**Coverage Summary for**

**Risk Strategies Student Plans**

**Group Number 007516**

**Plan Year 9/1/22-08/31/23**

<table>
<thead>
<tr>
<th>Co-insurance</th>
<th>In Network*</th>
<th>Out of Network**</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Plan Year (9/1/2022 – 8/31/2023)</strong></td>
<td>In Network Plan Year Deductible: $50 per individual/$150 family (3 or more) on all services excluding Preventive/Diagnostic *</td>
<td>Out of Network Plan Year Deductible: $100 per person on all services**</td>
</tr>
<tr>
<td><strong>Plan Year (9/1/2022 – 8/31/2023)</strong></td>
<td>Plan Year Maximum: $1,000 per person.</td>
<td></td>
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</table>

### Category / Procedure

### Qualifications

#### Diagnostic
- **Comprehensive Evaluation**
  - Once every 60 months.
- **Periodic Oral Exam**
  - Twice per plan year.
- **Panoramic or Full Mouth X-rays**
  - Once every 60 months.
- **Bitewing X-rays**
  - Twice per plan year.
- **Single Tooth X-rays**
  - As needed.

#### Preventive
- **Teeth Cleaning**
  - Twice per plan year.
- **Fluoride Treatments**
  - Twice per plan year for members under age 19.
- **Space Maintainers**
  - Required due to the premature loss of teeth. For members under age 14 and not for the replacement of primary or permanent anterior teeth.
- **Sealants**
  - Unrestored permanent molars, once per tooth for members through age 15. Sealants also covered for members age 16 up to age 19 with a recent cavity and are at risk for decay.

#### Restorative
- **Silver Fillings**
  - Once every 24 months per surface per tooth.
- **White Fillings (Front Teeth)**
  - Once every 24 months per surface per tooth.
- **Inlays and White Fillings (Back Teeth)**
  - Covered only for single surfaces. Once every 24 months per surface, per tooth, multi-surfaces will be processed as a silver filling and the patient is responsible for the difference between the silver filling and the Delta Dental negotiated fee for white fillings, where permitted by state law. For non-participating providers, the patient may be responsible for paying up to the provider's full submitted charge for white fillings.

#### Oral Surgery
- **Extractions**
  - Once per tooth.
- **General Anesthesia**
  - Once every 24 months per tooth on deciduous (baby) teeth only. General Anesthesia and IV sedation allowed with covered surgical impacted teeth only (up to one hour).

#### Periodontics (on natural teeth only)
- **Scaling and Root Planing**
  - One surgical procedure per quadrant in 36 months.
- **Periodontal Cleaning**
  - Once in 24 months, per quadrant. No more than 2 quadrants per date of service.
- **Bone Grafts/GTR**
  - Once every 3 months following active periodontal treatment. Not to be combined with preventive cleanings. No more than 2 teeth per quadrant per 36 months on natural teeth.

#### Endodontics
- **Root Canal Treatment**
  - Once per tooth.
- **Root Canal Retreatment**
  - Once per tooth after 24 months have elapsed from initial treatment. Limited to deciduous teeth.

#### Prosthetic Maintenance
- **Bridge or Denture Repair**
  - Once per bridge/denture per 12 months, after 24 months of initial insertion.
- **Crown or Onlay Repair**
  - Once per tooth per 12 months after 24 months of initial placement.
- **Rebase or Reline of Dentures**
  - Once per denture every 36 months.

#### Emergency Dental Care
- **Palliative Treatment**
  - Three occurrences in 12 months.

#### Prosthodontics
- **Dentures**
  - Once within 60 months (age 16 and older).
- **Fixed Bridges**
  - Once within 60 months (age 16 and older).
- **Implants**
  - Endosteal Implant: Only when replacing one missing tooth and when adjacent teeth are healthy and do not require crowns. Once per 60 months per implant. (Pre-estimate recommended)
  - Once per implant only when surgical implant is benefitted.

#### Major Restorative
- **Crowns or Onlay**
  - Once per tooth within 60 months only benefitted to retain a crown (age 12 and older).

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**Dependent Eligibility:** Eligible dependents covered to age 26.
Additional Benefit Information

Ask your dentist to submit a pre-treatment estimate to Delta Dental for any procedure that exceeds $300. This will help you estimate any out-of-pocket expenses you may incur.

| 3 month waiting period on Type 2 services (Basic Restorative) |
| 3 month waiting period on Type 3 services (Major Restorative) |

* Non-participating dentists may balance bill. Subscribers are responsible for the difference between the non-participating maximum plan allowance and the full fee charged by the dentist.

Total Choice PPO

The benefits you need and the network choice you want.

Total Choice PPO gives you and your family the comprehensive quality coverage and choice of dentists you expect from Delta Dental of Massachusetts. The plan also gives you even better discounts on dental care—keeping your out-of-pocket costs low. And you get to take advantage of our great savings every time you get covered care from a participating provider.

Your network

Total Choice PPO offers the largest PPO network in Massachusetts, with more than 4,300 unique providers. That's more than 80% of all dentists in the Commonwealth, so chances are your dentist is in our network. You also always have the option to see dentists out of our extensive network, though you will pay more for out-of-network care.

Your coverage

Your Total Choice PPO plan offers coverage for things like cleanings and exams, fillings and crowns, root canals and oral surgery. One great feature about your plan is that every time you get covered care in network, you take advantage of the Delta Dental Discount—significantly cutting your out-of-pocket costs.

Sign up for our newsletter

A great way to get started is to sign up for our Total Choice PPO email newsletter. This delivers information about dental health, tips on maximizing your dental benefits and other information right to your mailbox.

Just visit www.totalchoiceppo.com to get started.

Learn more at totalchoiceppo.com

Visit our website at www.totalchoiceppo.com to find plan information, look up dentists and get started using your plan. If you need additional information, you can call customer service at 1-800-872-0500.

You can also get more information about your plan by logging into our member area. Once you are registered and logged in, you’ll be able to see your claims, benefit maximums, and much more.

The information on this coverage summary should be used only as a guideline for your dental benefits plan. For detailed information on your group’s plan, riders, terms and conditions, or limitations and exclusions, refer to your plan’s Subscriber Certificate, which is available through your benefits administrator.

Your Plan is administered by Delta Dental of Massachusetts

1-800-872-0500
www.totalchoiceppo.com
465 Medford Street
Boston, MA 02129

(07/17)
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Delta Dental of Massachusetts:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, and accessible electronic formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, visit: http://www.deltadentalma.com or call the number on your member ID card.

If you believe that Delta Dental of Massachusetts has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Ugonna Onyekwu
Civil Rights Coordinator
Compliance Department
465 Medford Street
Boston, MA 02129
Fax: 617-886-1390
Phone: 617-886-1683
Email: FairTreatment@greatdentalplans.com
TTY: 711

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Ugonna Onyekwu is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html. You can file a complaint electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

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Foreign Language Assistance

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-872-0500.

ATENÇÃO: Se fala português, encontram-se disponibilizados serviços linguísticos, grátis. Ligue para 1-800-872-0500.

注意：如果您使用繁體中文，您可以免費獲得語言援助服務，請致電 1-800-872-0500.

ATANSYON: Sí w pale Kreyòl Ayisyen, gen sèvis éd pou lang ki disponib gratis pou ou. Rele 1-800-872-0500.

CHỦ Y: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-872-0500.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги переводчика. Звоните 1-800-872-0500.

ملحوظة: إذا كنت تتحدث اللغة، فإن خدمات المساعدة اللغوية تتوفر لك بالمجان. اتصل برقم 1-800-4522-23451-1-800-872-0500.

คำเตือน: ถ้าคุณพูดภาษาไทย คุณสามารถติดต่อมูลTPLCได้โดยไม่เสียค่าใช้จ่าย โทร 1-800-872-0500.

NOTICE: For those who speak Hindi, language assistance services are available. Call 1-800-872-0500.

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-872-0500번으로 전화해 주십시오.

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-800-872-0500.

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-872-0500.

警告：如果你說印地語，你有權免費獲得語言協助服務。請撥打1-800-872-0500。

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