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



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

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