## University Health Plans - Plan Comparison
### Comparison of DeltaCare Plan and the Total Choice PPO Plan

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### Delta Care
- All services must be provided by a DeltaCare Primary Provider and/or DeltaCare Specialist.
- 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% if done by a DeltaCare provider.

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

*All services must be provided by a DeltaCare Primary Provider and/or DeltaCare Specialist-visit*

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

#### Covered Services:

**Diagnostic and Preventative – No Waiting Period**
- In-Network: 100%
- Out of Network: 80% ($100 deductible applies)

**Basic Restorative – 3 Month Waiting Period**
- In-Network: $50/$150 deductible & covered at 80%
- Out of Network: Deductible $100 & covered at 60%

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

**Major Restorative – 3 Month Waiting Period**
- In-Network: $50/$150 deductible & covered at 50%
- Out of Network: Deductible $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. A pretreatment estimate advised prior to service.

### 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 Implant Coverage

**Plan Year Maximum (September –August)**
- $1,000 per person per family member

**Orthodontic Coverage:**

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

### Eligible dependents are covered up to age 26.

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

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.

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.

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

Limitations 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.