DELTA DENTAL

Delta Dental PPO
Plus Premier

Coverage Summary for
Woods Hole Oceanographic Institution
Group #
007814

Deductible: $25 per individual / $75 per family. Deductible waived for Diagnostic and Preventive categories.
Calendar Year Maximum: $1,000 per person.

Category / Procedure	**Qualifications**	**Co-insurance** In Network	**Co-insurance** Out of Network*
Diagnostic		100%	100%
Comprehensive Evaluation	Once every 60 months per dentist.		
Periodic Oral Exam	Twice per calendar year.		
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	Twice per calendar year.		
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 aged 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		80%	80%
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		80%	80%
Simple Extractions	Once per tooth.		
Surgical Extractions	Once per tooth.		
Periodontics		80%	80%
Periodontal Surgery	Periodontic 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		80%	80%
Root Canal Treatment	Once per tooth.		
Vital Pulpotomy	Limited to deciduous teeth.		
Prosthetic Maintenance		80%	80%
Bridge or Denture Repair	Once within 12 months, same repair.		
Rebase or Reline of Dentures	Once within 36 months.		
Recement of Crowns & Onlays	Once per tooth.		
Emergency Dental Care		80%	80%
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 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		

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

Dependent Eligibility: Dependents covered up to age 26.

Additional Benefit Information

Deductible waived for periodontal cleanings.
Domestic Partner Coverage
Deductibles met in the fourth quarter are carried forward to the following calendar year.
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 104,000 participating dentist locations and Delta Dental Premier, the largest dental network in the country with over 186,000 dentist locations. Three out of four dentists nationwide and 96% of Massachusetts dentists 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.

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®

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

www.deltadentalma.com

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