

# Delta Dental Premier Pediatric with Out-of-Network Coverage Benefit Summary

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

As a Delta Dental Premier with National Coverage subscriber, you have access to Delta Dental's extensive national network — Delta Dental Premier is the largest dental network in the country with over 223,000 dentist locations. Three out of four dentists nationwide participate in this network.

With Delta Dental Premier, you enjoy the greatest savings in out-of-pocket expenses when visiting a dentist who participates in the Delta Dental Premier network. Participating dentists typically accept discounted fees for their services, and since your co-payments are based on these fees, you pay lower out-of-pocket costs for your care. You will still receive coverage if you visit a non-participating dentist, but your benefit will be at the out-of-network level shown in the right-hand column of this coverage summary.

To find a dentist, simply visit [www.deltadentalma.com](http://www.deltadentalma.com) (click on the Find a Dentist link and select Delta Dental Premier) or call Delta Dental customer service at 1-800-872-0500.

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

You can find more information about your benefits plan in the Delta Dental Subscriber Agreement, 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 the claims and appeal processes work, and more about keeping a healthy mouth for life.

Visit [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 1-800-872-0500.

## Coverage Summary

Type	Amount	
Deductible Individual	\$50	Deductible waived for Diagnostic and Preventive categories.
Out of Pocket Maximum for members under age 19	\$1,000	

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. If you receive a treatment after you have exhausted your maximum or if you receive a treatment that will cause you to exceed your maximum, you may be billed at the dentist's normal rate rather than Delta Dental's negotiated rate.

Your Plan is Administered by:

National Association of  
Socially Responsible Organization  
60 State Street, Suite 700  
Boston, Massachusetts, 02109  
617-308-1525

Rates Effective 01/01/2014-12/31/2014	
<u>Individuals, Sole Proprietors, and Groups with 1 Eligible Employee</u>	
Child under age 19:	\$55.13
<u>Groups with 2+ Eligible Employees</u>	
Child under age 19:	\$35.82

## Delta Dental Premier Pediatric with Out-of-Network Coverage

Category / Procedure	Qualifications for members under age 19	Members under age 19	
		In Network	Out of Network
<b>Diagnostic</b>			
Comprehensive Evaluation	Once per patient per location.	100%	80%
Periodic Oral Exam	Twice per patient per location per 12 months..	100%	80%
Full Mouth X- rays	Once every 36 months.	100%	80%
Bitewing X-rays	Two per patient per location per 12 months.	100%	80%
Single Tooth X-rays	As needed.	100%	80%
<b>Preventive</b>			
Teeth Cleaning	Twice every 12 months.	100%	80%
Fluoride Treatments	Once every 3 months.	100%	80%
Space Maintainers	Covered.	100%	80%
Sealants	One per tooth per 36 months.	100%	80%
<b>Restorative</b>			
Silver Fillings	One per tooth per surface each 12 months.	75%	55%
White Fillings (Front Teeth)	One per tooth per surface per 12 months.	75%	55%
White Fillings (Back Teeth)	One per tooth per surface per 24 months. Multi surfaces will be processed as a silver filling and the patient is responsible up to the submitted charge.	75%	55%
Temporary Fillings	Once per tooth per 60 months.	75%	55%
Stainless Steel Crowns	Four per patient per day.	75%	55%
<b>Oral Surgery</b>			
Simple Extractions	Covered.	75%	55%
Surgical Extractions	Covered.	75%	55%
<b>Periodontics</b>			
Periodontal Surgery	One per quadrant every 36 months.	75%	55%
Scaling and Root Planing	One per quadrant every 24 months.	75%	55%
Periodontal Cleaning	Not covered.	0%	0%
<b>Endodontics</b>			
Root Canal Treatment	Once per tooth per lifetime.	75%	55%
Vital Pulpotomy	Once per tooth per lifetime.	75%	55%
<b>Prosthetic Maintenance</b>			
Bridge or Denture Repair		75%	55%
Rebase or Reline of Dentures	Once per patient every 24 months.	75%	55%
Recement of Crowns & Onlays		75%	55%
<b>Emergency Dental Care</b>			
Minor treatment for Pain Relief		75%	55%
General Anesthesia	Allowed with covered surgical services only.	75%	55%
<b>Prostodontics</b>			
Dentures	One per patient per 84 months.	50%	30%
Fixed Bridges and Crowns	Once per tooth per 60 months.	50%	30%
Implants	Not covered	0%	0%
<b>Major Restorative</b>			
Crowns	One per tooth each 60 months.	50%	30%
<b>Orthodontics</b>			
Medically Necessary Orthodonture	Once per lifetime.	50%	30%

\*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.

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