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**Beth Israel Lahey Health
Group #014997
Dental Coverage Summary
Benefits Effective 01/01/2027**

Calendar Year Maximum:		High Plan \$5,000	Low Plan \$1,000
Calendar Year Deductible (Individual/Family Max): (Waived for Diagnostic and Preventive category/procedures)		\$50/\$150	\$25/\$75
Right Start 4 Kids benefit for members up to their 13 th birthday (see back page)			
Category / Procedure	Qualifications		
Diagnostic 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.		
Preventive 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
Basic Restorative 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.		
Oral Surgery Extractions: General Anesthesia and IV Sedation:	Once per tooth. Covered with surgical impacted teeth only. Only up to one hour.		
Periodontics (On Natural Teeth Only) 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
Endodontics 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.		
Prosthetic Maintenance 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.		
Emergency Dental Care Palliative treatment:	Three occurrences in 12 months.		
Prosthodontics 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	Not a covered Benefit
Major Restorative 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.		
Orthodontics 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	Not a covered Benefit

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 13th 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:
 - a) There must be natural teeth present on both sides of the missing tooth.
 - b) 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)
 - c) The adjacent teeth must be healthy (in other words free of decay or fracture and not need crowns)
 - d) The adjacent teeth must be free of periodontal disease.
 - e) 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 4th 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.

Get to know your benefits

Thank you for choosing Delta Dental of Massachusetts as your trusted smile partner. As a Delta Dental member, you will enjoy convenient access and unmatched value. With 3 out of 4 dentists nationwide participating in a Delta Dental network, you'll be sure to find a dentist near your home or work. By visiting an in-network dentist, you'll benefit from significant cost savings. Managing your dental plan — and your oral health — has never been easier with Delta Dental's digital tools and resources.



Visit deltadentalma.com

Find a Dentist search tool

Find an in-network dentist in your area with our searchable directory.

Dental Care Cost Estimator

Discover what a dental procedure will cost before your visit with our cost estimator tool.

DentaQual®

View dentists' ratings when searching for a participating provider with our 5-star performance scale.

Teledentistry.com/ddma

Schedule a virtual visit with a dentist 24/7.



Stay informed with your oral health

Member News: from Ahh to Z

Sign up for our bi-monthly newsletter.

Visit deltadentalma.com for

- Benefit information and reminders
- Oral health tips for at home care
- Community initiatives



Access your online member account

Coverage information

Review your dental plan information including eligibility, waiting periods, plan maximums and frequency limitations.

Claims history

View the status of your claims or pre-treatment estimates.

Mobile ID card

Print or download a replacement ID card.

Manage your oral health, anytime, anywhere with the Delta Dental Mobile App*:

- ✓ Quick and easy access to digital ID cards
- ✓ Detailed claims information
- ✓ Review your dental policy coverage
- ✓ Find a Dentist search tool
- ✓ Dental Care Cost Estimator tool

*Members must first register on their online member account on the secure Delta Dental of Massachusetts site.



Scan to
download
the Delta
Dental
Mobile App

Need assistance?

Customer Care center: 800.368.4708 (Representatives available Mon–Fri 8 am–8 pm ET) **Email:** customer.care@deltadentalmass.com

Nondiscrimination Notice and Language Assistance

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 and us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, and accessible electronic formats)
- Providers 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:

Alisa Lewis
Senior Director of Governance, Risk and Compliance
Compliance Department
465 Medford Street
Boston, MA 02129
Phone: 617-580-2028
Email: privacy@deltadentalmass.com
TTY : 711

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Alisa Lewis 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/ocportal/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
800-363-1019, 800-537-7697 (TDD)

View our Notice of Privacy Practices at <https://deltadentalma.com/privacy-policy>

(1) Delta Dental of Massachusetts PPO and Premier insurance products are offered by Dental Services of Massachusetts, Inc.
(2) Total Choice PPO and Delta Dental EPO insurance products are offered by DSM Massachusetts Insurance Company, Inc.

Notice of availability of Language Services
ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-872-0500 (TTY: 711).
ATTENTION : Si vous parlez français, vous avez accès gratuitement à des services d’assistance linguistique. Appelez le 1-800-872-0500 (TTY: 711).
ATENÇÃO: Se você fala português, tem à sua disposição serviços gratuitos de assistência linguística. Ligue para 1-800-872-0500 (TTY: 711).
注意：如果您说中文，您可以免费获得语言协助服务。请致电 1-800-872-0500 (TTY: 711)。
CHÚ Ý: Nếu bạn nói tiếng Việt, bạn có quyền sử dụng miễn phí dịch vụ hỗ trợ ngôn ngữ. Vui lòng gọi 1-800-872-0500 (TTY: 711).
주의: 한국어를 사용하시는 경우, 무료 언어 지원 서비스를 이용하실 수 있습니다. 1-800-872-0500 (TTY: 711) 로 전화하십시오.
Kung nagsasalita ka ng Tagalog, mayroon kang libreng access sa mga serbisyo ng tulong sa wika. Tumawag sa 1-800-872-0500 (TTY: 711).
يمكنك الحصول على خدمات المساعدة اللغوية مجاناً. الاتصال برقم 0500-872-800-1 (TTY: 711). إشعار: إذا كنت تتحدث اللغة العربية
ВНИМАНИЕ: Если вы говорите по-русски, у вас есть бесплатный доступ к услугам языковой поддержки. Звоните 1-800-872-0500 (TTY: 711).
ATTENZIONE: Se parli italiano, hai accesso gratuito ai servizi di assistenza linguistica. Chiama il 1-800-872-0500 (TTY: 711).
ACHTUNG: Wenn Sie Deutsch sprechen, haben Sie kostenlosen Zugang zu Sprachunterstützungsdiensten. Rufen Sie 1-800-872-0500 (TTY: 711).
注意: 日本語を話す場合、無料で言語支援サービスをご利用いただけます。1-800-872-0500 (TTY: 711) にお電話ください。
UWAGA: Jeśli mówisz po polsku, masz bezpłatny dostęp do usług wsparcia językowego. Zadzwoń pod numer 1-800-872-0500 (TTY: 711).
ATANSYON: Si w pale kreyòl ayisyen, ou gen aksè gratis ak sèvis asistans lang. Rele 1-800-872-0500 (TTY: 711).