

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 list of available services under this plan. To obtain the exact fees for any of the available procedures, contact Customer Service department at 1-800-872-0500. You will need to have your dentist's office 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 80% 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, 2011

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
- D0140 Limited oral evaluation problem focused
- D0145 Oral evaluation for patient under three years of age
- D0150 Comprehensive oral evaluation
- D0160 Detailed and extensive oral evaluation - problem focused
- D0170 Re-Evaluation - limited problem focused
- D0180 Comprehensive periodontal evaluation - new or established patient
- D0210 Full-mouth X ray series
- D0220 Single X ray
- D0230 Additional X ray
- D0270 Single bitewing X ray
- D0272 Two bitewing X rays
- D0273 Bitewings - three films
- D0274 Four bitewing X rays
- D0277 Vertical bitewing series (7 to 8 films)
- D0330 Panoramic X ray
- D0999 Unspecified diagnostic procedure, by report**

** This code may be used for reimbursing Chlorhexidine and prescription strength fluoride toothpaste only when dispensed by a dentist in his or her office. There is no fee for the member.

PREVENTIVE SERVICES

- D1110 Adult cleaning
- D1120 Child cleaning
- D1203 Topical application of fluoride - child (to age 13) 1 per 6-month period
- D1204 Topical application of fluoride - adult (to age 19)
- D1206 Topical fluoride varnish; therapeutic application for moderate to high caries risk patients (to age 19)
- 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
- D1352 Preventive resin restoration in permanent tooth for moderate to high caries risk patients
- D1510 Space maintainer - fixed, unilateral
- D1515 Space maintainer - fixed, bilateral
- D1520 Space maintainer - removable, unilateral
- D1525 Space maintainer - removable, bilateral
- D1555 Removal of fixed space maintainer
- D4910 Periodontal cleaning

The following services are available at significant savings when performed by a Delta Dental PPO participating dentist. To obtain fees for any of these procedures, call 800-872-0500. Be prepared to provide the ZIP code of your dentist's office.

MINOR RESTORATIVE SERVICES

- D2140 One surface silver filling: permanent tooth
- D2150 Two surface silver filling: permanent tooth
- D2160 Three surface silver filling: permanent tooth
- D2161 Four or five surface silver filling: permanent tooth

- D2330 One surface white filling: front tooth
- D2331 Two surface white filling: front tooth
- D2332 Three surface white filling: front tooth
- D2335 Resin-based white - four or more surfaces or involving incisal angle (front)
- D2391 One surface white filling: back tooth

MAJOR RESTORATIVE SERVICES

- D2740 Crown - porcelain/ceramic substrate
- D2750 Crown - porcelain fused to high noble metal
- D2751 Crown - porcelain fused to predominantly base metal
- D2752 Crown - porcelain fused to noble metal
- D2780 Crown - ¾ cast high noble metal
- D2781 Crown - ¾ cast high predominantly base metal
- D2782 Crown - ¾ cast metal
- D2783 Crown - ¾ porcelain/ceramic
- D2790 Crown - full cast high noble metal
- D2791 Crown - full cast predominantly base metal
- D2792 Crown - full cast noble metal
- D2910 Recement inlay
- D2920 Recement crown
- D2930 Prefabricated stainless steel crown - primary tooth
- D2931 Prefabricated stainless steel crown - permanent tooth
- D2932 Prefabricated resin crown
- D2940 Sedative filling
- D2950 Core buildup, including any pins
- D2951 Pin retention - per tooth, in addition to restoration
- D2952 Cast post and core in addition to crown
- D2954 Prefabricated post and core in addition to crown

ENDODONTIC SERVICES

- D3220 Pulp removal on baby tooth
- D3221 Gross pulpal debridement primary and permanent teeth
- D3222 Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development
- D3310 Root canal treatment: front tooth
- D3320 Root canal treatment: bicuspid tooth
- D3330 Root canal treatment: molar tooth
- D3410 Surgical root canal treatment: front tooth
- D3426 Surgical root canal treatment: each additional tooth

PERIODONTIC SERVICES

- D4210 Gum surgery: gingivectomy, per quadrant1
- D4211 Gum surgery: gingivectomy, per tooth
- D4240 Gum surgery: flap procedure
- D4241 Gingival flap procedures, including root planing - one to three teeth, per quadrant
- D4260 Bone surgery
- D4261 Osseous surgery (including flap entry and closure) - one to three teeth, per quadrant
- D4274 Distal or proximal wedge procedure1
- D4341 Periodontal scaling and root planing, per quadrant
- D4342 Periodontal scaling and root planing - one to three teeth, per quadrant
- D4381 Non-surgical gum therapy

List of Available Services (continued...)

REMOVEABLE PROSTHODONTICS

- D5110 Complete denture, upper
- D5120 Complete denture, lower
- D5130 Immediate denture, upper
- D5140 Immediate denture, lower
- D5211 Upper partial denture: resin
- D5212 Lower partial denture: resin
- D5213 Upper partial denture: metal
- D5214 Lower partial denture: metal
- D5225 Upper partial denture - flexible base (including any clasps, rests and teeth)
- D5226 Lower partial denture - flexible base (including any clasps, rests and teeth)
- D5281 Partial denture: one tooth, one side
- D5410 Adjust denture: complete, upper
- D5411 Adjust denture: complete, lower
- D5510 Repair broken complete denture base
- D5520 Replace missing or broken teeth: complete denture, per tooth
- D5610 Base repair: partial denture
- D5620 Cast framework repair
- D5630 Repair or replace broken clasp
- D5640 Replace partial denture tooth, per tooth
- D5650 Add tooth to existing partial denture
- D5660 Add clasp to existing partial denture
- D5670 Replace all teeth and acrylic on cast metal framework (upper)
- D5671 Replace all teeth and acrylic on cast metal framework (lower)
- D5730 Reline denture: complete, upper (chairside)
- D5731 Reline denture: complete, lower (chairside)
- D5740 Reline denture: partial, upper (chairside)
- D5741 Reline denture: partial, lower (chairside)
- D5750 Reline denture: complete, upper (laboratory)
- D5751 Reline denture: complete, lower (laboratory)
- D5760 Reline denture: partial, upper (laboratory)
- D5761 Reline denture: partial, lower (laboratory)

IMPLANTS

- D6010 Surgical placement of implant body: endosteal implant
- D6056 Prefabricated abutment (includes placement)
- D6057 Custom abutment (includes placement)
- D6058 Abutment supported porcelain/ceramic crown
- D6059 Abutment supported porcelain fused to metal crown (high noble)
- D6061 Abutment supported porcelain fused to metal crown (noble metal)
- D6065 Implant supported porcelain/ceramic crown
- D6066 Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)
- D6067 Implant supported metal crown (titanium, titanium alloy, high noble metal)
- D6095 Repair implant abutment, by report
- D6100 Implant removal, by report

FIXED PROSTHODONTICS

- D6210 Bridge pontic: high noble metal
- D6211 Bridge pontic: base metal
- D6212 Bridge pontic: noble metal
- D6214 Pontic - titanium

- D6240 Bridge pontic: porcelain with high noble metal
- D6241 Bridge pontic: porcelain with base metal
- D6242 Bridge pontic: porcelain with noble metal
- D6245 Pontic - Porcelain/Ceramic
- D6545 Retainer - cast metal for acid etch bridge
- D6548 Retainer - porcelain/ceramic
- D6710 Crown - indirect resin based white
- D6740 Crown - porcelain/ceramic
- D6750 Crown - porcelain with high noble metal
- D6751 Crown - porcelain with base metal
- D6752 Crown - porcelain with noble metal
- D6780 Crown - $\frac{3}{4}$ cast high noble metal
- D6781 Crown - $\frac{3}{4}$ cast predominantly base metal
- D6782 Crown - $\frac{3}{4}$ cast noble metal
- D6790 Crown - cast high noble metal
- D6791 Crown - cast base metal
- D6792 Crown - cast noble metal
- D6794 Crown - titanium
- D6930 Recement bridge
- D6970 Cast post and core in addition to bridge retainer
- D6972 Prefabricated post and core in addition to bridge retainer
- D6973 Core build-up for retainer, including any pins

ORAL AND MAXILLOFACIAL SURGERY

- D7111 Coronal remnants - deciduous (baby) tooth
- D7140 Extraction, erupted tooth or exposed root (elevation and/or forceps removal)
- D7210 Surgical tooth removal
- D7220 Impacted tooth removal: soft tissue
- D7230 Impacted tooth removal: partially bony
- D7240 Impacted tooth removal: completely bony
- D7241 Removal of impacted tooth - completely bony, with unusual surgical complications
- D7250 Root recovery
- D7285 Biopsy of hard tissue
- D7286 Biopsy of soft tissue
- D7287 Oral exfoliative cytology (brush biopsy)
- D7288 Brush biopsy - transepithelial sample collection
- D7310 Bone recontouring (done with extractions)
- D7320 Bone recontouring (done without extractions)
- D7471 Excision - bone tissue
- D7472 Removal of torus palatinus
- D7473 Removal of torus mandibularis
- D7510 Incision and drainage of abscess
- D7511 Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)
- D7960 Frenulectomy (frenectomy or frenotomy)
- D7963 Frenuloplasty

ADJUNCTIVE GENERAL SERVICES

- D9110 Emergency treatment for the relief of pain
- D9220 General anesthesia: up to 30 minutes
- D9221 General anesthesia: each additional 15 minutes
- D9241 Intravenous sedation: up to 30 minutes
- D9242 Intravenous sedation: each additional 15 minutes

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.

អ្នកបកប្រែ ឬកិច្ចការបកប្រែ

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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 Διαμετρήνεια/Μεταφραστική

Μετά από αίτησή σας, υπηρεσίες διαμετρήνεια και μεταφραστική 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

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www.deltadentalma.com

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