

Delta Dental PPO Value Plan

The Delta Dental PPO Value Plan is designed to help you maintain good oral health—providing you with coverage for preventive and diagnostic care and significant discounts on other dental services when you see a participating dentist. **This document contains a fee schedule valid for services from general dentists in the Boston and Cambridge areas ONLY.** To verify these fees are valid at your dentist or to check fees at a dentist located outside the Boston/Cambridge area, call 800-872-0500 and have your dentist's ZIP code available.

Advantages

No claim forms—when you go to a PPO network provider, there are no claim forms for you or your family to complete. Simply provide your dentist with the information that is printed on your ID card, and make your applicable patient payment.

No balance billing—PPO network dentists agree to accept the Delta Dental discounted fee for basic and major restorative services as full payment.

No Waiting Periods—Your benefits begin immediately, and there are no exclusions for pre-existing conditions. The only exception is work in progress - dental expenses incurred in connection with any dental procedure started prior to coverage with Delta Dental PPO Value Plan are excluded.

In-Network Coverage

In-network diagnostic and preventive services are covered 100%—which means that you won't have any additional out-of-pocket costs for those procedures.

In-network basic and major restorative services—like fillings, crowns, and root canals are available to you at negotiated discount rates so that you'll have access to these services at great savings.

To find a participating dentist for the Delta Dental PPO Value Plan:

- Visit www.deltadentalma.com and on the *Find a Dentist* screen, click the box for Delta Dental PPO Value Plan, or
- Call customer service at 800-872-0500

Out-of-Network Coverage

If you visit a dentist that does not participate in the Delta Dental PPO Network, you will be covered for diagnostic and preventive services **only**. For these services, you will be covered up to 85% of the lesser of the maximum fee allowance or the dentist's charge. Restorative services and other basic services and Prosthodontic and other services **are not** discounted when provided by a non-participating dentist.

If you receive care from a non-participating dentist, you may be responsible for paying the dentist directly and submitting a claim form to Delta Dental for reimbursement.

Delta Dental PPO Value Plan Questions and Answers

Q. What is the Delta Dental PPO Value Plan?

A. Delta Dental PPO Value Plan is a PPO provider plan, in which members benefit from financial savings when receiving care from in-network dentists. When received in-network, preventive and diagnostic services are covered at 100%. Basic and major restorative services provided by network dentists are available to Delta Dental PPO Value Plan members at discounted rates.

You must remain on the plan for one year. If coverage is cancelled, you are not eligible to reapply for dental coverage until 12 months after the cancellation date.

Q. My dentist is a Delta Dental dentist, but he/she is not on the list. Can I still use him/her?

A. Delta Dental has several other dental programs and not all Delta Dental dentists participate in all Delta Dental programs. Delta Dental PPO Value Plan provides out-of-network coverage for diagnostic and preventive services **only**; however, the benefits are lower than the coverage we offer when members use the services of Delta Dental PPO network participating dentist.

Q. Does Delta Dental PPO Value Plan provide access for specialty services?

A. YES. Delta Dental PPO Value Plan maintains a panel of specialists. Should you require specialty services, you may select a specialist from the PPO network. **There is no discount on services received from a specialist outside the network.** So, to enjoy the greatest value from your plan, please be sure to receive care from a Delta Dental PPO specialist.

This chart shows an example of your potential cost savings with the Delta Dental PPO Value Plan. It takes into account one average year of dental care.

	Dentist's Usual Fee*	Fee You Pay with Delta Dental PPO Value Plan (ZIP Code 02138)**	Member Savings
Preventive & Diagnostic Services: Cleaning, oral exam, bitewing X-rays***	\$398.00	\$0.00	\$398.00
Restorative: Two surface silver filling	\$150.00	\$93.00	\$57.00
		Potential Member Savings**	\$455.00

* Dentist's Usual Fee is for illustrative purposes only. Costs will vary by dentist and geographic area.

** Fees vary depending on your dentist's geographic location. Call customer service for fees at your dentist. Example for Delta Dental PPO network participating dentist only.

*** Cleanings and oral exams covered once every six months.

Delta Dental PPO Value Plan

Effective January 1, 2014

List of Available Services

The following Diagnostic or Preventive Services are covered at 100% when performed by a Delta Dental PPO participating dentist.

DIAGNOSTIC SERVICES

D0120	Periodic oral evaluation	0
D0140	Limited oral evaluation problem focused	0
D0145	Oral evaluation for patient under three years of age	0
D0150	Comprehensive oral evaluation	0
D0160	Detailed and extensive oral evaluation - problem focused	0
D0170	Re-Evaluation - limited problem focused	0
D0180	Comprehensive periodontal evaluation - new or established patient	0
D0210	Full-mouth X ray series	0
D0220	Single X ray	0
D0230	Additional X ray	0
D0270	Single bitewing X ray	0
D0272	Two bitewing X rays	0
D0273	Bitewings - three films	0
D0274	Four bitewing X rays	0
D0277	Vertical bitewing series (7 to 8 films)	0
D0330	Panoramic X ray	0

PREVENTIVE SERVICES

D1110	Adult cleaning	0
D1120	Child cleaning	0
D1206	Topical fluoride varnish; therapeutic application for moderate to high caries risk patients (to age 19)	0
D1208	Topical application of fluoride - child	0
D1351	Sealants - Once per tooth per 48 months on the occlusal surface of permanent first and second molars for patients up to age 16. Sealants are also covered to age 19 on molars for patients at risk for decay	0
D1352	Preventive resin restoration in permanent tooth for moderate to high caries risk patients	0
D1510	Space maintainer - fixed, unilateral	0
D1515	Space maintainer - fixed, bilateral	0
D1520	Space maintainer - removable, unilateral	0
D1525	Space maintainer - removable, bilateral	0
D1555	Removal of fixed space maintainer	0
D4910	Periodontal cleaning	0

The following services are available at the fees listed when performed by a participating general dentist in the Boston or Cambridge area. To verify that these fees are valid at your dentist, call 800-872-0500 and be prepared to provide the ZIP code of your dentist's office.

MINOR RESTORATIVE SERVICES

D2140	One surface silver filling: permanent tooth	\$ 79.78
D2150	Two surface silver filling: permanent tooth	\$ 100.54
D2160	Three surface silver filling: permanent tooth	\$ 118.70
D2161	Four or five surface silver filling: permanent tooth	\$ 143.75
D2330	One surface white filling: front tooth	\$ 100.50
D2331	Two surface white filling: front tooth	\$ 125.10

D2332	Three surface white filling: front tooth	\$ 152.90
D2335	Resin-based white - four or more surfaces or involving incisal angle (front)	\$ 193.18
D2391	One surface white filling: back tooth	\$ 107.90

MAJOR RESTORATIVE SERVICES

D2740	Crown - porcelain/ceramic substrate	\$ 937.94
D2750	Crown - porcelain fused to high noble metal	\$ 907.30
D2751	Crown - porcelain fused to predominantly base metal	\$ 815.43
D2752	Crown - porcelain fused to noble metal	\$ 844.92
D2780	Crown - 3/4 cast high noble metal	\$ 945.38
D2781	Crown - 3/4 cast high predominantly base metal	\$ 772.52
D2782	Crown - 3/4 cast metal	\$ 813.87
D2783	Crown - 3/4 porcelain/ceramic	\$ 990.46
D2790	Crown - full cast high noble metal	\$ 945.38
D2791	Crown - full cast predominantly base metal	\$ 772.52
D2792	Crown - full cast noble metal	\$ 813.87
D2910	Recement inlay	\$ 72.37
D2920	Recement crown	\$ 72.37
D2930	Prefabricated stainless steel crown - primary tooth	\$ 194.59
D2931	Prefabricated stainless steel crown - permanent tooth	\$ 190.69
D2932	Prefabricated resin crown	\$ 240.73
D2940	Sedative filling	\$ 78.54
D2950	Core buildup, including any pins	\$ 236.10
D2951	Pin retention - per tooth, in addition to restoration	\$ 38.23
D2952	Cast post and core in addition to crown	\$ 298.39
D2954	Prefabricated post and core in addition to crown	\$ 243.24

ENDODONTIC SERVICES

D3220	Pulp removal on baby tooth	\$ 120.36
D3221	Gross pulpal debridement primary and permanent teeth	\$ 141.60
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	\$ 124.87
D3310	Root canal treatment: front tooth	\$ 634.69
D3320	Root canal treatment: bicuspid tooth	\$ 751.76
D3330	Root canal treatment: molar tooth	\$ 922.36
D3410	Surgical root canal treatment: front tooth	\$ 504.96
D3426	Surgical root canal treatment: each additional tooth	\$ 340.54

PERIODONTIC SERVICES

D4210	Gum surgery: gingivectomy, per quadrant	\$ 378.37
D4211	Gum surgery: gingivectomy, per tooth	\$ 187.05
D4240	Gum surgery: flap procedure	\$ 536.09
D4241	Gingival flap procedures, including root planing - one to three teeth, per quadrant	\$ 340.54
D4260	Bone surgery	\$ 955.78
D4261	Osseous surgery (including flap entry and closure) - one to three teeth, per quadrant	\$ 731.70
D4274	Distal or proximal wedge procedure	\$ 425.67
D4341	Periodontal scaling and root planing, per quadrant	\$ 175.13
D4342	Periodontal scaling and root planing - one to three teeth, per quadrant	\$ 109.18
D4381	Non-surgical gum therapy	\$ 51.08

List of Available Services (continued...) Effective January 1, 2014

REMOVEABLE PROSTHODONTICS

D5110	Complete denture, upper	\$1,036.24
D5120	Complete denture, lower	\$1,036.24
D5130	Immediate denture, upper	\$1,054.03
D5140	Immediate denture, lower	\$1,054.03
D5211	Upper partial denture: resin	\$ 793.93
D5212	Lower partial denture: resin	\$ 793.93
D5213	Upper partial denture: metal	\$1,102.35
D5214	Lower partial denture: metal	\$1,102.35
D5225	Upper partial denture - flexible base (including any clasps, rests and teeth)	\$1,027.00
D5226	Lower partial denture - flexible base (including any clasps, rests and teeth)	\$1,027.00
D5281	Partial denture: one tooth, one side	\$ 527.02
D5410	Adjust denture: complete, upper	\$ 56.76
D5411	Adjust denture: complete, lower	\$ 56.76
D5510	Repair broken complete denture base	\$ 123.90
D5520	Replace missing or broken teeth: complete denture, per tooth	\$ 106.20
D5610	Base repair: partial denture	\$ 131.05
D5620	Cast framework repair	\$ 162.16
D5630	Repair or replace broken clasp	\$ 141.08
D5640	Replace partial denture tooth, per tooth	\$ 109.74
D5650	Add tooth to existing partial denture	\$ 127.45
D5660	Add clasp to existing partial denture	\$ 147.88
D5670	Replace all teeth and acrylic on cast metal framework (upper)	\$ 501.07
D5671	Replace all teeth and acrylic on cast metal framework (lower)	\$ 501.07
D5730	Reline denture: complete, upper (chairside)	\$ 210.81
D5731	Reline denture: complete, lower (chairside)	\$ 210.81
D5740	Reline denture: partial, upper (chairside)	\$ 210.81
D5741	Reline denture: partial, lower (chairside)	\$ 210.81
D5750	Reline denture: complete, upper (laboratory)	\$ 317.33
D5751	Reline denture: complete, lower (laboratory)	\$ 317.33
D5760	Reline denture: partial, upper (laboratory)	\$ 280.38
D5761	Reline denture: partial, lower (laboratory)	\$ 280.38

IMPLANTS

D6010	Surgical placement of implant body: endosteal implant	\$1,724.06
D6056	Prefabricated abutment (includes placement)	\$ 521.50
D6057	Custom abutment (includes placement)	\$ 651.87
D6058	Abutment supported porcelain/ceramic crown	\$1,182.13
D6059	Abutment supported porcelain fused to metal crown (high noble)	\$1,182.13
D6061	Abutment supported porcelain fused to metal crown (noble metal)	\$1,081.05
D6065	Implant supported porcelain/ceramic crown	\$1,182.13
D6066	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	\$1,182.13
D6067	Implant supported metal crown (titanium, titanium alloy, high noble metal)	\$1,081.05
D6095	Repair implant abutment, by report	\$ 202.70
D6100	Implant removal, by report	\$ 195.56

FIXED PROSTHODONTICS

D6210	Bridge pontic: high noble metal	\$ 945.38
D6211	Bridge pontic: base metal	\$ 770.25
D6212	Bridge pontic: noble metal	\$ 813.87
D6214	Pontic - titanium	\$ 945.38
D6240	Bridge pontic: porcelain with high noble metal	\$ 907.30
D6241	Bridge pontic: porcelain with base metal	\$ 815.43
D6242	Bridge pontic: porcelain with noble metal	\$ 844.92
D6245	Pontic - Porcelain/Ceramic	\$ 938.07
D6545	Retainer - cast metal for acid etch bridge	\$ 353.99
D6548	Retainer - porcelain/ceramic	\$ 405.40
D6710	Crown - indirect resin based white	\$ 344.58
D6740	Crown - porcelain/ceramic	\$ 938.07
D6750	Crown - porcelain with high noble metal	\$ 907.30
D6751	Crown - porcelain with base metal	\$ 815.43
D6752	Crown - porcelain with noble metal	\$ 844.92
D6780	Crown - ¾ cast high noble metal	\$ 974.89
D6781	Crown - ¾ cast predominantly base metal	\$ 934.34
D6782	Crown - ¾ cast noble metal	\$ 893.80
D6790	Crown - cast high noble metal	\$ 945.38
D6791	Crown - cast base metal	\$ 770.25
D6792	Crown - cast noble metal	\$ 813.87
D6794	Crown - titanium	\$ 945.38
D6930	Recement bridge	\$ 106.20

ORAL AND MAXILLOFACIAL SURGERY

D7111	Coronal remnants - deciduous (baby) tooth	\$ 75.84
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$ 100.54
D7210	Surgical tooth removal	\$ 195.56
D7220	Impacted tooth removal: soft tissue	\$ 264.86
D7230	Impacted tooth removal: partially bony	\$ 350.12
D7240	Impacted tooth removal: completely bony	\$ 428.10
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	\$ 444.64
D7250	Root recovery	\$ 208.85
D7285	Biopsy of hard tissue	\$ 298.69
D7286	Biopsy of soft tissue	\$ 270.27
D7288	Brush biopsy - transepithelial sample collection	\$ 105.41
D7310	Bone recontouring (done with extractions)	\$ 176.75
D7320	Bone recontouring (done without extractions)	\$ 324.31
D7471	Excision - bone tissue	\$ 351.34
D7472	Removal of torus palatinus	\$ 432.42
D7473	Removal of torus mandibularis	\$ 432.42
D7510	Incision and drainage of abscess	\$ 140.18
D7511	Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	\$ 160.54
D7960	Frenulectomy (frenectomy or frenotomy)	\$ 350.44
D7963	Frenuloplasty	\$ 350.44

ADJUNCTIVE GENERAL SERVICES

D9110	Emergency treatment for the relief of pain	\$ 76.28
D9220	General anesthesia: up to 30 minutes	\$ 230.59
D9221	General anesthesia: each additional 15 minutes	\$ 93.08
D9241	Intravenous sedation: up to 30 minutes	\$ 236.47
D9242	Intravenous sedation: each additional 15 minutes	\$ 106.20

Frequency Limitations

- Periodic Oral Evaluation**—Once every six months. Includes periodontal screening and oral cancer evaluation.
- Cleanings**—Once every six months. (Months begin with first treatment.)
- Periodontal Cleanings**—Once every three months following active periodontal treatment, not to be combined with preventive cleanings.
- Bitewing X Rays**—based on need, up to one series of four films in any six-month period.
- Full Mouth X Rays**—are limited to one set every sixty (60) consecutive months when indicated.
- Topical Fluoride Treatment**—limited to one treatment per six 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**—Once per tooth per 48 months on the occlusal surface of permanent first and second molars for patients up to age 16. Sealants are also covered for patients age 16 to 19 on molars for those who have had a recent cavity and are at risk for decay.
- Chlorhexidine Mouthrinse**—This is a covered benefit only when administered and dispensed in the dentist's office following scaling and root planing.
- Fluoride Toothpaste**—This is a covered benefit only when administered and dispensed in the dentist's office following periodontal surgery.

Exclusions

- General anesthesia and the services of a special anesthesiologist.
- Cosmetic dental care.
- Dental conditions arising out of and due to enrollee's employment or for which Worker's Compensation is payable. Services that are provided to the enrollee by state government or agency thereof, or are provided without cost to the enrollee by any municipality, county, or other subdivision.
- Treatment required by reason of war.
- Dental services performed in a hospital and related hospital fees.
- Treatment of fractures and dislocations.
- Loss or theft of fixed and removable prosthetics (crowns, bridges, full or partial dentures).
- Dental expenses incurred in connection with any dental procedures started after termination of eligibility for coverage.
- Any service that is not specifically listed.
- Congenital malformation.
- Cysts and malignancies.
- Dispensing of drugs not normally supplied in a dental office.
- Accidental injury. Accidental injury is defined as damage to the hard and soft tissues of the oral cavity resulting from forces external to the mouth. Damages to the hard and soft tissues of the oral cavity from normal masticatory (chewing) function will be covered at the normal schedule of benefits.
- Cases which in the professional judgment of the attending dentist determines a satisfactory result cannot be obtained or where the prognosis is poor or guarded.
- Prophylactic removal of impactions (asymptomatic nonpathological).
- Specialist consultations for noncovered benefits.
- Dental expenses incurred in connection with any dental procedure started prior to the enrollee's eligibility with the Delta Dental PPO Value Plan program.
Example: teeth prepared for crowns, root canals in progress, orthodontic treatment.
- Orthodontics (braces).

NOTE: This is only a brief summary of the Delta Dental PPO Value Plan. If any conflict arises between this description and the Subscriber Certificate, or if any point is not covered, the terms of the Subscriber Certificate will govern in all cases. Copies of the Subscriber Certificate are available through your benefits administrator.

At your request, interpreter and translation services related to administrative procedures are available to you or a covered family member.

خدمات ترجمة فورية/ترجمة
في حالة طلبكم نقوم بتوفير مترجمين وخدمات ترجمة تتعلق بالإجراءات الإدارية.

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翻譯服務

如果您提出要求，我們可以為您提供相關的行政禮節的翻譯服務。

Services de traduction et d'interprétariat.
Les services de traduction et d'interprétariat en connexion avec les
procédures administratives sont disponibles sur demande

Услуги устного/письменного перевода.
По Вашему требованию будут предоставлены услуги устного и
письменного перевода, связанные с административными процедурами.

Sèvis Entèprèt ak Tradiksyon Si w mande sèvis entèprèt ak tradiksyon pou
prosedè administratif, nap mete yo a dispozisyon ou.

Servizi di interpretariato e traduzione A richiesta, sono disponibili
servizi di interpretariato e traduzione relazionati con pratiche
amministrative.

ບໍລິການແປພາສາ ແລະ ນາຍພາສາ
ຕາມທີ່ທ່ານຂໍມາ, ພວກເຮົາມີບໍລິການນາຍ ແປພາສາ ແລະ
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Serviços de tradutor(a)/intérprete Se assim o solicitar, estão
disponíveis serviços de tradução e interpretação para os procedimentos
administrativos.

Υπηρεσίες Διερμηνεία/Μεταφραστή
Μετά από αίτησή σας, υπηρεσίες διερμηνεία και μεταφραστή σχετικά με
διοικητικές διαδικασίες είναι στη διάθεσή σας.

Servicios de interpretación/traducción Si usted lo solicita, se
encuentran a su disposición servicios de interpretación y traducción para
asistirle en procedimientos administrativos.

Your Plan is Administered by:

Delta Dental of Massachusetts
1-800-872-0500

 DELTA DENTAL

Delta Dental of Massachusetts
465 Medford Street, Boston, MA 02129

www.deltadentalma.com

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