

University Health Plans - Plan Comparison Effective 9/1/2020

DeltaCare Plan Massachusetts Provider Network	Total Choice PPO Local Massachusetts Provider Network
<p>All services must be provided by a DeltaCare Primary Provider and/or DeltaCare Specialist-please see DeltaCare Directory-</p> <p>All services except Diagnostic and Preventive are subject to the DeltaCare Patient Co-Payment Schedule: please see plan brochure.</p> <p>Diagnostic and Preventative – covered at 100%</p> <p>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</p> <p>* All services must be provided by a DeltaCare Primary Provider and/or DeltaCare Specialist-please see DeltaCare Directory or visit website How to Find a Dentist : www.deltadentalma.com (click on DC network).</p> <p>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.</p> <p>Coverage for out-of-network services is 20% lower than the coverage through a DeltaCare Dentist.</p> <p>No coverage for Implants</p> <hr/> <p>Calendar Year Deductible(January-December): None</p> <p>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</p> <p>Orthodontic Coverage: Comprehensive Orthodontic treatment for members and dependents through a DeltaCare Orthodontist/Specialist.</p> <p>Eligible dependents are covered to age 26.</p> <p>Please refer to the DeltaCare co-payment plan brochure for detailed information on Orthodontia services.</p> <p>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.</p>	<p>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.</p> <p>Diagnostic and Preventative - In-Network: 100% Out of Network : 80%</p> <p>Basic Restorative – In-Network: No deductible & covered at 80% Out of Network: Deductible \$100 & covered at 60%</p> <p>Restorative Oral Surgery Periodontics Endodontics Prosthetic Maintenance EmergencyDental Care</p> <p>Major Restorative – In-Network: No deductible & covered at 50% Out of Network: Deductible \$100 & covered at 30%</p> <p>Prosthodontics Dentures FixedBridges Crowns</p> <p>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).</p> <hr/> <p>Plan Year Deductible (September -August): \$100 per person for all services Out of Network Services Only.</p> <p>Plan Year Maximum (September–August) \$1,000 per person per family member</p> <p>No Coverage</p> <p>Eligible dependents are covered up to age 26.</p> <p>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.</p>

This plan runs on a Calendar Year Benefit : Jan-Dec.

Limitations Do Apply

How to Find a Dentist: www.deltadentalma.com , How to Find A Provider-click on the DeltaCare Local Network

This plan runs on a Plan Year Benefit : Sept.-August.

Limitation Do Apply

How to Find a Dentist: www.deltadentalma.com, How to Find A Provider-click on the Total Choice Network : totalchoiceppo.com

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