

**Beth Israel Lahey Health  
Group #014997  
Dental Coverage Summary  
Benefits Effective 01/01/2025**

Visit [deltadentalma.com](http://deltadentalma.com) for detailed benefit information

		<u>High Plan</u>	<u>Low Plan</u>
<b>Calendar Year Maximum:</b>		<b>\$5,000</b>	<b>\$1,000</b>
<b>Calendar Year Deductible (Individual/Family Max):</b> <b>(Waived for Diagnostic and Preventive category/procedures)</b>		<b>\$50/\$150</b>	<b>\$25/\$75</b>
<b>Right Start 4 Kids benefit for members up to their 13<sup>th</sup> birthday (see back page)</b>			
Category / Procedure	Qualifications		
<b>Diagnostic</b> Comprehensive Evaluation: Periodic Oral Exam: Panoramic or Full Mouth X- rays: Bitewing X-rays: Single Tooth X-rays:	Once every 60 months. Twice per calendar year. Once every 60 months. Twice per calendar year. As needed.		
<b>Preventive</b> Teeth Cleaning: Periodontal Cleaning:  Fluoride Treatments: Space Maintainers:  Sealants:	Twice per calendar year. Four per calendar year following active periodontal treatment (scaling and root planing). Not to be combined with preventive cleanings. Twice per calendar year for members under age 19. Required due to the premature loss of teeth. For members under age 14 and not for the replacement of primary or permanent anterior teeth. Unrestored permanent molars, every 4 years per tooth for members through age 15. Sealants are also covered for members aged 16 up to age 19 for those who had a recent cavity and are at risk for decay.	100% Coverage	100% Coverage
<b>Basic Restorative</b> Silver Fillings: White Fillings on Front Teeth: Inlays and White Fillings (Back Teeth):  Stainless Steel Crowns:	Once every 24 months per surface per tooth. Once every 24 months per surface per tooth. Covered only for single tooth 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. Once every 24 months per primary tooth.		
<b>Oral Surgery</b> Extractions: General Anesthesia and IV Sedation:	Once per tooth. Covered with surgical impacted teeth only. Only up to one hour.		
<b>Periodontics (On Natural Teeth Only)</b> Periodontal Surgery:  Scaling and Root Planing: Bone Grafts/GTR:	Limited to one surgical procedure in 36 months, per quadrant. Only two quadrants are allowed on the same date of service. Once in 24 months, per quadrant. Only two quadrants are allowed on the same date of service. No more than two teeth per quadrant per 36 months (on natural teeth only and not covered with implants).	80% Coverage	60% Coverage
<b>Endodontics</b> Root Canal Treatment: Root Canal Re-treatment: Vital Pulpotomy:	Once per tooth. Once per tooth after 24 months have elapsed from initial treatment. Limited to primary teeth only.		
<b>Prosthetic Maintenance</b> Bridge or Denture Repair: Crowns or Onlay Repair: Rebase or Reline of Dentures: Recement of Crowns, Onlays & Bridges:	Once per bridge/denture per 12 months, after 24 months of initial insertion. Once per 12 months after 24 months of initial placement. Once per denture within 36 months. Once per crown, onlay or bridge.		
<b>Emergency Dental Care</b> Palliative treatment:	Three occurrences in 12 months.		
<b>Prosthetics</b> Dentures: Bridges: **Implant-only in lieu of a 3-unit bridge:  Implant Abutments:	Once within 60 months. Aged 16 and older. Once within 60 months. Aged 16 and older. 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). See back page for qualification criteria. Once per implant only when surgical implant benefitted.	50% Coverage	<i>Not a covered Benefit</i>
<b>Major Restorative</b> Crowns or Onlays:  Cast posts/Buildups:	When teeth cannot be restored with regular fillings due to decay or fracture. Once within 60 months per tooth. Aged 12 and older. Once per tooth per 60 months only benefitted to retain a crown.		
<b>Orthodontics</b> For dependents up to age 19:	Orthodontic treatment must be administered/supervised by a licensed dentist. Mail order orthodontic kits are not covered under this plan.	50% coverage, \$1,000 per person Lifetime Maximum	<i>Not a covered Benefit</i>

## Additional Benefit Information

- **Right Start 4 Kids benefit** pays 100% of the costs of covered care with participating dentists up to your plans' benefit limit. This includes covered care for diagnostic, preventative, basic and major services for children up to their 13<sup>th</sup> birthday.

Benefit	Right Start 4 Kids Benefit
Deductible	None
Preventive and Diagnostic Coinsurance	100%
Basic Coinsurance	100%
Major Coinsurance	100%
Annual Maximum	Subject to your plan's benefit limit

- **(\*\*) Implants:** To qualify for a single tooth implant, you must meet specific criteria:
  - There must be natural teeth present on both sides of the missing tooth.
  - Only one tooth can be missing (if two teeth are missing this would be a 4-unit bridge and would not qualify for the implant benefit)
  - The adjacent teeth must be healthy (in other words free of decay or fracture and not need crowns)
  - The adjacent teeth must be free of periodontal disease.
  - If multiple teeth are missing in an arch this would not qualify for a 3-unit bridge nor the implant benefit
- **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 plan year (10/1-12/31) and your paid claims must not exceed the maximum "threshold" amount.

Your calendar year 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.
High Plan: \$5,000	\$1,000	\$750	\$1,500
Low Plan - N/A	N/A	N/A	N/A

- 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.
- Ask your dentist to submit a pre-estimate to Delta Dental for any procedure that exceeds \$300.00. This will help you estimate in advance any out-of-pocket expenses you may incur and will confirm that the services you're having are covered under your dental plan.
- Dependent Eligibility: Eligible dependents covered through the end of the month in which they turn age 26.

Delta Dental PPO *Plus Premier*



### Easy Access and Great Value - Your Delta Dental Networks

As a Delta Dental PPO *Plus Premier* subscriber, you have access to two of Delta Dental's extensive national networks- Delta Dental PPO, with more than 283,000 participating dentist locations and Delta Dental Premier, the largest dental network in the country with more than 358,000 dentist locations. Three out of four dentists nationwide participate in one or both of these networks.

You will enjoy great benefits when you receive your dental care from a participating dentist in either the Delta Dental PPO or Delta Dental Premier networks.

- Both networks offer discounted fees and a no balance billing policy.
- You will receive good value from Delta Dental Premier network dentists who generally accept discounted fees.
- You will enjoy the greatest savings when visiting Delta Dental PPO network dentists due to even deeper discounts.
- If you choose to receive services from a non-participating dentist, you will have higher out-of-pocket costs as the Delta Dental contract rates and the no balance billing policy do not apply.

Delta Dental members can also take advantage of expanded discounts on many covered services, even after they have used up their benefit dollars, visit limits and other situations. Get the details at <http://www.deltadentalma.com/members/discounts-on-covered-services/>

Simply visit [www.deltadentalma.com](http://www.deltadentalma.com) to find a participating dentist in your area.

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

Visit the member area of [www.deltadentalma.com](http://www.deltadentalma.com) to find plan information, review eligibility status, check on claim status, or find a dentist. If you have any questions or need additional information, you can call customer service at 1-800-368-4708.

You can also find more information about your plan in the Delta Dental Member Guide, available from your benefits administrator or online at [www.deltadentalma.com](http://www.deltadentalma.com). In the guide, you can learn how to use your benefits, how to find a dentist or specialist, how to access online resources, and more about keeping a healthy mouth for life.

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**  
1-800-368-4708  
[www.deltadentalma.com](http://www.deltadentalma.com)

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