

# 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 12,000 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. 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.

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

## 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 2907, Milwaukee, WI 53201-2907.

## 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% |
| D1516 | Space maintainer - fixed - bilateral, maxillary .....  | Covered at 100% |
| D1517 | Space maintainer - fixed - bilateral, mandibular .....   | Covered at 100% |
| D1520 | Space maintainer - removable, unilateral.....  | Covered at 100% |
| D1526 | Space maintainer - removable - bilateral, maxillary .....                                      | Covered at 100% |
| D1527 | Space maintainer - removable - bilateral, mandibular .....                                     | 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 |
| D5282 | Removable unilateral partial denture - one piece cast metal (including clasps and teeth), maxillary .....                                       | \$ 204.00 |
| D5283 | Removable unilateral partial denture - one piece cast metal (including clasps and teeth), mandibular .....                                      | \$ 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** – Twice every 12 months

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

**Bitewing X-rays** – Twice every 12 months

**Single Tooth X-rays** – As needed

### PREVENTIVE:

**Teeth Cleaning** – Twice every 12 months

**Fluoride Treatments** – Twice every 12 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** – Four times every 12 months following active periodontal treatment. Not to be 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  
បើអ្នកឆ្លើយតបអ្នកបកប្រែ និងកិច្ចការបកប្រែ ដែលជាប់ទាក់ទងទៅនឹង  
វិធានការនានា 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 Tradiskyon Si w mande sèvis entèprèt ak tradiksyon pou prosede administratif, nap mete yo a dispozisyon ou.

Servizi di interpretariato e traduzione A richiesta, sono disponibili servizi di interpretariato e traduzione relazionati con pratiche amministrative.

ບໍລິການແປພາສາ ແລະ ນາຍພາສາ  
ຕາມທີ່ທ່ານຂໍມາ, ພວກເຮົາມີບໍລິການນາຍ ແປພາສາ ແລະ  
ການແປພາສາທີ່ກ່ຽວກັບຂັ້ນຕອນການບໍລິຫານໃຫ້ທ່ານແລະ ສມາຊິກໃນຄອບຄົວຂອງທ່ານ

Servicos de tradutor(a)/interprete Se assim o solicitar, estao disponiveis servicos de traducaao e interpretacao para os procedimentos administrativos.

Υπηρεσίες Διερμηνείας/Μεταφραστών  
Μετά από αίτησή σας, υπηρεσίες διερμηνείας και μεταφραστών 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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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  
Email: [FairTreatment@greatdentalplans.com](mailto:FairTreatment@greatdentalplans.com)  
TTY: 711

View our Notice of Privacy Practices at <http://bit.ly/ddmanpp>

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)

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