

Delta Dental Premier

Benefits Effective As of: 01-AUG-07

Deductible: \$0 per individual / \$0 per family.
Calendar Year Maximum: \$1,000 per person.

Categories/Procedures	Qualifications	Co-Insurance	
		IN Network	Out of Network
Diagnostic		100%	100%
Comprehensive Evaluation	Once every 60 months per dentist.		
Periodic Oral Exam	Once every 6 months.		
Full Mouth X-rays	Once every 60 months.		
Bitewing X-rays	Once every 6 months.		
Single Tooth X-rays	As needed.		
Preventive		100%	100%
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 anterior teeth.		
Sealants	Unrestored permanent molars, every 4 years per tooth for members through age 15. Sealants are also covered for members age 16 up to age 19 for those who 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		100%	100%
Silver Fillings	Once every 24 months per surface per tooth.		
White Fillings (Front teeth)	Once every 24 months per surface per tooth.		
White Fillings (Back teeth)	Covered only for single surfaces. Once every 24 months per surface, per tooth, multi-surfaces will be processed as a silver filling and the patient is responsible up to the submitted charge.		
Temporary Fillings	Once per tooth.		
Stainless Steel Crowns	Once every 24 months per tooth.		
Oral Surgery		100%	100%
Simple Extractions	Once per tooth.		
Surgical Extraction	Once per tooth.		
Periodontics		100%	100%
Periodontal Surgery	Periodontal benefits not provided when rendered in a surgical day care or hospital setting.		
Scaling and Root Planing	Once in 24 months, per quadrant.		
Periodontal Cleaning	Once every 3 months following active periodontal treatment. Not to be combined with preventive cleanings.	100%	100%
Endodontics		100%	100%
Root Canal Treatment	Once per tooth.		
Vital Pulpotomy	Limited to deciduous teeth.		
Prosthetic Maintenance		100%	100%
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		100%	100%
Minor Treatment for Pain Relief	Three occurrences in 12 months.		
General Anesthesia	Allowed with covered surgical services only.		
Prosthodontics		50%	50%
Dentures	Once within 60 months.		
Fixed Bridges and Crowns	When part of a bridge. Once within 60 months.		
Implants	An Endosteal Implant is covered to replace one missing tooth (in lieu of a three unit bridge, and when all the adjacent teeth do not require crowns.) Once per 60 months per Implant.		
Major Restorative		50%	50%
Crowns	When teeth cannot be restored with regular fillings. Once within 60 months per tooth.		
Dependent Eligibility	Eligible dependents are covered up to age 26.		

Additional Benefit Information

Rollover Max Available - Limitations Apply - Visit www.deltadentalma.com/pdf/07/rollovermax.pdf to view program rules and details.

***This plan is eligible for Rollover Max. See the benefit guide for details.**

*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.

Delta Dental Premier

Easy Access and Great Value — Your Delta Dental Network

As a Delta Dental Premier subscriber, you have access to the most extensive dental network in Massachusetts, with more than 7,400 dentist locations in Massachusetts.

With Delta Dental Premier, you enjoy the greatest savings in out-of-pocket expenses when visiting a dentist who participates in the Delta Dental Premier network. Participating dentists typically accept discounted fees for their services, and since your co-payments are based on these fees, you pay lower out-of-pocket costs for your care. You will still receive coverage if you visit a non-participating dentist, but your benefit will be at the out-of-network level shown in the right-hand column of this coverage summary.

To find a dentist, simply visit www.deltadentalma.com (click on the *Find a Dentist* link and select *Delta Dental Premier*) or call Delta Dental customer service at 1-800-872-0500.

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.

If you receive a treatment after you have exhausted your maximum or if you receive a treatment that will cause you to exceed your maximum, you may be billed at the dentist's normal rate rather than Delta Dental's negotiated rate.

Learn More at www.deltadentalma.com

You can find more information about your benefits 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 the claims and appeal processes work, and more about keeping a healthy mouth for life.

Visit 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.

Your Plan is Administered by:

Delta Dental of Massachusetts
1-800-872-0500



Delta Dental of Massachusetts
465 Medford Street, Boston, MA 02129

www.deltadentalma.com

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