below shows how Rollover Max is calculated based on various annual maximum benefit levels. Annual maximum amounts vary by plan, so check with your company's benefits administrator to find out what your plan's annual maximum benefit amount is.

Your plan's annual 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.
\$500-\$700	\$200	\$150	\$500
\$750-\$950	\$300	\$200	\$500
\$1,000-\$1,200	\$500	\$350	\$1,000
\$1,250-\$1,450	\$600	\$450	\$1,250
\$1,500-\$1,950	\$700	\$500	\$1,250
\$2,000-\$2,450	\$800	\$600	\$1,500
\$2,500-\$2,950	\$900	\$700	\$1,500
\$3,000 or more	\$1,000	\$750	\$1,500

The chart below is a four-year example of how Rollover Max is applied based on a member's annual maximum amount of \$1,000.

	Year One	Year Two	Year Three	Year Four
Your annual maximum amount	\$1,000	\$1,000	\$1,000	\$1,000
Rollover amount from previous year	N/A	\$350	\$350	\$150
Benefit dollars available	\$1,000	\$1,350	\$1,350	\$1,150
Your total claims paid*	\$400 (less than \$500)	\$800 (over \$500)	\$1,200** (over \$500)	\$300 (less than \$500)
Cleaning or oral exam during year	Yes	Yes	Yes	Yes
Rollover amount	\$350	\$0	\$0	\$350
Accumulated <i>Rollover Max</i> total	\$350	\$350	\$150	\$500

The benefit dollars available to this member in Year Five would be \$1,500.

\* In this example, "Your total claims paid" cannot exceed the "threshold" amount (of \$500) based on the annual maximum amount of \$1,000. In order to qualify for Rollover Max , your total claims paid must not exceed the designated "threshold" amount for your plan's annual maximum amount. Reference the second column of the top chart for your plan's "threshold" amount.

\*\* In Year Three, the \$1,000 annual maximum was exceeded, but the member had enough Rollover Max dollars accumulated (\$350) to cover the additional \$200 cost.

# Keeping your teeth clean is easier – and less expensive – than ever

As a member of Delta Dental, you can now take advantage of significant discounts on two kinds of Z Sonic toothbrushes, as well as replacement heads.

With your member discount, you can get the premier Z Sonic toothbrush for \$59.95, \$140 off the Manufacturer's Suggested Retail Price (MSRP). The offer also includes 2 brush heads & 1 charging base. And as a member you also get discounts on replacement heads.

The Z Sonic pulses 31,000 – 48,000 times a minute and features 5 brushing modes (Clean, Whiten, Polish, Massage, and Sensitive) to customize your tooth cleaning experience.



## Take Your Sonic Cleaning on the Road

If you travel and want to keep your mouth healthy on the road, you can also pick up a Z Sonic travel toothbrush for \$14.50. This portable, battery powered, toothbrush gives you the benefits of sonic brushing in a size that can fit in your carry on, in the glove compartment or in your desk drawer.



## Save On Replacement Heads Too

You can also get replacement heads for both the Z Sonic or Z Sonic Mini at 50% off retail costs.

And if you buy replacement heads and the toothbrush together, you can get FREE shipping.

## Here's How to Order:

### Online

- Go to: [myzsonic.com/DDMA](http://myzsonic.com/DDMA)
- Add products to your cart
- Enter payment information

### By Phone

- Call **1-888-228-7706**
- **Be sure to mention that you are a Delta Dental of Massachusetts member**

### Discount Codes:

- Z Sonic – \$59.95 (MSRP: \$199.95)
- 4 Regular Brush Heads – \$21.88 (MSRP: \$43.76)
- 4 Premium Brush Heads – \$25.88 (MSRP: \$51.76)
- Z Sonic Mini Travel Toothbrush – \$14.50  
Promo Code: DDMA4 (MSRP: \$19.95)
- 4 Z Sonic Mini Brush Heads – \$14.00 (MSRP: \$28.00)

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The plan is not insurance coverage and does not meet the minimum creditable coverage requirements under the Affordable Care Act or Massachusetts M.G.L. c. 111M and 956 CMR 5.00.



# Delta Dental mobile app

Manage your benefits anytime, anywhere



Your oral health is important to Delta Dental — and to your overall health! We've designed our mobile app to make it easy for you to make the most of your dental benefits. Maximize your health, wherever you are! Search for a dentist near you, check claims and coverage, estimate costs for care, view ID cards and more, right on your mobile device.



## Getting started

Delta Dental's mobile app is optimized for iOS (Apple) and Android devices. To download our app on your device, visit the App Store (Apple) or Google Play (Android) and search for Delta Dental. Or, scan the QR code at right. You will need an internet connection in order to download and use most features of our free app.



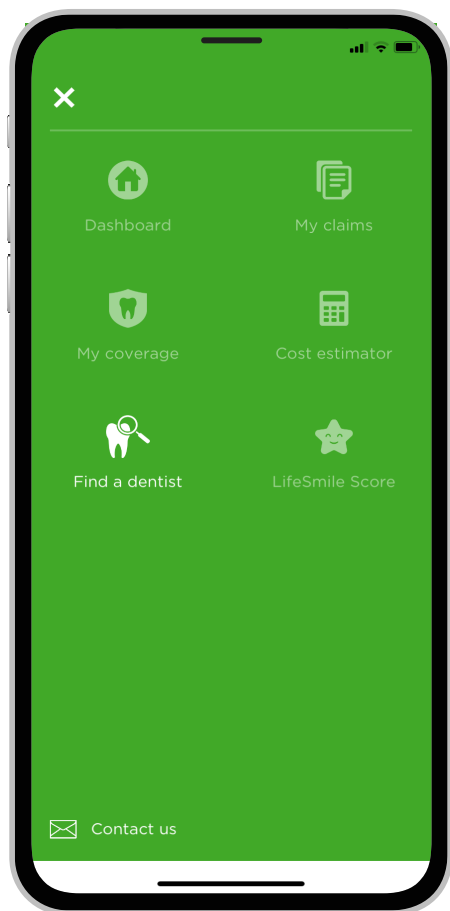
SCAN TO DOWNLOAD  
DELTA DENTAL MOBILE

## Logging in to view benefits

Delta Dental subscribers can log in using the username and password they use to log in to our website. If you haven't registered for an account yet, you can do that within the app. If you've forgotten your username or password, you can also retrieve these via the Delta Dental mobile app.

# Delta Dental mobile app features

Log in to access the full range of tools and resources



## Mobile ID card

No need for a paper card. View and share your ID card from your phone, and easily save it to your device for quick access, including Apple Passbook and Google Wallet.

## My coverage and my claims

View information on your plan and coverage details, and check the status of claims for you and your family. Easily add your dependents to your account so you can access the whole family's coverage in one spot.

## Find a dentist

It's easy to find a dentist near you. Search and compare dental offices to find one that suits your needs. Save your family's preferred dentists to your account for easy access.

## ENHANCED Dental Care Cost Estimator\*

You can easily estimate your costs and coverage before you go to the dentist with our Dental Care Cost Estimator. Our easy to use tool combines your benefits with your deductible and information from your dentist to give you the best estimate possible.

## LifeSmile™ Score

Do you know how your smile scores? Learn more about your personal oral health risk profile by taking our simple risk assessment survey.

\*The cost estimator tool only generates estimated costs and cannot be relied upon for the actual costs. The members should carefully review their benefit terms and speak with their dentists before the dental procedures are undertaken.

## Secure access to your benefits

You must log in each time you access the secure portion of the mobile app. No personal health information is ever stored on your device. For more details on security, our Privacy Policy can be viewed by clicking the lock icon on the main menu.