



DELTA DENTAL PPO Plus Premier

DELTA DENTAL OF MASSACHUSETTS



IUOE Local 4 Health & Welfare Fund Dental Benefits

The Delta Dental PPO Plus Premier program combines two of Delta Dental's national 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 your Plan has enhanced Diagnostic and Preventive benefits with a PPO provider. But Delta Dental Premier dentists also discount their fees, which can help reduce your out-of-pocket costs. Your Plan also provides benefits for non-participating dentists, but your out-of-network benefit will apply and you could be balance billed beyond the Delta Dental allowance. Delta Dental PPO and Delta Dental Premier dentists will not balance bill you. Most dentists in the country participate in one or both of these Delta Dental networks.

ADVANTAGES OF USING A DELTA DENTAL PPO OR PREMIER DENTIST

- Lower out-of-pocket costs since network dentists agree to accept reduced fees for their services.

- 100 percent coverage on Tier 1 (Diagnostic and Preventive) when you use a Delta Dental PPO dentist.
- No claim forms—Delta Dental 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 reimbursement.
- 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 the Delta Dental Web site at www.deltadentalma.com, or call Delta Dental Customer Service at **800-872-0500**.

IDENTIFICATION CARDS

Two identification cards from Delta Dental of Massachusetts will be mailed to you shortly after your enrollment. Both cards are issued in the insured participant'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 to let the dentist know you are a Delta Dental PPO Plus Premier member.

Tear Out and Save

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Type 1 Diagnostic & Preventive	Type 2 Basic Restorative	Type 3 Major Restorative
<p>Covered at 100% – PPO Covered at 80% – Premier Covered at 80% – Non-Participating</p> <p>Diagnostic: Comprehensive Evaluation – Once every 60 months per dentist Periodic Oral Exams – Twice per calendar year Full Mouth X-rays – Once every 60 months Bitewing X-rays – Twice per calendar year Single Tooth X-rays – As needed</p> <p>Preventive: Teeth Cleaning – Twice per calendar year Periodontal Cleaning – Once every 3 months following active periodontal treatment not to exceed 2 in a calendar year if combined with preventive cleanings Fluoride Treatments – Twice per calendar year under age 19 Space Maintainers (required due to the premature loss of teeth) – Under age 14 and not for the replacement of primary or permanent anterior teeth Sealants – Unrestored permanent molars, once per tooth for members through age 15; sealants are also covered ages 16 to 19 for those who have had a recent cavity and are at risk for decay Chlorhexidine Mouth Rinse – This is a covered benefit only when administered and dispensed in your dentist's office following sealing and root planning Fluoride Toothpaste – This is a covered benefit only when administered and dispensed in your dentist's office following periodontal surgery</p>	<p>Covered at 80% – PPO Covered at 80% – Premier Covered at 80% – Non-Participating</p> <p>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 – Once every 24 months per tooth</p> <p>Oral Surgery: Simple Extractions Surgical Extractions Removal of Impacted Teeth</p> <p>Periodontics: Periodontal Surgery Scaling and Root Planning – Once in 24 months, per quadrant</p> <p>Endodontics: Root Canal Treatment – Once per tooth Vital Pulpotomy – Limited to deciduous teeth</p> <p>Prosthetic Maintenance: Bridge or Denture Repair – Once every 12 months, same repair Rebase or Reline of Dentures – Once within 36 months Recement of Crowns and Onlays – Once per tooth</p> <p>Emergency Dental Care: Minor Treatment for Pain Relief – Three occurrences in 12 months General Anesthesia – Allowed with covered surgical services only <i>Oral Surgical or Periodontal benefits not provided in a surgical day care or hospital setting unless authorized as medically necessary by medical carrier</i></p>	<p>Covered at 60% – PPO Covered at 60% – Premier Covered at 60% – Non-Participating</p> <p>Prosthodontics: Dentures – Once within 60 months Fixed Bridges and Crowns (when part of a bridge) – Once within 60 months</p> <p>Major Restorative: Crowns (when teeth cannot be restored with regular fillings) – Once within 60 months per tooth Implants (an endosteal implant is covered to replace one missing tooth, in lieu of a three-unit bridge and when the adjacent teeth do not require crowns) – Once per 60 months per implant</p>

Calendar-Year Maximum: \$2,500 per person

Calendar-Year Deductible: None

Orthodontics: Covered at 50 percent for dependents to age 19, \$2,000 separate lifetime maximum. Benefits paid out monthly while insured.

Rollover Max: Up to \$700 in unused benefits can be rolled over to a subsequent year, to a maximum of \$1,500 lifetime roll over.

Limitations require less than \$900 paid out in rollover year, and patient must have received an annual oral exam or cleaning. Visit

www.deltadentalma.com/pdf/07/rollovermax.pdf to view program rules and details.

Dependents covered to age 19 or to age 23 if full-time student. Note: Ortho to age 19 only.

CLAIMS PROCESS FOR PARTICIPATING DENTISTS

- The dentist will submit your claim to Delta Dental.
- If you have a patient responsibility, Delta Dental will send you an Explanation of Benefits detailing what Delta Dental paid and your remaining patient balance, which you pay directly to the dentist.
- You are responsible for any coinsurance.
- If you receive a treatment that is not covered under your Plan or a treatment that causes you to exceed your maximum, you may be billed at the dentist's normal rate rather than Delta Dental's negotiated rate.

CLAIMS PROCESS FOR NON-PARTICIPATING DENTISTS

- Your Plan covers services by non-participating dentists; however, your out-of-pocket costs may be more.
- 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.
- Your dentist will collect the total charge from you.
- You will be responsible for filing a claim form with Delta Dental at PO Box 9695, Boston, MA 02114, to be reimbursed up to the non-participating allowance. Your dentist might be willing to file this claim for you but is not required to do so.
- If you receive a treatment that is not covered under your Plan, or a treatment that causes you to exceed your maximum, you will be billed for all charges.

COORDINATION OF BENEFITS

If your family is covered by more than one dental plan, 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, contact Delta Dental Customer Service at **800-872-0500**.

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OTHER CLAIMS INFORMATION

- All claims must be submitted within one year.
- Ask your dentist to submit a pretreatment estimate to Delta Dental for any procedure that exceeds \$300. This will enable Delta Dental to help you estimate any out-of-pocket expenses you may incur.
- You can check on the status of your calendar-year maximum, how claims were paid, the date of your last cleaning, or your current eligibility on Delta Dental's Web site at **www.deltadentalma.com**, or by calling Delta Dental Customer Service at **800-872-0500**.
- 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 first level appeals to Delta Dental at PO Box 9695, Boston, MA 02114.
- If you are not satisfied, you always have the right to appeal through your Board of Trustees by writing to IUOE Local 4 Board of Trustees at PO Box 660, Medway, MA 02053, within 60 days of a Delta Dental denial. If, upon Trustee Appeal, you are still not satisfied, you have a legal right to bring a civil action under Section 502(a) of ERISA within 60 days of any Trustee denial.
- Under the 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 dental care.

WHERE TO GET MORE INFORMATION

If you have questions, contact Delta Dental Customer Service at **800-872-0500**. Note that Delta Dental is able to provide interpreter and translation services related to administrative procedures.