

University Health Plans - Plan Comparison Effective 9/1/19

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 Emergency Dental Care</p> <p>Major Restorative – In-Network: No 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 (pretreatment estimate advised).</p> <hr/> <p>Calendar Year Deductible (January-December): \$100 per person for all services Out of Network Services Only.</p> <p>Calendar Year Maximum (January –December) \$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>

Limitations Do Apply

How to Find a Dentist:

www.deltadentalma.com (click on DeltaCare network).

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 ApplyHow to Find a Dentist: totalchoiceppo.com**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.