### DeltaCare Plan

**Massachusetts Provider Network**

- All services must be provided by a DeltaCare Primary Provider and/or DeltaCare Specialist—please see DeltaCare Directory.
- All services except Diagnostic and Preventive are subject to the DeltaCare Patient Co-Payment Schedule: please see plan brochure.

**Diagnostic and Preventative** — covered at 100%

All covered benefits are subject to co-payment schedule see plan brochure:
- Restorative
- Oral Surgery
- Periodontics
- Endodontics
- Prosthodontics-removable,
- Prosthodontics-Fixed
- Major Restorative—Adjunctive General Services

* All services must be provided by DeltaCare Primary Provider or DeltaCare Specialist—please see DeltaCare Directory or visit website How to Find a Dentist: www.deltadentalma.com (click on DC network).

**Out of Network Services:** seeing a non-participating DeltaCare Provider—Limited Out-of-Network benefit, subject to a $100 per person deductible that is applicable to all services.

Coverage for out-of-network services is 20% lower than the coverage through a DeltaCare Dentist.

No coverage for Implants

**Calendar Year Deductible (January-December):** None

**Calendar Year Maximum (January-December):**

$1,000 per person calendar year maximum applies to Oral Surgery, Endodontics and Periodontics only.

Unlimited on other procedures please see plan brochure

**Orthodontic Coverage:**

Comprehensive Orthodontic treatment for members and dependents through a DeltaCare Orthodontist/Specialist.

Eligible dependents are covered up to age 26.

Please refer to the DeltaCare co-payment plan brochure for detailed information on Orthodontia services.

Delta Dental recommends a Pre-Treatment Estimate for dental work of $300 or more prior to the service to assist the member in understanding their benefits.

### Total Choice PPO Local

**Massachusetts Provider Network**

- Members have access to the Total Choice PPO Network of MA. You will enjoy great benefits when you receive your dental care from a participating Total Choice Dentist In MA—in Network Benefits.

**Diagnostic and Preventative** — In-Network: 100%

**Out of Network:** 80%

**Basic Restorative** —

In-Network: No deductible & covered at 80%

Out of Network: $100 & covered at 60%

**Restorative**

- Oral Surgery
- Periodontics
- Endodontics
- Prosthetic Maintenance
- Emergency Dental Care

**Major Restorative** —

In-Network: No deductible & covered at 50%

Out of Network: $100 & covered at 30%

**Prosthodontics**

- Dentures
- Fixed Bridges
- Crowns

An Endosteal Implant is covered as Type III to replace one missing tooth (in lieu of a three unit bridge, and when the adjacent teeth do not require crowns.) Once per 60 months per implant (pretreatment estimate advised).

**Plan Year Deductible (September-August):**

$100 per person for all services Out of Network Services Only.

**Plan Year Maximum (September-August)**

$1,000 per person per family member

No Coverage

Eligible dependents are covered up to age 26.

Delta Dental recommends a Pre-Treatment Estimate for dental work of $300 or more prior to the service to assist the member in understanding their benefits.

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For more detailed information please refer to your benefit plan summaries.