

Our provider discounts help you save even more

Your Delta Dental of Massachusetts dental plan provides comprehensive coverage for a full range of dental services. But your plan also offers you an extra money-saving benefit – the opportunity to take advantage of our great Delta Dental provider discounts under certain circumstances when needed.

When a dentist joins a Delta Dental network, they agree to accept lower fees for your care. Because we are the largest plan in the country, we have some of the best discounts around. This discount applies to all services that are covered by your plan. But sometimes you may need care that is not covered by your plan. Some providers could then charge you their full “retail” price for these services. But not under your Delta Dental plan.

Our providers must give you the same discounts for services that would have been covered under your plan, but are not covered due to certain circumstances, which may include:

- You exceed your visit limit for a service like cleanings or X-rays.
- You exceed your annual benefit maximum.
- You are over the age limit for a service such as fluoride varnish. This does not apply to orthodontia care.
- You receive a service that is covered by an alternative benefit, such as posterior tooth white fillings.
- You are still in your waiting period.
- You exceed your lifetime maximum for a service.

Please note that this list is for illustrative purposes only. This benefit does not mean that Delta Dental will pay for the service. It only means that you will pay the discounted rate for care.

This benefit applies only to services that are included among the core benefits coverage of your plan. It does not apply to services your plan does not already cover, such as cosmetic care or tooth whitening. Some exclusions are listed on the following page, and other exclusions and/or limitations may apply. If you are not sure about what services are covered by your plan, you can download our mobile app or log into your secure member portal at www.deltadentalma.com.

Understand how the discounts apply

Here are a few examples of how the provider discount will work. Check your benefits for how services are covered and any applicable costs. Keep in mind that this discount only applies to care that is included among the benefits of your plan. It does not apply to any services your plan does not currently cover, such as cosmetic care or tooth whitening, or most services that are part of a benefits rider. This benefit does vary by state. Your plan will be set up to reflect the benefits in your state.

Susan: Exceeding Her Visit Limits



Susan's plan covers 2 cleanings per year. She would like a third cleaning, but has already gone twice.

While her dental plan will not pay for that visit, Susan's provider must give her the discount for that additional cleaning.

Mike: Beyond His Benefit Maximums

Mike has had a lot of dental work this year. He has used up \$1,250 of his \$1,500 benefit maximum. Now he has an appointment with a dental surgeon for a root canal. This is a covered benefit under his plan. However, the cost of that surgery would cause Mike to exceed his benefit maximum.

He could have been billed that surgeon's full charges, after using the remaining \$250 in benefit maximum. But with the provider discount, Mike will only have to pay the negotiated discount for the surgery, less the remaining \$250 of his benefit maximum.

Kevin: Getting White Fillings



Kevin visited the dentist and found out he needed fillings on his back teeth. Kevin opted to get white fillings.

Kevin's plan covers white fillings on back teeth as an alternative benefit. This means Kevin would normally have to pay the difference between the discounted fee of a silver filling and the provider's retail price for white fillings.

But with the provider discount, Kevin would only be required to pay for between the discounted fee for a silver filling and the discounted fee for a white filling.

Exclusions

Below are the some of the situations that are excluded from this enhancement:

- General anesthesia and IV sedation that is not in conjunction with the surgical removal of impacted teeth.
- Implants that are not received in lieu of a three-unit bridge. The exception to this is for plans that include a benefit rider for implant coverage.

