# University Health Plans - Plan Comparison Effective 9/1/18

## 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 Preventative 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 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

### 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 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: Deductible $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: 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 (pretreatment estimate advised).

### 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 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.
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 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.

- 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.