

## City of Lowell Dual Option Plan Comparison

Trying to decide between plans? Here is a comparison of some of the key similarities and differences between the High Plan and the Low Plan.

### Delta Dental PPO Plus Premier National Network:

Members have access to two of Delta Dental's extensive national networks the Delta Dental PPO and Delta Dental Premier. You will enjoy great benefits when you receive your dental care from a participating dentist in either of these two networks.

<b>High Plan</b>	<b>Low Plan</b>
<b>Calendar Year Deductible (Jan-Dec)</b> -\$25 per individual/\$75 per family	<b>Calendar Year Deductible (Jan-Dec)</b> -\$25 per individual/\$75 per family
<b>Calendar Year Maximum (Jan-Dec)</b> -\$1,000 per person per calendar year	<b>Calendar Year Maximum (Jan-Dec)</b> -\$500 per person per calendar year
<b>100% Coverage on:</b> member pays 0%	<b>100% Coverage on:</b> member pays 0%
Diagnostic Services Preventive Services	Diagnostic Services Preventive Services
<b>50% Coverage on the following:</b> member pays 50% coinsurance	<b>50% Coverage on the following:</b> member pays 50% coinsurance
Restorative- Fillings Oral Surgery- Extractions Endodontics- Root Canal Periodontics-Gum Services Prosthetic Maintenance Emergency Dental Care	Restorative-Fillings Oral Surgery -Extractions Endodontics -Root Canal Periodontics-Gum Service Prosthetic Maintenance Emergency Dental Care
<b>50% Coverage on the following:</b> member pays 50% coinsurance	<b>No Coverage on Low Plan for Major Restorative Services:</b>
<b>Crowns:</b> once every 5 years (60 months) per tooth. <b>Pretreatment estimate &amp; x-rays advised prior to treatment.</b>	<b>No Coverage</b>
Implant is covered as Type III to replace one missing tooth (in lieu of a three-unit bridge, and when the adjacent teeth do not require crowns.) Once per 60 months per implant. <b>Pretreatment estimate &amp; x-rays advised prior to treatment.</b>	<b>No Coverage</b>
<b>Prostodontics:</b> Dentures once within 60 months. Fixed Bridges & Crowns: when part of a bridge/ once within 60 months. <b>Pretreatment estimate &amp; x-rays advised prior to treatment.</b>	<b>No Coverage</b>
<b>Orthodontic Services (braces): Not Covered</b>	<b>Orthodontic Services (braces): Not Covered</b>
<b>Rollover Maximum Benefit</b> – Under the High plan, you must have at least one cleaning or exam during the plan year and have used less than the claim threshold of \$500 to qualify for Rollover dollars. If you qualify each year you can roll over \$350 with a maximum accumulated amount of \$1,000.	<b>Rollover Maximum Benefit</b> – not available on Low Plan.
<b>Limitations Do Apply</b>	<b>Limitations Do Apply</b>
<b>Customer Service: 800-872-0500: Mon-Thurs: 8:30-8:00, Fri. 8:30-4:30</b> <a href="http://www.deltadentalma.com">www.deltadentalma.com</a>	<b>Customer Service: 800-872-0500: Thurs: 8:30-8:00, Fri. 8:30-4:30</b> <a href="http://www.deltadentalma.com">www.deltadentalma.com</a>

### **Rollover Maximum for City of Lowell**

The following applies for each member enrolled in the **High Plan**:

The *Annual Maximum (CYM)* for covered services for each member is \$1,000 per calendar year (January-December).

- Each member is eligible to roll over a portion of their unused *annual maximum (\$1,000)* to the following calendar year provided the following requirements are met:
  - The member must have 1 cleaning and/or oral exam per calendar year (Jan-Dec).
  - Incurred claims for the calendar year cannot exceed \$500 per member
  - **The member must be on the plan for more than 3 months in the calendar year**
- The present maximum rollover dollars available is \$350.
- The accumulated rollover total cannot exceed \$1,000.
- Retroactive claims will affect the *Rollover Max (ROM)* balance.
- Regular maximum benefit dollars are used first; ROM benefit dollars are used second.
- **To find out if you were eligible for rollover dollars go to [www.deltadentalma.com](http://www.deltadentalma.com) to register or call Customer Service at 800-872-0500.**

**Delta Dental recommends a Pre-Treatment Estimate for dental work of \$300 or more prior to service to better assist the member in understanding their benefits. Request this from your Provider.**

*For more detailed information please refer to your benefit plan summaries.*