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**Coverage Summary for
City of Medford
Group Number
006408**

**Deductible: \$25 per individual / \$75 per family. Deductible waived for Diagnostic and Preventive categories.
Calendar Year Maximum: \$750 per person.**

Category / Procedure	Qualifications	Co-insurance	
		In Network	Out of Network*
Diagnostic Comprehensive Evaluation Periodic Oral Exam Full Mouth X-rays Bitewing X-rays Single Tooth X-rays	Once every 60 months. Twice per calendar year. Once every 60 months. Once every 6 months. As needed.	100%	100%
Preventive Teeth Cleaning Fluoride Treatments Space Maintainers Sealants Chlorhexidine Mouthrinse Fluoride Toothpaste	Twice per calendar year. Once every 6 months for members under age 19. Required due to the premature loss of teeth. For members under age 14 and not for the replacement of primary or permanent anterior teeth. Unrestored permanent molars, every 4 years per tooth for members through age 15. Sealants are also covered for members aged 16 up to age 19 for those who had a recent cavity and are at risk for decay. This is a covered benefit only when administered and dispensed in the dentist's office following scaling and root planing. This is a covered benefit only when administered and dispensed in the dentist's office following periodontal surgery.	100%	100%
Restorative Silver Fillings White Fillings (Front Teeth) White Fillings (Back Teeth) Temporary Fillings Stainless Steel Crowns	Once every 24 months per surface per tooth. Once every 24 months per surface per tooth. 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. Once per tooth. Once every 24 months per tooth.	80%	80%
Oral Surgery Simple Extractions Surgical Extractions	Once per tooth. Once per tooth.	80%	80%
Periodontics Periodontal Surgery Scaling and Root Planing Periodontal Cleaning	Periodontal benefits not provided when rendered in a surgical day care or hospital setting. Once in 24 months, per quadrant. Once every 3 months following active periodontal treatment. Not to be combined with preventive cleanings.	80% 100%	80% 100%
Endodontics Root Canal Treatment Vital Pulpotomy	Once per tooth. Limited to deciduous teeth.	80%	80%
Prosthetic Maintenance Bridge or Denture Repair Rebase or Reline of Dentures Recement of Crowns & Onlays	Once within 12 months, same repair. Once within 36 months. Once per tooth.	80%	80%
Emergency Dental Care Minor treatment for Pain Relief General Anesthesia	Three occurrences in 12 months. Allowed with covered surgical services only.	80%	80%
Prosthodontics Dentures Fixed Bridges and Crowns Implants	Once within 60 months. When part of a bridge. Once within 60 months. An Endosteal Implant: Only when it is to replace one missing tooth and adjacent teeth are healthy and do not require crowns. Once per 60 months per Implant. (Pre-estimates recommended).	50%	50%
Major Restorative Crowns	When teeth cannot be restored with regular fillings. Once within 60 months per tooth.	50%	50%

Orthodontics: Covered at 50% of Maximum Plan Allowance charges to age 19. \$1,000 separate LIFETIME maximum.

Dependent Eligibility: Dependents covered to age 19. Full-time students covered to age 23.

Additional Benefit Information

Deductible waived for periodontal cleanings.

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 PPO Plus Premier



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 207,000 participating dentist locations and Delta Dental Premier, the largest dental network in the country with more than 290,000 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.

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

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Learn more at 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.

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.

Your Plan is Administered by:
Delta Dental of Massachusetts
1-800-872-0500
www.deltadentalma.com

465 Medford Street
Boston, MA 02129



ENROLLMENT FORM

PLEASE PRINT OR TYPE -
BE SURE FORM IS COMPLETED IN FULL TO ENSURE ENROLLMENT

Delta Dental of Massachusetts
PO Box 9695
Boston, Massachusetts 02114

Customer Service (617) 886-1234
Corporate Office (617) 886-1000
Fax (617) 886-1293

Toll Free (800) 872-0500
MA & Nat's Toll Free (800) 451-1249
www.deltadentalma.com

1. GROUP NAME: <i>City of Medford</i>	2. EFFECTIVE DATE: <i>7/1/15</i>	3. DATE OF HIRE:	4. GROUP NUMBER: <i>006408</i>
5. LAST NAME: (Subscriber)		6. FIRST NAME:	
7. SOCIAL SECURITY NO.:	8. DATE OF BIRTH:	9. GENDER: F / M	
10. HOME ADDRESS:	11. CITY:	12. STATE:	13. ZIP:

PLAN SELECTION

14. PLAN: Select plan you are enrolling in:

Delta Dental Premier Delta Dental PPO Delta Dental PPO Plus Premier DeltaCare The Value Plan

If DeltaCare or the Value Plan is selected, each subscriber & dependent must choose a DeltaCare Primary Care Dentist (PCD).

PLEASE LIST ALL ELIGIBLE DEPENDENT(S) COVERED UNDER YOUR POLICY

15. FIRST NAME	16. LAST NAME (IF DIFFERENT FROM SUBSCRIBER)	17. DATE OF BIRTH	18. SEX M/F	19. CHECK IF DEPENDENT IS OVER 19 AND A FULL TIME STUDENT	DELTACARE OR VALUE PLAN ONLY		
					20. CHOOSE A PCD FOR EACH COVERED INDIVIDUAL	21. PROVIDER #	22. DO YOU CURRENTLY USE THIS DENTIST
SUBSCRIBER							
SPOUSE							
CHILDREN							

23. REASON FOR SUBMISSION (CHECK ONE)

<input type="checkbox"/> New Addition <input type="checkbox"/> Individual <input type="checkbox"/> Individual + 1 <input type="checkbox"/> Family	<input type="checkbox"/> Transfer from sublocation _____ to _____
<input type="checkbox"/> Termination	<input type="checkbox"/> Status change <input type="checkbox"/> Individual to Family <input type="checkbox"/> Individual + 1 <input type="checkbox"/> Family to Individual
<input type="checkbox"/> Add dependent to family	COBRA
<input type="checkbox"/> Reinstatement	<input type="checkbox"/> Reinstatement of Subscriber <input type="checkbox"/> Individual <input type="checkbox"/> Individual + 1 <input type="checkbox"/> Family
<input type="checkbox"/> Remove dependent _____ name	<input type="checkbox"/> Transfer to COBRA Sublocation
<input type="checkbox"/> Name change	<input type="checkbox"/> New addition of dependent formerly covered under ID # _____
<input type="checkbox"/> Address change	
<input type="checkbox"/> Remove dep. from student status _____ name	

24. COORDINATION OF BENEFITS If YES, please indicate name of covered individual:

Are you OR any other family member covered by another dental plan? No Yes _____

OTHER DENTAL INSURANCE CO.:	EMPLOYER NAME:	POLICY HOLDER ID NO.:	EFFECTIVE DATE
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25. If YES, please indicate name of covered individual:

Are you OR any other family member covered by another medical plan? No Yes _____

OTHER MEDICAL INSURANCE CO.:	EMPLOYER NAME:	POLICY HOLDER ID NO.:	EFFECTIVE DATE
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I certify that all information is true and correct to the best of my knowledge. Also, I understand that the effective date and termination date of my membership will be determined by my employer or plan sponsor in accordance with the underwriting guidelines of Delta Dental of Massachusetts. In addition, if my employer requires employee contributions for this coverage, I authorize the deduction of this amount from my wages.

26. Subscriber Signature _____

Date _____

Benefit Administrator Signature _____

Date _____

Stretch your dental benefits by choosing the right dentist.

Did you know that the cost for a filling, a crown or other dental procedures can vary from dentist to dentist?

This means that you could end up paying more – and in some cases much more – based on which dentist you choose.

The good news is that we've made it easy for you to get the best price for care every time.

Just choose a dentist from our Delta Dental PPO network.

Here is an example of what you can save on a porcelain crown:

When you visit a:	BIGGEST SAVINGS	
	Delta Dental PPO dentist	Delta Dental Premier dentist
"Retail" fee charged by dentist:	\$1,288	\$1,288
Our lower, negotiated fee:	\$907.30	\$1,209.74
What you pay:	\$453.65	\$604.87
Additional Cost:	\$0	\$151.22

Save all year long.

Over the year, those costs can add up.

Most plans include an annual benefit maximum. This is like a bank account for your dental coverage. Every time you get care, your dentist uses some of the funds. Once they are used up, the cost of care is your responsibility.

When you choose a Delta Dental PPO dentist, each withdrawal from the account will be smaller – stretching your dollars further.

And the great part is that because you are a Delta Dental of Massachusetts member, the Delta Dental PPO providers will not ask you for additional money beyond our discounted rate as long as you have benefit dollars in your account.

In short, you'll get **more services** for **less money**.

How can I find a Delta Dental PPO dentist?

The really great news is that there are more than 228,000 dentists in the Delta Dental PPO Network of dentists. It's likely

there is one near your home or work. Of course, before you get care, you should check to see if your plan includes the Delta Dental PPO network.

There are three ways to find a Delta Dental PPO dentist near you

- Search on your computer or tablet by using our online Delta Dental PPO Only search
- Search on your smartphone with our Mobile App (Find a Dentist only)
- Talk to a Member Service Associate

What if I already have a dentist?

For the greatest benefit value we recommend that you get all of your care from dentists in the Delta Dental PPO network. However, if the general dentist you are already seeing for routine care isn't in the Delta Dental PPO network, you can still save money on higher-cost, specialty services like root canals or oral surgery by selecting a participating Delta Dental PPO specialist.

It is easy to find specialists in the Delta Dental PPO network Our search lets you choose dentists by specialty.



Delta Dental of Massachusetts
465 Medford Street
Boston, MA 02129
www.deltadentalma.com

Please note: The Delta Dental PPO Network, is not the same as the Delta Dental Premier Network. Even though you have access to both networks, the discounts are not the same between the two networks.

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Smile — You've Got Delta Dental PPO Plus Premier

Delta Dental is the leader in quality dental benefits coverage. And **Delta Dental PPO Plus Premier** is one of our most comprehensive plans. It's designed to provide you and your family with easy-to-use care that will help you live a healthier life.

After all, the better we help you take care of your teeth, the better you and your family will look and feel. It's all part of our strong dedication to improving your oral health.



Network Advantages

There are many advantages when you use a dentist who participates in the Delta Dental PPO or Delta Dental Premier networks. For example, with a participating network dentist:

- You generally pay less each time you receive care, since your share of the cost is based on specially negotiated rates.
- There are no claim forms to complete. Participating network dentists will prepare and submit claims for you.
- There is no balance billing. You are not billed for charges in excess of Delta Dental's negotiated rate for a particular service.

To receive the highest level of benefits payable under either option, be sure your dentist is a participating Delta Dental PPO or Delta Dental Premier network dentist.

If you have any questions, please feel free to contact our Customer Service department at **1-800-872-0500** or visit our Web site at **www.deltadentalma.com**.



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

www.deltadentalma.com

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**MORE
DENTISTS.
MORE
COVERAGE.
MORE
SMILES.**

**ALL PART OF YOUR
DELTA DENTAL PPO
PLUS PREMIER PLAN.**



How the Delta Dental PPO Plus Premier Program Works

The **Delta Dental PPO Plus Premier** program combines two of Delta Dental’s national dental networks—Delta Dental PPO and Delta Dental Premier—giving you access to dentists that participate in both. **Nationally, 3 out of 4 dentists belong to our networks.** That means that chances are, your dentist is already participating in one or more of our networks. You’ll save with a Delta Dental Premier participating dentist, and if you visit a Delta Dental PPO participating dentist you’ll receive services at a further reduced rate (and any out-of-pocket expenses will therefore be lower).

Finding a Delta Dental PPO or Delta Dental Premier participating dentist is easy! Just visit www.deltadentalma.com or call 800-872-0500.

How You Save When You Use a Network Dentist — An Example

Network dentists have agreed to accept negotiated fees for their services. When you visit a participating Delta Dental PPO or Delta Dental Premier network dentist, you cannot be billed for the difference between your dentist’s normal rate and Delta Dental’s negotiated rate. See below for an example. Why pay more at a non-participating dentist when you can receive services from a participating Delta Dental PPO or Delta Dental Premier network dentist and reduce your out-of-pocket costs?



Capturing More Savings!

Let’s say you need a porcelain crown. Here is a breakdown of your potential savings with Delta Dental PPO Plus Premier:

	◀ Greatest Patient Savings Least Patient Savings ▶		
When You Visit a:	Delta Dental PPO Dentist	Delta Dental Premier Dentist	Non-participating Dentist
	In-network		Non-network
Fee Charged by Dentist	\$1,288	\$1,288	\$1,288
Fee Delta Dental Will Pay Dentist	\$928	\$1,094	\$1,160
Co-insurance Percentage	50%	50%	50%
Delta Dental Pays	\$464	\$547	\$580
Patient Pays	\$464	\$547	\$708

This chart is for illustrative purposes only. Actual costs will vary by dentist and geographic area. Example assumes deductible has been met.

