

**2022 Coverage Summary for
Cambridge Public Employees
Group #003706
Effective: 01/01/2022**

Visit deltadentalma.com for detailed benefit information

**Deductible: \$50 per individual / \$150 per family (waived for services covered at 100%, except for Simple Extractions and Prosthetic Maintenance Services).
Calendar Year Maximum: \$1,800 per person.**

Category / Procedure	Qualifications	Co-insurance	
		In Network	*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.		
Preventive **		100%	100%
Teeth Cleaning	Twice per calendar year.		
Fluoride Treatments	Twice per calendar year for members of 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).	50%	50%
Periodontics (on natural teeth)		80%	80%
Periodontal Surgery	Once in 36 months, per quadrant.		
Scaling and Root Planing	Once in 12 months, per quadrant.		
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.	100%	100%
Bone grafts/GTR	Once in 36 months, per quadrant. – GTR (Guided Tissue Regeneration)	80%	80%
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.		
Emergency Dental Care			
Palliative treatment	As needed.	100%	100%
Prosthodontics		50%	50%
Dentures	Once within 60 months.		
Fixed Bridges	Once within 60 months.		
Implants	Once per 60 months per Implant.		
Implant abutments	Once per implant.		
Bone Graft (in conjunction with an implant)	Once per 60 months.		
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.		

Orthodontics: Covered at 50% of Maximum Plan Allowance charges to any age. \$2,500 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

Consultations – Covered at 100% - Once every 12 months.

Injectible antibiotics – Covered at 100% - When needed solely for the treatment of dental conditions.

Analgesia – Covered at 100% - Allowed with covered surgical services only.

Gingivectomy or Gingivoplasty – Covered at 50% - Once per quadrant per 36 months.

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.

*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 \$1800 Calendar Year Maximum.

Revised: 06/23/2021

Delta Dental PPOSM 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 more than 283,000 participating 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.
- 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.

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

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, or sex. Delta Dental of Massachusetts does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Delta Dental of Massachusetts:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - o Qualified sign language interpreters
 - o 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:
 - o Qualified interpreters
 - o 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)

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.

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-872-0500.

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。

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

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.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-872-0500.

1-800-872-0500. مقرب لصتا. ناملاب كل رفارتت فيرغلا تدعسلا تامدخ ناف، تغلا ركذا ثحنتت تنك اذا: تطرحم.

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយវិទ្យាភាសា ដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 1-800-872-0500។ ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-872-0500.

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

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-872-0500.번으로 전화해 주십시오.

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

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-872-0500.

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

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-872-0500.