

Coverage Summary for Risk Strategies Student Plan Group Number 007516 Plan Year 9/1/25-08/31/26

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Plan Year (9/1/2025 – 8/31/2026) In Network Plan Year Deductible: \$50 per individual/\$150 family (3 or more) on all services excluding Preventive/Diagnostic

Plan Year (9/1/2025 – 8/31/2026) Out of Network Plan Year Deductible: \$100 per person on all services

Plan Year (9/1/2025 – 8/31/2026) Plan Year Maximum: \$1,000 per person.

***Important Note: This plan runs on a benefit period of September 1st through August 31st. Your \$1,000 Plan Year Maximum and deductible will refreshed every**

Category / Procedure	Qualifications	Co-insurance	
		In Network*	Out of Network**
Diagnostic		100%	80%
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		100%	80%
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	(3 month waiting period)	80%	60%
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.		
Protective Restorations	Once per tooth.		
Stainless Steel Crowns	Once every 24 months per tooth on deciduous (baby) teeth only.		
Oral Surgery	(3 month waiting period)	80%	60%
Extractions	Once per tooth.		
General Anesthesia	General Anesthesia and IV sedation allowed with covered surgical impacted teeth only (up to one hour).		
Periodontics (on natural teeth only)	(3 month waiting period)	80%	60%
Periodontal Surgery	One surgical procedure per quadrant in 36 months.		
Scaling and Root Planing	Once in 24 months, per quadrant. No more than 2 quadrants per date of service		
Periodontal Cleaning	Once every 3 months following active periodontal treatment. Not to be combined with preventive cleanings.	100%	80%
Bone Grafts/GTR	No more than 2 teeth per quadrant per 36 months on natural teeth.	80%	60%
Endodontics	(3 month waiting period)	80%	60%
Root Canal Treatment	Once per tooth.		
Root Canal Retreatment	Once per tooth after 24 months have elapsed from initial treatment.		
Vital Pulpotomy	Limited to deciduous teeth.		
Prosthetic Maintenance	(3 month waiting period)	80%	60%
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.		
Recement of Crowns & Onlays, Bridges	Once per crown, onlay, or bridge.		
Emergency Dental Care	(3 month waiting period)	80%	60%
Palliative Treatment	Three occurrences in 12 months.		
Prostodontics	(3 month waiting period)	50%	30%
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)		
Implant Abutments	Once per implant only when surgical implant is benefitted.		
Major Restorative	(3 month waiting period)	50%	30%
Crowns or Onlay	When teeth cannot be restored with regular fillings. Once within 60 months per tooth (age 12 and older).		
Posts/Buildups	Once per tooth per 60 months only benefitted to retain a crown (age 12 and older).		
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)

***Orthodontia benefits are not applicable for coverage under this plan.**

***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 web site 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

Non-Discrimination Notice

Delta Dental of Massachusetts complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Delta Dental of Massachusetts does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

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)

Delta Dental of Massachusetts PPO and Premier insurance products are offered by Dental Service of Massachusetts, Inc. Delta Dental of Massachusetts EPO and DeltaCare insurance products are offered by DSM Massachusetts Insurance Company, Inc.

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 disponíveis 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: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-872-0500.

CHÚ Ý: 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 перевода. Звоните 1-800-872-0500.

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-844-233-4522 (رقم هاتف الصم والبكم: 1-

1-800-872-0500)

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 1-800-872-0500។

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-872-0500.

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-872-0500.

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

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-872-0500 पर कॉल करें।

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-872-0500.