Cambridge Public Employees Dental and Vision Fund

125 CambridgePark Drive, Suite 104 ● Cambridge, MA 02140
617-354-1110 ● Fax 617-354-3315 ● www.cdvfund.org

December 1, 2022

Dear Member and Family:

The Trustees of the Cambridge Public Employees Dental and Vision Fund are pleased to announce improvements to your Delta Dental PPO Plus Premier Plan, **effective January 1, 2023**!

What Are Your Improved Dental Benefits?

- Increased the $1,800 annual maximum to $2,250 per person (diagnostic and preventive services do not apply towards the annual maximum)
- Increased the $2,500 orthodontia lifetime maximum to $3,000
- Implemented a separate $1,250 implant annual maximum
- Added both mouthguard coverage and TMJ orthotic appliance coverage as a Type 2 benefit at 80% with a frequency of once every 36 months
- Added Silver Diamine Fluoride (SDF) coverage as Type 1 benefit at 100% and not subject to the annual maximum
- General Anesthesia (GA) is now covered as Type 2 Basic at 80%
- Gingivectomy or gingivoplasty is now covered as Type 2 Basic at 80%

Please call the Fund Office at 617-354-1110 or email at info@cdvfund.org, for any concerns or questions. Additional information can be found on the Fund's website at www.cdvfund.org.

The trustees encourage you and your family to use your improved dental benefit. We hope that the improved dental benefits will be even more valuable to you.

Sincerely,

Board of Trustees

Visit **deltadentalma.com** for detailed benefit information

Coverage Summary for Cambridge Public Employees Group #003706

New for 2023

Deductible: $50 per individual / $150 per family (waived for services covered at 100%, except for Simple Extractions and Prosthetic Maintenance Services).
Annual Maximum: $2,250 per person (diagnostic and preventive services do not apply toward the annual maximum).
Implant Annual Maximum: $1,250 (for implants only)

Category / Procedure	Qualifications	Co-insurance In Network	Co-insurance *Out of Network
Diagnostic *		100%	100%
Comprehensive Evaluation	Once every 12 months		
Periodic Oral Evaluation	Twice per calendar year.		
Panoramic or Full Mouth X- rays	Once every 60 months.		
Bitewing X-rays	Twice per calendar year.		
Single Tooth X-rays	As needed.		
Palliative treatment	Emergency Dental Care, as needed		
Preventive **		100%	100%
Teeth Cleaning	Twice per calendar year.		
Periodontal Cleaning	Four times per calendar year following active periodontal treatment (scaling and root planning or osseous surgery). Not to be combined with preventive cleanings.		
Fluoride Treatments	Twice per calendar year for members of any age.		
Interim Caries Medicament (SDF)	Once per 12 months per tooth for members any age.		
Space Maintainers	Required due to the premature loss of teeth. For members under age 16 and not for the replacement of primary or permanent anterior teeth.		
Sealants	Unrestored permanent molars, once per tooth.		
Restorative		100%	100%
Silver Fillings			
White Fillings			
Protective Restoration	Once per tooth.		
Stainless Steel Crowns	Once every 24 months per primary tooth, after a pulpotomy.		
Oral Surgery			
Simple Extractions	Once per tooth.	100%	100%
Surgical Extractions	Once per tooth.	80%	80%
General Anesthesia & IV Sedation	Allowed with covered surgical impacted teeth only (up to one hour).	80%	80%
Periodontics (on natural teeth)		80%	80%
Periodontal Surgery	Once in 36 months, per quadrant. Only two quadrants allowed on the same date of service		
Scaling and Root Planing	Once in 12 months, per quadrant. Only two quadrants allowed on the same date of service		
Bone grafts/GTR	Once in 36 months, per quadrant. – GTR (Guided Tissue Regeneration)		
Gingivectomy/gingoplasty	Once in 36 months, per quadrant		
Endodontics		80%	80%
Root Canal Treatment	Once per tooth.		
Root Canal Retreatment	Once per tooth after 24 months have elapsed from initial treatment.		
Vital Pulpotomy	Limited to deciduous teeth.		
Prosthetic Maintenance		100%	100%
Bridge or Denture Repair	As needed.		
Rebase or Reline of Dentures	Once per denture within 24 months.		
Recement of Crowns, Onlays &, Bridges	As needed.		
Prosthodontics			
Dentures	Once within 60 months.	50%	50%
Fixed Bridges	Once within 60 months.		
Implant***	See *Additional Benefit Information* section on next page.		
Implant abutments	Once per implant		
Bone Graft	Once per site 60 months; at an extraction or implant site		
Major Restorative		50%	50%
Crowns, Inlays, and Onlays	When teeth cannot be restored with regular fillings.		
Casts posts/Buildups	Only benefited to retain a crown.		
TMJ orthotic device/Occlusal Guard (due to Bruxism)	One or the other appliance, once every 36 months	80%	80%

Orthodontics: Covered at 50% of Maximum Plan Allowance charges to any age. $3,000 separate LIFETIME maximum. Orthodontic treatment must be administered/supervised by a licensed dentist. Mail order orthodontic kits are not covered under this plan.

Dependent Eligibility: Eligible dependents are covered up until age 26 - coverage ends on dependents 26th birthday. Dependent children age 19 - under 26 must complete a Dependent Enrollment Application (age 19 - under 26) and submit it to the Cambridge Public Employees Dental and Vision Fund Office. If you have any questions, contact the Fund office at 617-354-1110. Do not contact Delta Dental directly.

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.
- ** Diagnostic and Preventive services are excluded from the $2,250 Calendar Year Maximum.
- *** Implants covered at 100%, once per 60 months per Implant and will be paid from the separate implant annual maximum of $1,250.
- Consultations – Covered at 100% - Once every 12 months.
- Injectable antibiotics – Covered at 100% - When needed solely for the treatment of dental conditions.
- Analgesia – Covered at 100% - Allowed with covered surgical services only.

Ask your dentist to submit a pre-treatment estimate to Delta Dental for any procedure that exceeds $300. This will help you estimate any out-of-pocket expenses you may incur and will confirm that the services are covered under your dental coverage.

Delta Dental PPO *Plus Premier*

DELTA DENTAL®

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 283,000 dentist locations and Delta Dental Premier, the largest dental network in the country with more than 358,000 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, but will be subject to the out-of-network co-insurance level shown on the front of this summary.
- You will enjoy the greatest savings when visiting Delta Dental PPO network dentists and will receive the in-network co-insurance level shown on the front of this summary.

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.

Delta Dental members can also take advantage of expanded discounts on many covered services, even after they have used up their benefit dollars, visit limits and other situations. Get the details at http://www.deltadentalma.com/members/discounts-on-covered-services/

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

Learn more at deltadentalma.com

Visit the member area of **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.

You can also find more information about your 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 to access online resources, and more about keeping a healthy mouth for life.

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.

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

465 Medford Street
Boston, MA 02129

SP566 (6.20)

Delta Dental PPO *Plus Premier*

NONDISCRIMINATION NOTICE

Delta Dental of Massachusetts complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, gender identity or sexual orientation. Delta Dental of Massachusetts does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, gender identity or sexual orientation.

Delta Dental of Massachusetts:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, and accessible electronic formats)

- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, visit: http://www.deltadentalma.com or call the number on your member ID card.

If you believe that Delta Dental of Massachusetts has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Ugonna Onyekwu
Civil Rights Coordinator
Compliance Department
465 Medford Street
Boston, MA 02129
Fax: 617-886-1390
Phone: 617-886-1683
Email: FairTreatment@greatdentalplans.com
TTY: 711

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Ugonna Onyekwu is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html. You can file a complaint electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

View our Notice of Privacy Practices at http://bit.ly/ddmanpp

Delta Dental of Massachusetts PPO and Premier insurance products are offered by Dental Service of Massachusetts, Inc. Delta Dental of Massachusetts EPO and DeltaCare insurance products are offered DSM Massachusetts Insurance Company, Inc.

Delta Dental PPO *Plus Premier*

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-872-0500 (TTY: 1-844-233-4524).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-872-0500 (TTY: 1-844-233-4524).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-872-0500 (TTY: 1-844-233-4524)。

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-872-0500 (TTY: 1-844-233-4524).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-872-0500 (TTY: 1-844-233-4524).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-872-0500 (TTY: 1-844-233-4524).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-872-0500 (TTY: 1-844-233-4524).

បរយិកន: បើសិនជាអនកនិយាយ ភាសាខមរ, សវាជំនួយផនកែភាសា ដោយមិនគិតឈនួល គឺអាចមានសំរាប់បំរើអនក។ ចូរ ទូរស័ព្ទទ 1-800-872-0500 (TTY: 1-844-233-4524)។

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-872-0500 (TTY: 1-844-233-4524).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-872-0500 (TTY: 1-844-233-4524).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-872-0500 (TTY: 1-844-233-4524).번으로 전화해 주십시오.

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-800-872-0500 (TTY: 1-844-233-4524).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-872-0500 (TTY: 1-844-233-4524).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-872-0500 (TTY: 1-844-233-4524).पर कॉल करें।

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિશુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-872-0500 (TTY: 1-844-233-4524).