

Risk Strategies Plans - Plan Comparison 9/1/23-8/31/24

Comparison of DeltaCare Plan and the Total Choice PPO Plan

Delta Care Local Massachusetts Provider Network	Delta Dental Total Choice PPO Local Massachusetts Provider Network
<p>All services must be provided by a DeltaCare Primary Provider and/or DeltaCare Specialist-</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% if done by a DeltaCare provider.</p> <p>All covered benefits are subject to co-payment schedule see plan brochure: Restorative Oral Surgery Periodontics Endodontics Prosthodontics Prosthodontics-Fixed Major Restorative- Adjunctive General</p> <p>* All services must be provided by a DeltaCare Primary Provider and/or DeltaCare Specialist-visit</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 Implant Coverage</p> <p>\$1,000 per person calendar year maximum (Jan-Dec) 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>Please refer to the DeltaCare co-payment plan brochure for detailed information on Orthodontia services.</p> <p>Eligible dependents are covered up to age 26.</p>	<p>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.</p> <p>Covered Services:</p> <p>Diagnostic and Preventative – No Waiting Period In-Network: 100% Out of Network: 80% (\$100 deductible applies)</p> <p>Basic Restorative – 3 Month Waiting Period In-Network: \$50/\$150 deductible & covered at 80% Out of Network: Deductible \$100 & covered at 60%</p> <p>Restorative Oral Surgery Periodontics Endodontics Prosthetic Maintenance Emergency Dental Care</p> <p>Major Restorative – 3 Month Waiting Period In-Network: \$50/\$150 deductible & covered at 50% Out of Network: Deductible \$100 & covered at 30%</p> <p>Prosthodontics Dentures Fixed Bridges 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. A pretreatment estimate advised prior to service.</p> <p>Plan Year Maximum (September –August) \$1,000 per person per family member</p> <p>No Orthodontia Benefit</p> <p>Eligible dependents are covered up to age 26.</p>



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.