DELTA DENTAL®

University Health Plans - Plan Comparison

Delta Dental PPO Plus Premier Incented Voluntary Plan and the Delta Dental Total Choice PPO.

DeltaCare Plan Massachusetts Provider Network	Delta Dental Total Choice PPO Massachusetts Provider Network
All services except Diagnostic and Preventive are subject to the DeltaCare Patient Co-Payment Schedule: please see plan brochure.	**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.**
Diagnostic and Preventative – covered at 100%	**Diagnostic and Preventative** - In-Network: 100% Out of Network : 80%
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	**Basic Restorative –** In-Network: No deductible & covered at 80% Out of Network: Deductible $100 & covered at 60% Restorative Oral Surgery Periodontics Endodontics Prosthetic Maintenance Emergency Dental Care
*** All services must be provided by a DeltaCare Primary Provider and/or DeltaCare Specialist-please see DeltaCare Directory-** **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**	**Major Restorative –** In-Network: No 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
Calendar Year Deductible(January-December): None	**Calendar Year Deductible (January-December):** $100 per person for all services Out of Network Services Only.
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**	**Calendar Year Maximum (January –December)** $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 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.**	**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.**

Limitations Do Apply	**Rollover Maximum Benefit** –you must have at least one cleaning or exam during the calendar year and have used less than the claim threshold of $500 to qualify for Rollover dollars. If you qualify each year you can roll over $350 with a maximum accumulated amount of $1,000. **Limitations Do Apply**

Rollover Maximum Example

The following applies for each member enrolled in the Total Choice PPO :

The *Annual Maximum $1,000* for covered services for each member enrolled.

Each member is eligible to roll over a portion of their unused *annual maximum* to the following calendar year provided the following requirements are met:

- The member must have 1 cleaning and/or oral exam per calendar year.
- Incurred claims for the calendar year cannot exceed the plan threshold amount of $500 per member.
- **The member must be on the plan for more than 3 months in the calendar year.**

- The accumulated rollover total cannot exceed $1,000 (see above).
- Retroactive claims will affect the *Rollover Max* (ROM) balance.
- Regular maximum benefit dollars are used first; ROM benefit dollars are used second.
- **To find out if you were eligible for rollover dollars go to www.deltadentalma.com to register or call Customer Service at 800-872-0500.**

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