A NEW REASON TO SMILE.
Welcome to Delta Dental
Member Guide
YOUR GUIDE TO A HEALTHY MOUTH FOR LIFE
Welcome to Delta Dental, the #1 dental plan in the country. We are excited to partner with you to help you take the right steps to stay healthy...for life. Because we are committed to improving your oral health, you get more with Delta Dental:

• **Best and latest dental benefits.** From 100% coverage on most preventive care services...to the ability to ‘save’ your benefits for when you need them most with *Rollover Max* – Delta Dental gives you everything you need in a dental plan.

• **Information and attention you need.** Through our one-of-a-kind *Healthy Mouths for Life* program, we’ll work with you to make sure you have all the latest information, are taking the right preventive measures, and have the benefits you need to stay healthy.

• **Largest dentist network in the country.** With 3 out of 4 dentists in the country participating in a Delta Dental network, you can feel confident that we have you covered.
Getting started – using your dental plan

The details of your specific coverage, including what type of plan you have, what is covered, and if you have a deductible, are outlined in your Benefit Summary sheet. If you have not received this document, visit our website for details on your coverage, or contact your employee benefits administrator who should be able to provide you with a copy.

YOUR ID CARD

Within 10 days of your official enrollment, you’ll receive two identical Delta Dental identification (ID) cards that list important information, such as our customer service phone number, your individual subscriber number, and your employer group number. Both cards are issued in the subscriber’s name, but can be used by everyone covered under your plan. It’s important that you bring your Delta Dental ID card whenever you visit a dentist, so he/she can process your claim correctly.

Need to get in touch with us?
Call 1-800-872-0500 or visit www.deltadentalma.com
CHOOSING THE DENTIST YOU WANT

An amazing 3 out of 4 dentists in the country participate in a Delta Dental network. To confirm if your dentist participates in our network or to find a new dentist, simply visit www.deltadentalma.com (and click on the ‘Find a Dentist’ link) or call Delta Dental customer service.

Remember, that while choosing a dentist who participates in the Delta Dental network will bring you the greatest value and best coverage, it’s not necessary. Your Delta Dental benefits do cover services performed by dentists who aren’t in our network – although your out-of-pocket expenses may be higher. (See the ‘Claims Processing’ section on pages 5 and 6 of this brochure to learn more.)

Member Highlight

_Healthy Mouths for Life – our goal for you._

The Healthy Mouths for Life program is a one-of-a-kind benefit — only offered to Delta Dental members — that helps you protect your smile. Visit www.healthymouthsforlife.com for great info about maintaining good oral health.

- **Customized information.** If you have cavities or gum disease, we’ll supply you with the information you need on smart and easy ways to improve your oral health.

- **Enhanced benefits.** Based on your individual health status, we’ll make sure you have the benefits you need to improve your oral health – such as extended coverage on sealants, additional periodontal cleanings for gum disease, and prescription-fluoride toothpaste.
Claims processing made easy
At Delta Dental, we want to make your visit to your dentist as pleasant and easy as possible – it’s a commitment we take seriously. After all, the easier we make it for you, the more likely you are to return for regular visits (which means improved oral health – something we’re passionate about).

DELTA DENTAL’S CONVENIENT FEATURES

• No claim forms to fill out. Your Delta Dental dentist handles all the paperwork for you.

• No billing of balances. Delta Dental dentists are not allowed to ‘balance bill’ you. This means our dentists must accept Delta Dental’s allowed amount for a procedure as payment in full. They cannot bill you for any difference between what we pay them and what they normally charge for a procedure.

• Coordination of benefits. If your family is covered by more than one dental plan, Delta Dental will coordinate benefits with other insurers (or a medical plan that offers dental coverage). Total payments from all carriers cannot exceed the allowable charge for service.

WHEN YOU VISIT A DENTIST WHO IS PART OF THE DELTA DENTAL NETWORK
Simply provide your dentist with your Delta Dental ID card and your dentist will handle all the paperwork and will submit your claim to Delta Dental. If your services are not fully covered, Delta Dental will send you an Explanation of Benefits notification detailing what was paid under your plan’s coverage and the remaining balance due to your dentist. If you receive a treatment that isn’t covered under your plan, if you receive a treatment after you have reached your annual maximum benefit limit, or if you receive a treatment that will cause you to go beyond your maximum benefit limit—you may be billed at the dentist’s normal rate rather than at Delta Dental’s negotiated rate.

Need to get in touch with us?
Call 1-800-872-0500 or visit www.deltadentalma.com
WHEN YOU VISIT A DENTIST WHO IS NOT PART OF THE DELTA DENTAL NETWORK
Provide your dentist with your Delta Dental ID card and your dentist will collect his/her fees directly from you when services are performed or later by sending you a bill. You’ll be reimbursed by Delta Dental for all or part of your payment (depending upon your coverage plan) after you submit a claim form to Delta Dental of MA, P.O. Box 9695, Boston, MA 02114. Claim forms can be printed from the ‘Members’ section of our website at www.deltadentalma.com. Delta Dental’s payment for services received from non-participating dentists is based on either the dentist’s fee or the maximum plan allowance for non-participating dentists, whichever is lower. If you utilize the services of a non-participating dentist whose fees are higher than the maximum plan allowance, you will be responsible for the difference between Delta Dental’s payment and the dentist’s total submitted charge.

TOOTH TIP:
Adding fluoride into your diet and at your dental cleanings can strengthen your tooth enamel, which makes your teeth more resistant to decay.

OTHER INFORMATION ON SUBMITTING CLAIMS
• All claims must be submitted to Delta Dental within one year from the date of service.

• Ask your dentist to submit a pre-treatment estimate to Delta Dental for any procedure that exceeds $300. 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 coverage.

• If a claim is denied, you can request an appeal by writing to Delta Dental within 180 days of receiving notice on the claim. Send appeals to Delta Dental, P.O. Box 9695, Boston, MA 02114.

• Under your plan’s subrogation clause, you may be required to reimburse Delta Dental for claim payments if you also receive payment from a third party who is held liable for any injury that required dental care.

• To avoid any unexpected out-of-pocket expenses, we recommend that you visit our website or call Delta Dental customer service to determine your remaining benefits and what treatments are/are not covered.
Member Highlight

With Rollover Max, you won’t lose what you don’t use.

With Rollover Max, you can get more out of your dental coverage by rolling over a portion of your unused benefit dollars from one year to the next. This gives you the ability to plan ahead and save for more expensive procedures, such as root canals, bridges, and crowns.

• To qualify for Rollover Max, you must receive at least one cleaning or oral exam in the plan year. Additionally, your paid claims must not exceed the maximum ‘threshold’ amount of your current annual plan maximum.

• Once your annual plan maximum is reached, no additional services will be covered until the following year—unless you have a balance saved up with our Rollover Max feature.

• For more information on Rollover Max and qualification details, including your ‘threshold’ amount, visit www.deltadentalma.com/pdf/07/rollovermax.pdf.
At your request, interpreter and translation services related to administrative procedures are available to you or a covered family member.

**Arabic:**
في حالة طلبكم تقوم بتوفير خدمات الترجمة الشفوية والكتابة متعلقة بالإجراءات الإدارية لكم أو لفرد عائلة معني.

**Cambodian (Khmer):**
អតិថិជននិងអតិថិជនប្រកបដោយប្រែប្រឹង៖ ការប្រឈមប្រាក់ធំ ឬការប្រឈមប្រាក់ដឹងពីអតិថិជនជាលើកដោយសារការប្រឈមប្រាក់ធំ។

**Chinese (Traditional):**
如需要求，閣下或一位包括在內的家庭成員可以獲得與行政程序相關的傳譯及翻譯服務。

**French:**
Nous offrons sur demande, des services de traduction et d’interprétariat relatifs aux procédures administratives, pour vous ou pour un membre de votre famille couvert par l’assurance.

**Greek:**
Κατόπιν αίτησής σας, διατίθενται σε εσάς ή σε μέλος της οικογένειάς σας που έχει ασφαλιστική κάλυψη υπηρεσίες διερμηνείας και μετάφρασης αναφορικά με διοικητικές διαδικασίες.

**Haitian Creole:**
Onfwa ou fè demann lan, ap gen sèvis entèprèt ak tradiksyon anrapò ak pwosède administratif yo disponib, pou oumenm oswa pou fami w depi n kouvri.

**Italian:**
Relativamente alle procedure amministrative, sono disponibili su richiesta servizi di interpretariato e traduzione per Lei o per un familiare autorizzato.

**Laotian:**
'$\text{អតិថិជននិងអតិថិជនប្រកបដោយប្រែប្រឹង៖ ការប្រឈមប្រាក់ធំ ឬការប្រឈមប្រាក់ដឹងពីអតិថិជនជាលើកដោយសារការប្រឈមប្រាក់ធំ។}'

**Portuguese (EU):**
Se tal for solicitado, serão disponibilizados serviços de interpretação e tradução relativos a procedimentos administrativos a si ou a um familiar abrangido.

**Russian:**
В случае необходимости вам и любому включенному в ваш страховой полис члену семьи при прохождении административных процедур могут быть предоставлены услуги письменного или устного переводов.

**Spanish (LA):**
Si lo desea, puede solicitar servicios de interpretación y traducción para asistirlo a usted o a un familiar con cobertura en la realización de los procedimientos administrativos.
HOW LONG WILL IT TAKE TO PROCESS MY CLAIM?
Over 98% of claims processed through Delta Dental’s automated claims system are paid in less than 15 business days (if they are complete and eligibility can be verified). If a balance is owed by you, an Explanation of Benefits notification will be sent to you. This document will summarize the services you received, the amount we paid the participating dentist, and your co-payment and/or deductible amount (if applicable).

DO I NEED A REFERRAL IF I VISIT A SPECIALIST?
If you are a member of Delta Dental Premier or Delta Dental PPO, you do not need a referral to receive care from a specialist. However, we strongly encourage you to utilize the services of a network specialist to maximize your benefit coverage. If you need help locating a specialist in your area, please contact our customer service department.

MY BENEFITS COME THROUGH COBRA. WHO TAKES CARE OF THEM?
Delta Dental of Massachusetts complies with COBRA rules and regulations and accepts existing COBRA participants. We don't, however, assume the employer’s responsibility for notifying, billing, and administering COBRA legislation.

HOW DO I FIND OUT WHAT MY EXACT BENEFITS ARE?
Simply click on the ‘Benefit Inquiry’ link at www.deltadentalma.com (under the ‘Members’ section) and register. Once registered, you’ll be able to view your benefits, check claim status, and verify your deductible and remaining annual maximum. To register, simply enter in your Subscriber ID number, last name, and date of birth. You’ll also receive a copy of your Coverage Summary from your company’s benefits administrator during enrollment.

Tooth Tip:
Change your toothbrush regularly, at least every 4 to 6 weeks. Old, worn bristles don’t clean much and can irritate your gums.
Glossary of Key Terms

Here's a list of important terms to help you better understand your benefits package:

**DEDUCTIBLE** – the amount of charges the member must pay to the dentist before the insurance plan will make payments.

**MAXIMUM BENEFIT** – the maximum dollar amount a program will pay toward the cost of dental care incurred by an individual or family in a specific time period, usually a year.

**NETWORK** – a group of dentists who have contractually agreed to provide treatment according to administrative guidelines for a certain dental benefit program.

**NON-PARTICIPATING DENTIST** – any dentist who doesn’t have a contractual agreement with Delta Dental to render dental care to members of a dental benefit program.

**PARTICIPATING DENTIST** – a dentist who has entered into a Participating Dentist Agreement with the plan and provides dental care services to members.

For definitions of more key terms, visit the ‘Members’ section of our website.

Extras you’ll love

You really do get the best in dental benefits and oral health with Delta Dental. That’s why we’ve given you some added features to help you achieve the highest level of oral health, such as:

• **Xylitol gum and mints**: As a Delta Dental plan member, you receive discounts on special gum and mints—including the active ingredient Xylitol, which helps fight tooth decay and reduce cavities. To receive your discount, log on to www.epicdental.com/deltadentalma and use promotion code DMA25FT.

• **Oral health information**: For the latest oral health information and access to pertinent and recent articles, newsletters, and links to other websites, visit www.deltadentalma.com/oralhealth/index.asp.
This guide applies to Delta Dental Premier and Delta Dental PPO Plans (excluding Delta Dental PPO Value Plan).

This information should be used only as a guide for your dental benefits plan. For detailed information on your group's plan, riders, terms and conditions, or limitations and exclusions, please see the Subscriber Certificate. Copies of the Subscriber Certificate are available through your benefits administrator.