



Coverage Summary for
IUOE – LOCAL 70
Group Number:
 000648

Delta Dental PPO
 Plus Premier

Deductible: \$25 per individual. Deductible waived for Diagnostic and Preventive Services.
Calendar Year Maximum: \$2,000 per person (Excludes Diagnostic and Preventive Services).

		Co-insurance	
Category / Procedure	Qualifications	In Network	Out of Network*
Diagnostic		100%	100%
Comprehensive Evaluation	Once every 36 months per dentist.		
Periodic Oral Exam	Twice per calendar year.		
Full Mouth X- rays	Once every 36 months.		
Bitewing X-rays	Twice per calendar year.		
Single Tooth X-rays	As needed.		
Consultations	Once per dentist		
Preventive		100%	100%
Teeth Cleaning	Twice per calendar year.		
Periodontal Cleaning	Once every 3 months following active periodontal treatment. Not to be combined with preventive cleanings.		
Fluoride Treatments	Twice per calendar year for members under age 19.		
Sealants	Unrestored permanent molars, every 36 months per tooth for members through age 15 only. 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%
Space Maintainers	Required due to the premature loss of teeth. For members under age 19 and not for the replacement of primary or permanent anterior teeth.		
Silver Fillings	Once every 24 months per surface per tooth.		
White Fillings	Once every 24 months per surface per tooth.		
Temporary Fillings	Once per tooth.		
Stainless Steel Crowns	Once every 24 months per tooth.		
Oral Surgery	** Medical Carrier will be primary for bony impacted teeth or 7 or more extractions.	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 12 months, per quadrant.		
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	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. Available for children ages 6 to 19. \$1,000 separate LIFETIME maximum.

Dependent Eligibility: Eligible dependents covered to age 26.



Delta Dental PPO Plus Premier

Additional Benefit Information

*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 of Massachusetts
465 Medford Street, Boston, MA 02129

www.deltadentalma.com

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