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## Coverage Summary for University Health Plans Group Number 007516 Effective 9/1/2019

<b>Deductible: In Network: None</b> <b>Out of Network: \$100 per person on all services</b>
<b>Calendar Year Maximum: \$1,000 per person.</b>

Category / Procedure	Qualifications	Co-insurance	
		In Network	Out of Network*
<b>Diagnostic</b>		100%	80%
Comprehensive Evaluation	Once every 60 months.		
Periodic Oral Exam	Once every 6 months.		
Panoramic or Full Mouth X-rays	Once every 60 months.		
Bitewing X-rays	Once every 6 months.		
Single Tooth X-rays	As needed.		
<b>Preventive</b>		100%	80%
Teeth Cleaning	Once every 6 months.		
Fluoride Treatments	Once every 6 months 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.		
<b>Restorative</b>		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.		
<b>Oral Surgery</b>		80%	60%
Extractions	Once per tooth.		
General Anesthesia	General Anesthesia and IV sedation allowed with covered surgical impacted teeth only (up to one hour).		
<b>Periodontics (on natural teeth only)</b>		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%
<b>Endodontics</b>		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.		
<b>Prosthetic Maintenance</b>		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.		
<b>Emergency Dental Care</b>		80%	60%
Palliative Treatment	Three occurrences in 12 months.		
<b>Prosthodontics</b>		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.		
<b>Major Restorative</b>		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.

**This plan is eligible for Rollover Maximum:** Rollover Max dollars do not apply to orthodontic services. To qualify for Rollover Max, you must receive at least one cleaning or oral exam in the calendar year. You must be enrolled for dental coverage before the 4<sup>th</sup> quarter of the calendar year (10/1-12/31) and your paid claims must not exceed the maximum “threshold” amount.

Your plan's annual maximum benefit amount.	If your total yearly claims don't exceed this threshold amount...	Then you can roll over this amount to use next year, and beyond.	Your accumulated rollover total is capped at this amount.
\$1,000	\$500	\$350	\$1,000

**\*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](http://www.totalchoiceppo.com) to get started

### Learn more at [totalchoiceppo.com](http://totalchoiceppo.com)

Visit our web site at [www.totalchoiceppo.com](http://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](http://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](mailto: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.