

Our provider discounts help you save even more

Your Delta Dental of Massachusetts dental plan provides comprehensive coverage for a full range of dental services. But your plan also offers you an extra money-saving benefit – the opportunity to take advantage of our great Delta Dental provider discounts under certain circumstances when needed.

When a dentist joins a Delta Dental network, they agree to accept lower fees for your care. Because we are the largest plan in the country, we have some of the best discounts around. This discount applies to all services that are covered by your plan. But sometimes you may need care that is not covered by your plan. Some providers could then charge you their full “retail” price for these services. But not under your Delta Dental plan.

Our providers must give you the same discounts for services that would have been covered under your plan, but are not covered due to certain circumstances, which may include:

- You exceed your visit limit for a service like cleanings or X-rays.
- You exceed your annual benefit maximum.
- You are over the age limit for a service such as fluoride varnish. This does not apply to orthodontia care.
- You receive a service that is covered by an alternative benefit, such as posterior tooth white fillings.
- You are still in your waiting period.
- You exceed your lifetime maximum for a service.

Please note that this list is for illustrative purposes only. This benefit does not mean that Delta Dental will pay for the service. It only means that you will pay the discounted rate for care.

This benefit applies only to services that are included among the core benefits coverage of your plan. It does not apply to services your plan does not already cover, such as cosmetic care or tooth whitening. Some exclusions are listed on the following page, and other exclusions and/or limitations may apply. If you are not sure about what services are covered by your plan, you can download our mobile app or log into your secure member portal at www.deltadentalma.com.

Understand how the discounts apply

Here are a few examples of how the provider discount will work. Check your benefits for how services are covered and any applicable costs. Keep in mind that this discount only applies to care that is included among the benefits of your plan. It does not apply to any services your plan does not currently cover, such as cosmetic care or tooth whitening, or most services that are part of a benefits rider. This benefit does vary by state. Your plan will be set up to reflect the benefits in your state.

Susan: Exceeding Her Visit Limits



Susan's plan covers 2 cleanings per year. She would like a third cleaning, but has already gone twice.

While her dental plan will not pay for that visit, Susan's provider must give her the discount for that additional cleaning.

Mike: Beyond His Benefit Maximums

Mike has had a lot of dental work this year. He has used up \$1,250 of his \$1,500 benefit maximum. Now he has an appointment with a dental surgeon for a root canal. This is a covered benefit under his plan. However, the cost of that surgery would cause Mike to exceed his benefit maximum.

He could have been billed that surgeon's full charges, after using the remaining \$250 in benefit maximum. But with the provider discount, Mike will only have to pay the negotiated discount for the surgery, less the remaining \$250 of his benefit maximum.

Kevin: Getting White Fillings



Kevin visited the dentist and found out he needed fillings on his back teeth. Kevin opted to get white fillings.

Kevin's plan covers white fillings on back teeth as an alternative benefit. This means Kevin would normally have to pay the difference between the discounted fee of a silver filling and the provider's retail price for white fillings.

But with the provider discount, Kevin would only be required to pay for between the discounted fee for a silver filling and the discounted fee for a white filling.

Exclusions

Below are the some of the situations that are excluded from this enhancement:

- General anesthesia and IV sedation that is not in conjunction with the surgical removal of impacted teeth.
- Implants that are not received in lieu of a three-unit bridge. The exception to this is for plans that include a benefit rider for implant coverage.



Did You Know?

- **The City of Lowell adult members are at risk for two types of dental disease: caries (tooth decay) and gum disease (periodontal disease). Cleanings are the prescribed method for preventing cavities and fighting gum disease.**
Delta Dental of Massachusetts covers checkups and cleanings twice per calendar year! If your Dentist is a Delta Dental PPO or Premier Participating Network Provider these services are covered at 100%.
- **For members who have been diagnosed with gum disease (periodontal disease) the American Dental Association recommends members receive 4 cleanings per year.**
Evidence suggests that when patients with a previous history of gum disease take advantage of periodontal cleanings up to four times per year the result is typically a decreased likelihood of the periodontal disease returning.
Delta Dental of Massachusetts covers periodontal cleanings once every 3 months at 100% if your dentist is a Delta Dental PPO or Premier Participating Network Provider. Have a discussion with your Provider's office if you qualify for the additional cleanings under Periodontal services with Delta Dental.
- **For children (under age 19) the primary preventable disease is caries (tooth decay). The American Dental Association recommends fluoride treatments at the time of the child's cleaning. Fluoride makes tooth enamel strong and resistant to decay.** Children should receive a professional fluoride treatment twice per calendar year with their cleanings. Studies show that children who follow this guideline have significantly fewer cavities. Ask your child's dentist about fluoride treatments.
Your Delta Dental of Massachusetts dental plan cover fluoride treatments twice per calendar for children under age 19 at 100% if the dentist is a Delta Dental PPO or Premier Participating Network Provider.
- **Sealants are one of the most successful treatments dentists have to help prevent cavities in children. They have been shown to reduce tooth decay by upwards of 85% in the chewing surfaces of permanent molar teeth.**
Talk with your child's dentist about the benefits of sealing permanent molars. A sealant is a plastic material that is placed onto the chewing surfaces of molars to help prevent cavities.
You'll be glad to know that your Delta Dental of Massachusetts benefit plan covers sealants for children through age 15 and for dependents between ages 16-19 that had a recent cavity and are at risk for tooth decay at 100% if the dentist is a Delta Dental PPO or Premier Network Participating Provider.
Delta Dental of Massachusetts unique **Preventistry** approach promotes prevention-focused care for members. We urge you to embrace our Healthy Mouths for Life practices too by:
 - **Utilizing the oral health tools and resources available at www.deltadentalma.com.**
- **What are the benefits of seeing an in-network dentist (a contracted provider that participates in both or one of the networks available for you under the PPO Plus Premier networks)?**
Both the PPO and Premier national networks offer discounted fees and a no balance billing policy. You will get the best value when you receive your dental care from a participating dentist that accepts the Delta Dental fees for services in either network. Both networks provide a savings for members the Premier savings ranges from 10-25% and the PPO network savings 20-35%.
Simply visit www.deltadentalma.com to find a participating provider.
Non-participating dentists do not accept the Delta Dental fees for services and may balance bill resulting in a higher out of pocket cost for members. Subscribers are responsible for the difference between the non-participating maximum plan allowance and the full fee charged by the dentist.

- **Pretreatment Estimates: the value of a pretreatment estimates prior to the service!**

Ask your dentist to submit a pre-treatment estimate to Delta Dental for any procedure that exceeds \$200. This will help you estimate any out-of-pocket expenses you may incur and will confirm that the services are covered under your dental coverage.

- **Does my dental plan have *Time Limitations*?**

Yes, as an example of several time limitations: such as full mouths x-rays every 60 months, restorative fillings once per 24 months per surface per tooth. Please review your plan summary for further detail and discuss this with your provider’s office before the service.

- **How do I know what type of plan I have?**

Your plan name is listed on your ID card (**it’s the PPO Plus Premier**). If you need a new card, call 800-872-0500 or submit a request via our secure web portal message center at customercare@deltadentalma.com. Customer Service hours are Monday-Thursday 8:30 am-8:00 pm & Friday 8:30 am-4:30 pm.

- **Do we have the Rollover Maximum Benefit?**

Yes, on the High plan for each member enrolled: 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 calendar year (10/1-12/31) and your paid claims must not exceed the maximum “threshold” amount.

Your plan’s annual 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.
\$1,000	\$500	\$350	\$1,000

- **How do I send customer service a secure message?**

For questions regarding benefits or claims, you can submit a secure message through the web portal message center customercare@deltadentalma.com. Once you have logged in, simply choose “Contact Delta Dental of Massachusetts” in the “Tools” section.

- **How do I view my claims history on the website?**

You can register online to view your benefits at www.deltadentalma.com , you need your Delta Dental ID number listed on the card. Once you have logged into the website, click the green link “Member Eligibility Inquiry” on the upper left side. Then click on the gray link “Member Claims” in the middle on the right. A list of claims, identified by number, date of service and amount paid will appear. Click on the claim number for more details about the services.

- **Can I view dependent information on the website?**

No. Web portal use is limited to members 18 years and older, and members can only see their own information. If over-age dependents (18 and over) want to see their information, they must self-register.