

**Coverage Summary for  
City of Lowell -July 2021  
Group #009731  
Low Option**

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**Calendar Year Deductible (Jan-Dec): \$25 per individual / \$75 per family. Deductible waived for Diagnostic and Preventive categories.**

**Calendar Year Maximum (Jan-Dec): \$500 per person.**

Category / Procedure	Qualifications	Co-insurance	
		In Network	Out of Network*
<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.	100%	100%
<b>Preventive</b> Teeth Cleaning Fluoride Treatments Space Maintainers  Sealants	Twice per calendar year. 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 also covered for members age 16 up to age 19 with a recent cavity and are at risk for decay.	100%	100%
<b>Restorative</b> Silver Fillings White Fillings (Front Teeth) Inlays and White Fillings (Back Teeth)  Protective Restorations Stainless Steel Crowns	Once every 24 months per surface per tooth. Once every 24 months per surface per tooth. Covered only for single 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. In other states, the patient may be responsible for paying up to the provider's full submitted charge for white fillings. Once per tooth. Once every 24 months per tooth (on primary teeth only).	50%	50%
<b>Oral Surgery</b> Extractions General Anesthesia	Once per tooth. General Anesthesia and IV sedation allowed with covered surgical impacted teeth only (up to one hour).	50%	50%
<b>Periodontics (on natural teeth only)</b> Periodontal Surgery Scaling and Root Planing Periodontal Cleaning Bone Grafts/GTR	One surgical procedure per quadrant in 36 months. Once in 24 months, per quadrant. No more than 2 quadrants per date of service. Once every 3 months following active periodontal treatment. Not to be combined with preventive cleanings. No more than 2 teeth per quadrant per 36 months on natural teeth.	50%	50%
<b>Endodontics</b> Root Canal Treatment Root Canal Retreatment Vital Pulpotomy	Once per tooth. Once per tooth after 24 months have elapsed from initial treatment Limited to deciduous teeth.	100%	100%
<b>Prosthetic Maintenance</b> Bridge or Denture Repair Crown 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 tooth per 12 months after 24 months of initial placement Once per denture within 36 months. Once per crown, onlay or bridge.	50%	50%
<b>Emergency Dental Care</b> Palliative Treatment	Three occurrences in 12 months.	50%	50%

**Dependent Eligibility** Dependents covered to age 19. Full-time students covered to age 23.