Visit deltadentalma.com for detailed benefit information

Coverage Summary for Forrester Research, Inc. – Basic Plan Group #015492 Effective Date: 01/01/2024

Deductible: \$50 per individual / \$150 per family. Calendar Year Maximum: \$1,500 per person

| Image: Comprehensive Evaluation Once every 60 months. 100% Prevents Comprehensive Evaluation Once every 60 months. 100%< | Calendar Year Maximum: \$1,500 | u per person. | 1 | isurance |
|---|---------------------------------------|--|--------------|-------------------------------------|
| Diagnostic 0nce every 60 months. 100% Comprehensive Evaluation Once every 60 months. 100% Pancamic or full Mouth X-rays Once every 60 months. 100% Effective IZ-rays Twice per calendar year. 100% Single Tooth X-rays As needed. 100% Preventive Twice per calendar year. 100% Tecth Cleaning Twice per calendar year for members under age 19. 100% Space Maintainers Required due to the premature loss of tecth. For members to age 19 and not for the replacement of primary or permanent anterior tecth. 100% Sealants Unrestored permanent molaris, every 4 years per tooth for members strongh age 15. Sealants also covered for members age 16 up to age 19 with a recent cavity and are at risk for decay. 80% Periodontal Cleanings Once every 12 months per surface per tooth. 80% Stile rillings Once every 12 months per surface per tooth. 80% Portective Restorations Once every 12 months per surface per tooth. 80% Staintes Steel Crowns Once every 12 months age 14 up date do service. 80% Periodontal Surgery One surgical procedure per quadrant in 36 months. 80% | Category / Procedure | Qualifications | Premier | Non- participating providers* |
| Periodic Oral Exam Twice per calendar year. Panoranci or CHII Mouth X-rays Once very 06 monts. Bitewing X-rays As needed. Preventive Income very 12 months are started as the per calendar year. Single Tooth X-rays As needed. Preventive Income very 12 months are started or text. Fluoride Treatments Twice per calendar year. Space Maintainers Required due to the premanent andrer texth. Sealants Unrestored permanent molars, very 4 years per tooth for members through age 15. Sealants also covered for members are gate 10 to a gate 12 with a recent cavity and are at risk for decay. Periodontal Cleanings Four per calendar year following active periodontal treatment (scaling and root planing or osseous surgery). Not to be combined with preventive (ealaning. 80% Silver Fillings Once every 12 months per surface per tooth. Stainless Steel Crowns Once per tooth. Stainless Steel Crowns Once per tooth. Conral surgery None per tooth. Periodontal Surgery One surgical procedures per quadrant in 36 months. Conratural texth only One per tooth. Periodontal Surgery One per tooth. Staniness texid Once per tooth for monthal i | Diagnostic | | 100% | 100% |
| Periodic Oral Exam Twice per calendar year. Panoramic or Full Mouth X-rays Once very 60 months. Bitewing X-rays Twice per calendar year. Single Tooth X-rays As needed. Preventive Twice per calendar year. Fluching Twice per calendar year. Fluching Twice per calendar year. Space Maintainers Required due to the premance anterior teeth. Sealants Unrestored permanent molars, every 4 years 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. Periodontal Cleaning Four per calendar year following active periodontal treatment (scaling and root planing or osseous surgery). Not to be combined with preventive cleanings. 80% Silver Fillings Once every 12 months per surface per tooth. Oral Surgery Once every 12 months per surface per tooth. Oral Surgery Once every 12 months per surface per tooth. Periodontal Surgery Once per tooth. Construct Botto be combined with preventive cleanings. Portactive Restorations Once per tooth. Stainless Steel Crowns Once per tooth. Constard Periodontal Surgery One surgical procedure per quadrant in | Comprehensive Evaluation | Once every 60 months. | | |
| Panoramic or Full Mouth X-rays Once every 60 months. Bitewing X-rays As needed. Preventive Twice per calendar year. Feeh Gening Twice per calendar year for members under age 19. Space Maintainers Required due to the permanture loss of teeth. 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. Periodontal Cleanings Four per calendar year jour members age 16 up to age 19 with a recent cavity and are at risk for decay. Periodontal Cleanings Four per calendar year following active per doothal treatment (scaling and root planing or osseous surgery). Not to be combined with preventive cleanings. 80% Silver Fillings Once every 12 months per surface per tooth. Protective Restorations Once every 12 months per surface per tooth. Stainless Steel Crowns Once every 12 months per quadrant. No more than 2 quadrants per date of service. Bore Garts/GTR Kore per tooth. 80% Con atturat teeth only) Once per tooth. 80% Periodontal Surgery One per tooth. 80% Scaling and Root Planing Once in a quadrant. No more than 2 quadrants per date of service. 80% Root Canal Freatment <t< td=""><td>-</td><td></td><td></td><td></td></t<> | - | | | |
| Bitewing X-rays Twice per calendar year. Single Tooth X-rays As needed. Preventive 100% Tech Cleaning Twice per calendar year. Fluoride Treatments Required due to the premanet molers under age 19. Space Maintainers Required due to the premanet molers to troth for members through age 15. Sealants also covered for members age 15 up to age 19 with a recent cavity and are at risk for decay. Periodontal Cleanings Four per calendar year for members to rough age 15. Sealants also covered for members age 10 with a recent cavity and are at risk for decay. Periodontal Cleanings Four per calendar year for members to rough age 15. Sealants also covered for members ge 10 with a recent cavity and are at risk for decay. Periodontal Cleanings Once every 12 months per surface per tooth. Stive Fillings Once every 12 months per surface per tooth. Protective Restorations Once per tooth. Stainless Steel Covens General Anesthesia and IV sedation allowed with covered with surgical procedures. Periodontics Ro% (on natural teeth only) Once are 12 months per quadrant. No more than 2 quadrants per date of service. Bane Gards/GTR No more than 2 teeth per quadrant in 36 months. Scaling and Koot Planing Once per tooth. General Anesthesia <td></td> <td></td> <td></td> <td></td> | | | | |
| Single Tooth X-rays As needed. Preventive 100% Test Cleaning Twice per calendar year. Fluoride Treatments Twice per calendar year. Space Maintainers Required due to the premature loss of teeth. For members to age 19 and not for the replacement of primary or permanent anterior teeth. Sealants Unrestored permanent moles, every 4 years 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. Periodontal Cleanings Four per calendar year following active periodontal treatment (scaling and root planing or osseous surgery). Not to be combined with preventive cleanings. Restorative 80% Silver Fillings Once every 12 months per surface per tooth. Protective Restorations Once per tooth. Once per vooth. Sone per tooth. Statiless Steel Crowns Once per tooth. General Anesthesia General Anesthesia and IV sedation allowed with covered with surgical procedures. Periodontal Surgery One surgical procedure per quadrant. No more than 2 quadrants per date of service. Bone Gards/GTR No more than 2 teeth per quadrant. No more than 2 quadrants per date of service. Bone Gards/GTR Nonee per tooth. Root | • | • | | |
| Test Cleaning Twice per calendar year. Fluoride Treatments Twice per calendar year for members under age 19. Space Maintainers Required due to the premature loss of teeth. For members to age 19 and not for the replacement of primary or permanent anterior teeth. Sealants Unrestored permanent moles, every 4 years per tooth for members through age 15. Sealants also covered for members age 16 up to age 19 upt a recent carly and are at risk for decay. Revident and the sealant year. Tollowing active periodontal treatment (scaling and root planing or osseous surgery). Not to be combined with preventive cleanings. Restorative 80% Silver Fillings Once every 12 months per surface per tooth. Protective Restorations Once every 12 months per surface per tooth. Staines Steel Crowns Once per tooth. Staines Steel Crowns Once every 12 months per surface per tooth. Central Anesthesia General Anesthesia and IV sedation allowed with covered with surgical procedures. Periodontis 80% Scaling and Root Planing Once per tooth. | | | | |
| Fluoride Treatments Twice per calendar year for members under age 19. Space Maintainers Required due to the premature loss of teeth. For members to age 19 and not for the replacement of primary or permanent anterior teeth. Sealants Unrestored permanent molars, every 4 years 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. Periodontal Cleanings Four per calendar year following active periodontal treatment (scaling and root planing or osseous surgery). Not to be combined with preventive cleanings. Restorative Sonce every 12 months per surface per tooth. Stiver Fillings Once every 12 months per surface per tooth. Statiletes Steel Crowns Once every 12 months per surface per tooth. Statiletes Steel Crowns Once every 12 months per surface per tooth. Statiletes Steel Crowns Once every 12 months per surface per tooth. Statiletes Steel Crowns Once per tooth. Scaling and Root Planing Once per tooth. Scaling and Root Planing Once surgical procedure per quadrant in 36 months. Scaling and Root Planing Once per tooth. < | • · | | 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 to age 19 and not for the replacement of primary or permanent anterior teeth. Sealants Unrestored permanent molars, every 4 years 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. Periodontal Cleanings Four per calendar year following active periodontal treatment (scaling and root planing or osseous surgery). Not to be combined with preventive cleanings. Restorative 80% Silver Fillings Once every 12 months per surface per tooth. Stainless Steel Crowns Once every 12 months per surface per tooth. Stainless Steel Crowns Once every 12 months per tooth (on primary teeth only). Oral Surgery Extractions Sealand Store Priodontal Creating on the surgical procedures. 80% Periodontal Surgery One surgical procedure per quadrant in 36 months. Scaling and Root Planing Once in 24 months, per quadrant in 24 months or initial reatment Root Canal Treatment Once per tooth. Root Canal Treatment Once per tooth. Root Ganal Treatment Once per tooth after 24 months have elapsed from initial insertion. Roidge or Dentures 80% | Teeth Cleaning | Twice per calendar year. | | |
| Space Maintainers Required due to the premature loss of teeth. for members to age 19 and not for the replacement of primary or premanent molars, every 4 years 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. Periodontal Cleanings Four per calendar year following active periodontal treatment (scaling and not planing or osseous surgery). Not to be combined with preventive cleanings. 80% Silver Fillings Once every 12 months per surface per tooth. 80% Protective Restorations Once every 12 months per surface per tooth. 80% Stainess Steel Crowns Once every 12 months per surface per tooth. 80% General Anesthesia General Anesthesia and IV sedation allowed with covered with surgical procedures. 80% Periodontis General Anesthesia 80% 80% Root clanal Treatment Once per tooth. 80% 80% Scaling and Root Planing Once in 24 months, per quadrant in 36 months. 80% 80% Endodutis No more than 2 teeth per quadrant per 36 months on natural teeth. 80% Root Canal Treatment Once per tooth. 80% 80% Fordontis No more than 2 teeth per quadrant per 36 months on initial insertion. 80% 80% Root Canal Retreatme | Fluoride Treatments | | | |
| primary or permanent anterior teeth. primary or permanent molars, every 4 years per tooth or 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. Periodontal Cleanings Four per calendar year following active periodontal treatment (scaling and root planing or osseous surgery). Not to be combined with preventive cleanings. 80% Restorative 80% 80% Silver Fillings Once every 12 months per surface per tooth. 80% Stainless Steel Crowns Once every 12 months per surface per tooth. 80% Stainless Steel Crowns Once every 12 months per surface per tooth. 80% General Anesthesia General Anesthesia and IV sedation allowed with covered with surgical procedures. 80% Periodontis 0nce every 12 months per quadrant. No more than 2 quadrants per date of service. 80% Gon atural teeth only) Once surgical procedure per quadrant per 36 months. 80% Periodontis Grafts/GTR No more than 2 teeth per quadrant per 36 months of initial insertion. 80% Root Canal Treatment Once per tooth. 80% 80% Root Canal Retreatment Once per tooth. 80% 80% Prosthetic Maintenance Prosthetic A4 months fare 24 m | Space Maintainers | | | |
| for members age 16 up to age 19 with a recent cavity and are at risk for decay. Periodontal Cleanings Four per calendar year following active periodontal treatment (scaling and root planing or osseous surgery). Not to be combined with preventive cleanings. Restorative 80% Restorative Once every 12 months per surface per tooth. Not to be combined with preventive cleanings. 80% Silver Fillings Once every 12 months per surface per tooth. Not to be combined with preventive cleanings. 80% Stainless Steel Crowns Once every 12 months per surface per tooth. 80% 80% Extractions Once every 12 months per surface per tooth. 80% 80% General Anesthesia General Anesthesia and IV sedation allowed with covered with surgical procedures. 80% 80% Periodontics Gon atural teeth only) 0ne surgical procedure per quadrant. No more than 2 quadrants per date of service. 80% Root Canal Treatment Once per tooth. 80% 80% Root Canal Treatment Once per tooth. 80% 80% Root Canal Treatment Once per tooth. 80% 80% Root Canal Treatment Once per tooth after 24 months have elapsed from initial treatment 80% | | | | |
| for members age 16 up to age 19 with a recent cavity and are at risk for decay. Periodontal Cleanings Four per calendar year following active periodontal treatment (scaling and root planing or osseous surgery). Not to be combined with preventive cleanings. Restorative 80% Restorative Once every 12 months per surface per tooth. Not to be combined with preventive cleanings. 80% Silver Fillings Once every 12 months per surface per tooth. Not to be combined with preventive cleanings. 80% Stainless Steel Crowns Once every 12 months per surface per tooth. 80% 80% Extractions Once every 12 months per surface per tooth. 80% 80% General Anesthesia General Anesthesia and IV sedation allowed with covered with surgical procedures. 80% 80% Periodontics Gon atural teeth only) 0ne surgical procedure per quadrant. No more than 2 quadrants per date of service. 80% Root Canal Treatment Once per tooth. 80% 80% Root Canal Treatment Once per tooth. 80% 80% Root Canal Treatment Once per tooth. 80% 80% Root Canal Treatment Once per tooth after 24 months have elapsed from initial treatment 80% | Sealants | Unrestored permanent molars, every 4 years per tooth for members through age 15. Sealants also covered | | |
| Not to be combined with preventive cleanings. 80% Restorative 80% 80% 80% Silver Fillings Once every 12 months per surface per tooth. 80% 80% Vhite Fillings Once every 12 months per surface per tooth. 80% 80% Stainless Steel Crowns Once every 12 months per tooth (on primary teeth only). 80% 80% Oral Surgery Extractions Once per tooth. 80% 80% General Anesthesia General Anesthesia and IV sedation allowed with covered with surgical procedures. 80% 80% Periodontis 0nce per tooth. 80% 80% 80% 80% General Anesthesia General Anesthesia and IV sedation allowed with covered with surgical procedures. 80% </td <td></td> <td></td> <td></td> <td></td> | | | | |
| Restorative Note Silver Fillings Once every 12 months per surface per tooth. 80% Silver Fillings Once every 12 months per surface per tooth. 80% 80% Protective Restorations Once every 12 months per surface per tooth. 80% Stainless Steel Crowns Once every 12 months per tooth (on primary teeth only). 80% Carla Surgery Extractions General Anesthesia and IV sedation allowed with covered with surgical procedures. 80% Periodontics Gon atural teeth only) Periodontics 80% Scaling and Root Planing Once in 24 months, per quadrant. No more than 2 quadrants per date of service. 80% Bone Grafts/GTR No more than 2 teeth per quadrant per 36 months on natural teeth. 80% Root Canal Treatment Once per tooth. 80% Root Canal Treatment Once per tooth. 80% Prosthetic Maintenance 80% 80% Bridge or Denture Repair Once per tooth after 24 months faiter 24 months of initial insertion. 80% Crown or Onlay Repair Once per couth after 24 months of initial placement 80% Posthetic Maintenance 80% 80% | Periodontal Cleanings | Four per calendar year following active periodontal treatment (scaling and root planing or osseous surgery). | | |
| Silver Fillings Once every 12 months per surface per tooth. Image: Control of the contence of the control of the control of the control of t | - | | | |
| White Fillings Once every 12 months per surface per tooth. Image: Surface per tooth. Protective Restorations Once per tooth. 80% Stainles Stele Crowns Once every 12 months per tooth (on primary teeth only). 80% Oral Surgery 80% 80% Extractions Once per tooth. 80% General Anesthesia General Anesthesia and IV sedation allowed with covered with surgical procedures. 80% Periodontics 80% 80% 80% Gon atural teeth only) Periodontis Once in 24 months, per quadrant. No more than 2 quadrants per date of service. 80% Bone Grafts/GTR No more than 2 teeth per quadrant per 36 months on natural teeth. 80% Root Canal Treatment Once per tooth. after 24 months have elapsed from initial treatment 80% Vital Pulpotomy Limited to deciduous teeth. 80% Pridge or Denture Repair Once per tooth after 24 months of initial insertion. 80% Crown or Onlay Repair Once per denture within 36 months. 80% Prosthodontics Once per denture within 36 months. 80% Recement of Crowns & Once per denture within 36 months. 80% Protitic Maintenance Som or p | Restorative | | 80% | 80% |
| Protective Restorations Once per tooth. Stainless Steel Crowns Once every 12 months per tooth (on primary teeth only). Stainless Steel Crowns Once every 12 months per tooth (on primary teeth only). 80% Extractions Once per tooth. 80% General Anesthesia General Anesthesia and IV sedation allowed with covered with surgical procedures. 80% Periodontics General Anesthesia 80% (on natural teeth only) Once in 24 months, per quadrant in 36 months. 80% Scaling and Root Planing Once per tooth. 80% Bone Grafts/GTR No more than 2 teeth per quadrant. No more than 2 quadrants per date of service. 80% Root Canal Treatment Once per tooth after 24 months have elapsed from initial treatment 80% Notare per tooth after 24 months after 24 months of initial insertion. 80% 80% Prosthetic Maintenance 80% 80% 80% 80% Bridge or Denture Repair Once per bridge/denture per 12 months, after 24 months of initial placement 80% 80% Crown or Onlay Repair Once per cooth, per denture within 36 months. 80% 80% 80% Pailative Treatment Once per coown, onlay or bridge. 80% < | Silver Fillings | Once every 12 months per surface per tooth. | | |
| Stainless Steel Crowns Once every 12 months per tooth (on primary teeth only). 80% Oral Surgery 80% 80% Extractions Once per tooth. 80% General Anesthesia General Anesthesia and IV sedation allowed with covered with surgical procedures. 80% Periodontics 80% 80% (on natural teeth only) 80% 80% Periodontal Surgery Once in 24 months, per quadrant. No more than 2 quadrants per date of service. 80% Bone Grafts/GTR No more than 2 teeth per quadrant per 36 months on natural teeth. 80% Root Canal Treatment Once per tooth after 24 months have elapsed from initial treatment 80% Notal Pulpotomy Limited to deciduous teeth. 80% Prosthetic Maintenance 80% 80% Bridge or Denture Repair Once per tooth per 12 months, after 24 months of initial insertion. 80% Crown or Onlay Repair Once per tooth per 12 months. 80% Prosthetic Maintenance 80% 80% Bridge or Denture Repair Once per tooth per 12 months. 80% Portages Once per cown, onlay or bridge. 80% Parilative Treatment Three occurre | White Fillings | | | |
| Oral Surgery Extractions Once per tooth. 80% Extractions General Anesthesia General Anesthesia and IV sedation allowed with covered with surgical procedures. 80% Periodontics (on natural teeth only) 80% 80% Periodontics (on natural teeth only) Once in 24 months, per quadrant. No more than 2 quadrants per date of service. 80% Bone Grafts/GTR No more than 2 teeth per quadrant per 36 months on natural teeth. 80% FootOcanal Treatment Once per tooth. 80% Root Canal Treatment Once per tooth. 80% Root Canal Retreatment Once per tooth after 24 months have elapsed from initial treatment 80% Vital Pulpotomy Limited to deciduous teeth. 80% Prosthetic Maintenance 80% 80% Bridge or Denture Repair Once per tooth per 12 months, after 24 months of initial placement 80% Onlays, Bridges Once per crown, onlay or bridge. 80% Prosthetic Mainenance 80% 80% Plallative Treatment Three occurrences in 12 months. 80% Postate Categes Once per crown, onlay or bridge. 50% Posthetic Mainenance 80% <t< td=""><td>Protective Restorations</td><td></td><td></td><td></td></t<> | Protective Restorations | | | |
| Extractions Once per tooth. Image: Constraint of the second | Stainless Steel Crowns | Once every 12 months per tooth (on primary teeth only). | | |
| General Anesthesia General Anesthesia and IV sedation allowed with covered with surgical procedures. 80% Periodontics 80% 80% General Anesthesia and IV sedation allowed with covered with surgical procedures. 80% 80% Periodontia Surgery One surgical procedure per quadrant in 36 months. 80% 80% Scaling and Root Planing Once in 24 months, per quadrant. No more than 2 quadrants per date of service. 80% 80% Bone Grafts/GTR No more than 2 teeth per quadrant per 36 months on natural teeth. 80% 80% 80% Root Canal Treatment Once per tooth after 24 months have elapsed from initial treatment 80% 80% 80% Vital Pulpotomy Limited to deciduous teeth. 80% 80% 80% 80% Prosthetic Maintenance Once per bridge/denture per 12 months, after 24 months of initial insertion. 80% | Oral Surgery | | 80% | 80% |
| General Anesthesia General Anesthesia and IV sedation allowed with covered with surgical procedures. 80% Periodontics 80% 80% Con natural teeth only) One surgical procedure per quadrant in 36 months. 80% Scaling and Root Planing Once in 24 months, per quadrant. No more than 2 quadrants per date of service. 80% Bone Grafts/GTR No more than 2 teeth per quadrant per 36 months on natural teeth. 80% Root Canal Treatment Once per tooth. 80% Root Canal Retreatment Once per tooth after 24 months have elapsed from initial treatment 80% Vital Pulpotomy Limited to deciduous teeth. 80% 80% Posthetic Maintenance 80% 80% 80% Rebase or Reline of Dentures Once per tooth per 12 months, after 24 months of initial insertion. 80% Crown or Onlay Repair Once per denture within 36 months. 80% 80% Posthetic Maintenance No ce per crown, onlay or bridge. 80% 80% Donlays, Bridges Once per count, onlay or bridge. 80% 80% 80% Posthodontics Donce within 60 months (age 16 and older). 50% 50% 50% Palliative Treatmen | | Once per tooth. | | |
| Periodontics 80% (on natural teeth only) Periodontal Surgery One surgical procedure per quadrant in 36 months. 80% Scaling and Root Planing Once in 24 months, per quadrant. No more than 2 quadrants per date of service. 80% Bone Grafts/GTR No more than 2 teeth per quadrant per 36 months on natural teeth. 80% Endootnics 80% 80% Root Canal Retreatment Once per tooth. 80% Noce on Ponture Repair Once per tooth after 24 months of initial treatment 80% Vital Pulpotomy Limited to deciduous teeth. 80% Bridge or Denture Repair Once per bridge/denture per 12 months, after 24 months of initial insertion. 80% Crown or Onlay Repair Once per denture within 36 months. 80% Recement of Crowns & Once per crown, onlay or bridge. 80% Emergency Dental Care 80% 80% Pallative Treatment Three occurrences in 12 months. 50% Porsthodontics Once within 60 months (age 16 and older). 50% Pentures Once within 60 months (age 16 and older). 50% Fixed Bridges Once within 60 months (age 16 and older). 50% Implan | | • | | |
| Periodontal Surgery One surgical procedure per quadrant in 36 months. Scaling and Root Planing Once in 24 months, per quadrant. No more than 2 quadrants per date of service. Bone Grafts/GTR No more than 2 teeth per quadrant per 36 months on natural teeth. Bone Grafts/GTR No more than 2 teeth per quadrant per 36 months on natural teeth. Bone Grafts/GTR Once per tooth. Root Canal Treatment Once per tooth. after 24 months have elapsed from initial treatment Vital Pulpotomy Limited to deciduous teeth. Prosthetic Maintenance 80% Bridge or Denture Repair Once per tooth per 12 months, after 24 months of initial placement Crown or Onlay Repair Once per cown, onlay or bridge. Malesse or Reline of Dentures Once per crown, onlay or bridge. Malesse or Reline of Crowns & 0nce per cown, onlay or bridge. Posthodontics 80% Pallative Treatment Three occurrences in 12 months. Prosthedontics 50% Dentures Once within 60 months (age 16 and older). Fixed Bridges Once per 60 months (age 16 and older). Fixed Bridges Once per 60 months (age 16 and older). Fixed Bridges Once within 60 months (age 16 and older). | Periodontics | | 80% | 80% |
| Scaling and Root Planing Bone Grafts/GTR Once in 24 months, per quadrant. No more than 2 quadrants per date of service. 80 Bone Grafts/GTR No more than 2 teeth per quadrant per 36 months on natural teeth. 80% Endodontics Once per tooth. 80% Root Canal Retreatment Once per tooth after 24 months have elapsed from initial treatment 80% Vital Pulpotomy Limited to deciduous teeth. 80% Prosthetic Maintenance 80% 80% Bridge or Denture Repair Once per tooth per 12 months, after 24 months of initial insertion. 80% Crown or Onlay Repair Once per denture within 36 months. 80% Recement of Crowns & Once per crown, onlay or bridge. 80% Palliative Treatment Three occurrences in 12 months. 80% Posthodontics Some or within 60 months (age 16 and older). 50% Posthodontics Once per 60 months per Implant. (Pre-estimate recommended). 1 Implant Abutments Once per implant only when surgical implant is benefitted. 50% Crowns or Onlay When teeth cannot be restored with regular fillings. Once within 60 months per tooth (age 12 and older). 50% | (on natural teeth only) | | | |
| Scaling and Root Planing Bone Grafts/GTR Once in 24 months, per quadrant. No more than 2 quadrants per date of service. 80 Bone Grafts/GTR No more than 2 teeth per quadrant per 36 months on natural teeth. 80% Endodontics Once per tooth. 80% Root Canal Retreatment Once per tooth after 24 months have elapsed from initial treatment 80% Vital Pulpotomy Limited to deciduous teeth. 80% Prosthetic Maintenance 80% 80% Bridge or Denture Repair Once per tooth per 12 months, after 24 months of initial insertion. 80% Crown or Onlay Repair Once per denture within 36 months. 80% Recement of Crowns & Once per crown, onlay or bridge. 80% Palliative Treatment Three occurrences in 12 months. 80% Posthodontics Some or within 60 months (age 16 and older). 50% Posthodontics Once per 60 months per Implant. (Pre-estimate recommended). 1 Implant Abutments Once per implant only when surgical implant is benefitted. 50% Crowns or Onlay When teeth cannot be restored with regular fillings. Once within 60 months per tooth (age 12 and older). 50% | Periodontal Surgery | One surgical procedure per guadrant in 36 months. | | |
| Bone Grafts/GTR No more than 2 teeth per quadrant per 36 months on natural teeth. 80% Endodontics Root Canal Treatment Once per tooth. 80% Root Canal Treatment Once per tooth after 24 months have elapsed from initial treatment 80% Vital Pulpotomy Limited to deciduous teeth. 80% Prosthetic Maintenance 80% 80% Bridge or Denture Repair Once per bridge/denture per 12 months, after 24 months of initial insertion. 80% Crown or Onlay Repair Once per denture within 36 months. 80% Recement of Crowns & Once per crown, onlay or bridge. 80% Emergency Dental Care 80% 80% Palliative Treatment Three occurrences in 12 months. 80% Posthodontics 50% 90% Dentures Once within 60 months (age 16 and older). 1 Fixed Bridges Once within 60 months (age 16 and older). 50% Implants Once per 60 months per Implant. (Pre-estimate recommended). 1 Implant Abutments Once per implant only when surgical implant is benefitted. 50% Major Restorative 50% 50% 1 | 0, | | | |
| Endodontics Noce per tooth. 80% Root Canal Treatment Once per tooth after 24 months have elapsed from initial treatment 80% Vital Pulpotomy Limited to deciduous teeth. 80% Prosthetic Maintenance Bridge or Denture Repair Once per bridge/denture per 12 months, after 24 months of initial insertion. 80% Crown or Onlay Repair Once per tooth per 12 months after 24 months of initial placement 80% Rebase or Reline of Dentures Once per denture within 36 months. 80% Recement of Crowns & Once per crown, onlay or bridge. 80% Palliative Treatment Three occurrences in 12 months. 80% Posthed Bridges Once within 60 months (age 16 and older). 50% Dentures Once per implant. (Pre-estimate recommended). 50% Implant Abutments Once per implant only when surgical implant is benefitted. 50% | | | | |
| Root Canal TreatmentOnce per tooth.Root Canal RetreatmentOnce per tooth after 24 months have elapsed from initial treatmentVital PulpotomyLimited to deciduous teeth.Prosthetic Maintenance80%Bridge or Denture RepairOnce per bridge/denture per 12 months, after 24 months of initial insertion.Crown or Onlay RepairOnce per tooth per 12 months after 24 months of initial placementRebase or Reline of DenturesOnce per denture within 36 months.Recement of Crowns &Once per crown, onlay or bridge.Emergency Dental Care80%Palliative TreatmentThree occurrences in 12 months.ProsthodonticsOnce within 60 months (age 16 and older).DenturesOnce within 60 months (age 16 and older).Fixed BridgesOnce per 60 months per Implant. (Pre-estimate recommended).Implant AbutmentsOnce per implant only when surgical implant is benefitted.Major Restorative50%Crowns or OnlayWhen teeth cannot be restored with regular fillings. Once within 60 months per tooth (age 12 and older). | Endodontics | | 80% | 80% |
| Root Canal Retreatment Vital PulpotomyOnce per tooth after 24 months have elapsed from initial treatment Limited to deciduous teeth.80%Prosthetic Maintenance80%80%Bridge or Denture Repair Crown or Onlay RepairOnce 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.80%Rebase or Reline of Dentures Onlays, BridgesOnce per denture within 36 months.80%Mergency Dental Care Palliative Treatment80%80%Posthodontics DenturesOnce within 60 months (age 16 and older). Fixed Bridges50%Dentures Fixed BridgesOnce within 60 months (age 16 and older). Once per implant. (Pre-estimate recommended). Once per implant only when surgical implant is benefitted.50%Major Restorative | | Once per tooth. | | |
| Vital PulpotomyLimited to deciduous teeth.80%Prosthetic Maintenance80%80%Bridge or Denture RepairOnce per bridge/denture per 12 months, after 24 months of initial insertion.80%Crown or Onlay RepairOnce per tooth per 12 months after 24 months of initial placement80%Rebase or Reline of DenturesOnce per denture within 36 months.80%Recement of Crowns &0nce per crown, onlay or bridge.80%DentagesOnce per crown, onlay or bridge.80%Palliative TreatmentThree occurrences in 12 months.50%ProsthodonticsOnce within 60 months (age 16 and older).50%DenturesOnce within 60 months (age 16 and older).50%Implant AbutmentsOnce per implant only when surgical implant is benefitted.50%Major Restorative50%50%Crowns or OnlayWhen teeth cannot be restored with regular fillings. Once within 60 months per tooth (age 12 and older). | Root Canal Retreatment | • | | |
| Prosthetic Maintenance 80% Bridge or Denture Repair Once per bridge/denture per 12 months, after 24 months of initial insertion. 80% Crown or Onlay Repair Once per tooth per 12 months after 24 months of initial placement 80% Rebase or Reline of Dentures Once per denture within 36 months. 80% Recement of Crowns & Once per crown, onlay or bridge. 80% Emergency Dental Care 9alliative Treatment Three occurrences in 12 months. Prosthodontics 0nce within 60 months (age 16 and older). 50% Dentures Once per implant only when surgical implant is benefitted. 50% Major Restorative Crowns or Onlay S0% Crowns or Onlay When teeth cannot be restored with regular fillings. Once within 60 months per tooth (age 12 and older). | | | | |
| Bridge or Denture Repair Once per bridge/denture per 12 months, after 24 months of initial insertion. Image: Crown or Onlay Repair Crown or Onlay Repair Once per tooth per 12 months after 24 months of initial placement Image: Crown or Onlay Repair Rebase or Reline of Dentures Once per denture within 36 months. Image: Crown or Onlay Repair Image: Crown or Onlay Repair Onlays, Bridges Once per crown, onlay or bridge. Image: Crown or Onlay Once per crown, onlay or bridge. Image: Crown or Onlay Crown or Crown or Onlay or Dentures S0% Palliative Treatment Three occurrences in 12 months. S0% Image: Crown or Onlay Repair S0% Pontures Once within 60 months (age 16 and older). S0% Image: Crown or Onlay Image: Crown or Onlay When surgical implant is benefitted. S0% Major Restorative S0% | | | 80% | 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 & Once per crown, onlay or bridge. Emergency Dental Care 80% Palliative Treatment Three occurrences in 12 months. Prosthodontics 50% Dentures Once within 60 months (age 16 and older). Fixed Bridges Once per 60 months per Implant. (Pre-estimate recommended). Implant Abutments Once per implant only when surgical implant is benefitted. Major Restorative 50% Crowns or Onlay When teeth cannot be restored with regular fillings. Once within 60 months (age 12 and older). | | Once per bridge/denture per 12 months, after 24 months of initial insertion. | | |
| Rebase or Reline of Dentures Once per denture within 36 months. Recement of Crowns & Once per crown, onlay or bridge. Emergency Dental Care 80% Palliative Treatment Three occurrences in 12 months. Prosthodontics 50% Dentures Once within 60 months (age 16 and older). Fixed Bridges Once per 60 months (age 16 and older). Implants Once per implant only when surgical implant is benefitted. Major Restorative 50% Crowns or Onlay When teeth cannot be restored with regular fillings. Once within 60 months (age 12 and older). | | | | |
| Onlays, Bridges Once per crown, onlay or bridge. Emergency Dental Care 80% Palliative Treatment Three occurrences in 12 months. Prosthodontics 50% Dentures Once within 60 months (age 16 and older). Fixed Bridges Once within 60 months (age 16 and older). Implants Once per 60 months per Implant. (Pre-estimate recommended). Implant Abutments Once per implant only when surgical implant is benefitted. Major Restorative 50% Crowns or Onlay When teeth cannot be restored with regular fillings. Once within 60 months (age 12 and older). | | | | |
| Emergency Dental Care 80% Palliative Treatment Three occurrences in 12 months. Prosthodontics 50% Dentures Once within 60 months (age 16 and older). Fixed Bridges Once within 60 months (age 16 and older). Implants Once per 60 months per Implant. (Pre-estimate recommended). Implant Abutments Once per implant only when surgical implant is benefitted. Major Restorative 50% Crowns or Onlay When teeth cannot be restored with regular fillings. Once within 60 months per tooth (age 12 and older). | Recement of Crowns & | | | |
| Emergency Dental Care 80% Palliative Treatment Three occurrences in 12 months. Prosthodontics 50% Dentures Once within 60 months (age 16 and older). Fixed Bridges Once within 60 months (age 16 and older). Implants Once per 60 months per Implant. (Pre-estimate recommended). Implant Abutments Once per implant only when surgical implant is benefitted. Major Restorative 50% Crowns or Onlay When teeth cannot be restored with regular fillings. Once within 60 months per tooth (age 12 and older). | Onlays, Bridges | Once per crown, onlay or bridge. | | |
| Palliative Treatment Three occurrences in 12 months. Prosthodontics 50% Dentures Once within 60 months (age 16 and older). Fixed Bridges Once within 60 months (age 16 and older). Implants Once per 60 months per Implant. (Pre-estimate recommended). Implant Abutments Once per implant only when surgical implant is benefitted. Major Restorative 50% Crowns or Onlay When teeth cannot be restored with regular fillings. Once within 60 months per tooth (age 12 and older). | | · · · · · | 80% | 80% |
| Dentures Once within 60 months (age 16 and older). Fixed Bridges Once within 60 months (age 16 and older). Implants Once per 60 months per Implant. (Pre-estimate recommended). Implant Abutments Once per implant only when surgical implant is benefitted. Major Restorative 50% Crowns or Onlay When teeth cannot be restored with regular fillings. Once within 60 months per tooth (age 12 and older). | | Three occurrences in 12 months. | | |
| Dentures Once within 60 months (age 16 and older). Fixed Bridges Once within 60 months (age 16 and older). Implants Once per 60 months per Implant. (Pre-estimate recommended). Implant Abutments Once per implant only when surgical implant is benefitted. Major Restorative 50% Crowns or Onlay When teeth cannot be restored with regular fillings. Once within 60 months per tooth (age 12 and older). | | | 50% | 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 implant only when surgical implant is benefitted. Major Restorative 50% Crowns or Onlay When teeth cannot be restored with regular fillings. Once within 60 months per tooth (age 12 and older). | | Once within 60 months (age 16 and older). | | |
| Implants Once per 60 months per Implant. (Pre-estimate recommended). Implant Abutments Once per implant only when surgical implant is benefitted. Major Restorative 50% Crowns or Onlay When teeth cannot be restored with regular fillings. Once within 60 months per tooth (age 12 and older). | | | | |
| Implant Abutments Once per implant only when surgical implant is benefitted. Major Restorative 50% Crowns or Onlay When teeth cannot be restored with regular fillings. Once within 60 months per tooth (age 12 and older). | - | | | |
| Major Restorative 50% Crowns or Onlay When teeth cannot be restored with regular fillings. Once within 60 months per tooth (age 12 and older). | • | | | |
| Crowns or Onlay When teeth cannot be restored with regular fillings. Once within 60 months per tooth (age 12 and older). | · · · · · · · · · · · · · · · · · · · | once per implant only when surgicul implant is benefitted. | 50% | 50% |
| | • | When teath cannot be restored with regular fillings. Once within 60 menths per teath (age 12 and older) | 5070 | 50% |
| | Cast Posts/Buildups | Once per tooth per 60 months only benefitted to retain a crown. | | |
| Cast Posts/Buildups Once per tooth per tooth per tooth only benefited to retain a crown. Orthodontics: Covered at 50% of Maximum Plan Allowance charges up to 19. \$1,500 separate LIFETIME maximum. Orthodontic treatment must be administered/s | - | | o administer | |

Dependent Eligibility Eligible dependents covered to the end of the month they turn 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.

Additional Benefit Information

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 plan year. You must be enrolled for dental coverage before the 4th quarter of the calendar year and your paid claims must not exceed the maximum "threshold" amount

| Your calendar year | If your total yearly claims | Then you can roll over this | Your accumulated rollover total |
|-------------------------|------------------------------------|---|---------------------------------|
| maximum benefit amount. | don't exceed this threshold amount | amount to use next year, and beyond. | is capped at this amount. |
| \$1,500 | \$700 | \$500 | \$1,250 |

Delta Dental PPO Plus Premier

A DELTA DENTAL

Easy Access and Great Value – Your Delta Dental Networks

As a Delta Dental PPO *Plus Premier* subscriber, you have access to two of Delta Dental's extensive national networks- Delta Dental PPO, with more than 283,000 participating dentist locations and Delta Dental Premier, the largest dental network in the country with more than 358,000 dentist locations. Three out of four dentists nationwide participate in one or both of these networks.

You will enjoy great benefits when you receive your dental care from a participating dentist in either the Delta Dental PPO or Delta Dental Premier networks.

- Both networks offer discounted fees and a no balance billing policy.
- You will receive good value from Delta Dental Premier network dentists who generally accept discounted fees.
- You will enjoy the greatest savings when visiting Delta Dental PPO network dentists due to even deeper discounts.
- 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 the no balance billing policy do not apply.

Delta Dental members can also take advantage of expanded discounts on many covered services, even after they have used up their benefit dollars, visit limits and other situations. Get the details at http://www.deltadentalma.com/members/ discounts-on-covered-services/

Simply visit **www.deltadentalma.com** to find a participating dentist in your area.

Dental Services of Massachusetts, Inc. is an independent licensee of the Delta Dental Plans Association. *Registered marks of the Delta Dental Plans Association. ©2017 DSM. 2 of 4

Learn more at deltadentalma.com

Visit the member area of **www.deltadentalma.com** to find plan information, review eligibility status, check on claim status, or find a dentist. If you have any questions or need additional information, you can call customer service at 1-800-872-0500.

You can also find more information about your plan in the Delta Dental Member Guide, available from your benefits administrator or online at **www.deltadentalma.com**. In the guide, you can learn how to use your benefits, how to find a dentist or specialist, how to access online resources, and more about keeping a healthy mouth for life.

The information on this coverage summary 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, refer to your plan's Subscriber Certificate, which is available through your benefits administrator.

Your Plan is Administered by: **Delta Dental of Massachusetts** 1-800-872-0500

www.deltadentalma.com

465 Medford Street Boston, MA 02129

Delta Dental PPO Plus Premier

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, 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 with us, such as:
 - o Qualified sign language interpreters
 - o 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:
 - o Qualified interpreters
 - o 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:

Ugonna Onyekwu Civil Rights Coordinator Compliance Department 465 Medford Street Boston, MA 02129 Fax: 617-886-1390 Phone: 617-886-1683 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, Ugonna Onyekwu 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 1-800-368-1019, 800-537-7697 (TDD)

Delta Dental of Massachusetts PPO and Premier insurance products are offered by Dental Service of Massachusetts, Inc. Delta Dental of Massachusetts EPO and DeltaCare insurance products are offered DSM Massachusetts Insurance Company, Inc.

Delta Dental PPO Plus Premier

સુચનાઃ જો તમે ગુજરાતી બોલતા હો, તો નગ્નિલ્ક ભાષા સહ્યય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-872-0500 (TTY: 1-844-233-4524).