

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.

You'll receive the greatest value when you visit a Delta Dental PPO dentist because they generally accept lower fees for their services. And if you choose to visit a dentist who participates in the Delta Dental Premier network, you'll also enjoy savings. Most dentists in the country participate in one or both of these networks so, chances are, your dentist is in one of them. Your dental plan covers services provided by non-participating dentists as well.

Harvard University Group #007750

Type I Preventive	Type II Basic Restorative	Type III Major Restorative
<p>Covered at 100% in and out-of-network</p> <p>Diagnostic: Comprehensive Evaluation - <i>Once every 60 months per dentist</i> Periodic Oral Exams - <i>Twice per calendar year</i> Full Mouth X-rays - <i>Once every 60 months</i> Bitewing X-rays - <i>Twice per calendar year</i> Single Tooth X-rays - <i>As needed</i></p> <p>Preventive: Teeth Cleaning - <i>Twice per calendar year</i> Periodontal Cleaning - <i>Once every 3 months following active periodontal treatment, not to exceed 2 in a calendar year if combined with preventive cleanings</i> Fluoride Treatments - <i>Twice per calendar year for all members</i> Space Maintainers (required due to the premature loss of teeth) - <i>For members under age 14 and not for the replacement of primary or permanent anterior teeth</i> Sealants - <i>Unrestored permanent molars, once per tooth for members through age 15. Sealants are also covered for members aged 16 up to age 19 for those who have had a recent cavity and are at risk for decay</i> Chlorhexidine Mouthrinse - <i>This is a covered benefit only when administered and dispensed in your dentist's office following scaling and root planing</i> Fluoride Toothpaste - <i>This is a covered benefit only when administered and dispensed in your dentist's office following periodontal surgery</i></p>	<p>Restorative: Silver Fillings - <i>Once every 24 months per surface per tooth</i> White Fillings - <i>Once every 24 months per surface per tooth on front teeth; single surface only on back teeth</i> Temporary Fillings - <i>Once per tooth</i> Stainless Steel Crowns - <i>Once every 24 months per tooth</i></p> <p>Oral Surgery: <i>Oral surgical benefits not provided when rendered in a surgical day care or hospital setting</i> Simple Extractions Surgical Extractions</p> <p>Periodontics: Periodontal Surgery - <i>Periodontal benefits not provided when rendered in a surgical day care or hospital setting</i> Scaling and Root Planing - <i>Once in 24 months, per quadrant</i> Occlusal Guards - <i>Covered for bruxism only - regardless of perio treatment</i></p> <p>Endodontics: Root Canal Treatment - <i>Once per tooth</i> Vital Pulpotomy - <i>Limited to deciduous teeth for members</i></p> <p>Prosthetic Maintenance: Bridge or Denture Repair - <i>Once within 12 months, same repair</i> Rebase or Reline of Dentures - <i>Once within 36 months</i> Recement of Crowns and Onlays - <i>Once per tooth</i></p> <p>Emergency Dental Care: Minor Treatment for Pain Relief - <i>Three occurrences in 12 months</i> General Anesthesia - <i>Allowed with covered surgical services only</i> Consultations After-Hours Office Visits</p>	<p>Covered at 75% in and out-of-network</p> <p>Prosthodontics: Dentures - <i>Once within 60 months</i> Fixed Bridges and Crowns (when part of a bridge) - <i>Once within 60 months</i></p> <p>Major Restorative: Crowns (when teeth cannot be restored with regular fillings) - <i>Once within 60 months per tooth</i> An Endosteal Implant is covered as Type III to replace one missing tooth (in lieu of a three unit bridge, and when the adjacent teeth do not require crowns.) <i>Once per 60 months per implant.</i></p>

Calendar Year Maximum: \$3,000 per person.

Calendar Year Deductible: \$25 per Individual on Type II & III services, \$75 per Family.

Limitations Do Apply.

Dependents covered to age 19. Full-time students covered to age 25.

Orthodontics: Covered at 50% of the Maximum Plan Allowance charges to age 19. \$1,500 separate lifetime maximum.

Domestic Partner Coverage

To find out if your dentist is part of the Delta Dental PPO or Delta Dental Premier networks, please visit our Web site at www.deltamass.com

Effective 1/1/08

Choosing a Dentist

You'll enjoy great benefits when you receive your dental care from a Delta Dental participating dentist, including:

- Lower out-of-pocket costs: Participating dentists agree to accept reduced fees for their services. Dentists that participate in the Delta Dental PPO and Delta Dental Premier networks generally accept discounted fees for services they provide. Since your co-payments are based on these fees, you pay lower out-of-pocket costs than you would if you went to an out-of-network dentist.
- No claim forms: Participating dentists will prepare and submit claims for you.
- Direct Payment: Delta Dental pays the dentist directly, so you don't have to pay the covered amount up front and wait for a reimbursement check.

Identification Cards

Two identification cards from Delta Dental of Massachusetts will be mailed to your home shortly after your enrollment. Both cards are issued in the subscriber's name, but can be used by everyone covered under your plan. Simply provide your dentist with the information that is printed on your ID card at your next dental office visit. This lets the office know you are a Delta Dental PPO Plus Premier member

The Claims Process for Participating Dentists

- Simply provide your dentist with the information that is printed on your ID card.
- The dentist will submit your claim to Delta Dental.
- 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.
- You are responsible for any co-payments and deductibles.
- If you receive a treatment that is not covered under your plan, you may be billed at the dentist's normal rate rather than Delta Dental's negotiated rate. **Also, if you receive a treatment after you have exhausted your maximum or if you receive a treatment which will cause you to exceed your maximum, you may be billed at the dentist's normal rate rather than Delta Dental's negotiated rate.** To avoid any unexpected out-of-pocket expenses, we recommend that you visit Delta Dental's web site at www.deltamass.com or call Customer Service at 1-800-872-0500 to determine your remaining benefits.

The Claims Process for Non-Participating Dentists

Your dental benefits cover services performed by dentists who don't participate with Delta Dental. However, your out-of-pocket costs may be more. Coverage is only available for those services covered by your dental plan, and is subject to the same limitations and exclusions. Delta Dental's payment for services received from non-participating dentists is based on either the dentist's fee or the maximum plan allowance for non-participating dentists, whichever is lower. If you utilize the services of a non-participating dentist whose fees are higher than the maximum plan allowance, you will be responsible for the difference between Delta Dental's payment and the dentist's total submitted charge. You'll enjoy the greatest value from your dental plan when you receive services from Delta Dental PPO participating dentists.

To find out if your dentist is part of the Delta Dental PPO or Delta Dental Premier network, check the *Directory of Participating Dentists* section of our web site at www.deltamass.com, or call our Customer Service Department at 1-800-872-0500.

For dentists who don't participate with Delta Dental:

- Simply provide your dentist with the information that is printed on your ID card.
- Your dentist will collect his/her fees directly from you.
- Delta Dental will reimburse you based on a claim form that you submit. Please submit all claim forms to: Delta Dental of Massachusetts, P.O. Box 9695, Boston, MA 02114. Your dentist may be willing to prepare and submit the claim form for you.
- If you receive a treatment that is not covered under your plan, you may be billed at the dentist's normal rate rather than Delta Dental's negotiated rate. **Also, if you receive a treatment after you have exhausted your maximum or if you receive a treatment which will cause you to exceed your maximum, you may be billed at the dentist's normal rate rather than Delta Dental's negotiated rate.** To avoid any unexpected out-of-pocket expenses, we recommend that you visit Delta Dental's web site at www.deltamass.com or call Customer Service at 1-800-872-0500 to determine your remaining benefits.

Coordination of Benefits

If your family is 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 service. If you have a question about Coordination of Benefits (COB), please contact our Customer Service Department at 1-800-872-0500.

Other Claims Information

- All claims must be submitted within one year.
- 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. Send appeals to Delta Dental, P.O. Box 9695, Boston, M14.
- Under your plan's subrogation A 021 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.

Where to Get More Information

If you have further questions, please contact Delta Dental's Customer Service Department at **1-800-872-0500**.

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.

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
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វិធីចាត់ចែងការ 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 Tradiksyon Si w mande sèvis entèprèt ak tradiksyon pou
prosedè 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

Serviços de tradutor(a)/intérprete Se assim o solicitar, estão
disponíveis serviços de tradução e interpretação para os procedimentos
administrativos.

Υπηρεσίες Διερμηνεία/Μεταφραστή
Μετά από αίτησή σας, υπηρεσίες διερμηνεία και μεταφραστή σχετικά με
διοικητικές διαδικασίες είναι στη διάθεσή σας.

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

Your Plan is Administered by:

Delta Dental of Massachusetts
1-800-872-0500



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

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