

This chart represents the approximate level of coverage for services performed by dentists who participate in the Delta Dental Premier network. It also indicates any limitations that may exist for each service. The limitations reflect the availability of coverage only. It is up to you and your dentist to determine the need and frequency of dental procedures. Please see the reverse side of this page for information about how to use your plan.

## Cape Cod Municipal Health Group Group #008318

Type I Preventive	Type II Basic Restorative	Type III Major Restorative
<b>Deductible:</b> None		
<b>Calendar Year Deductible:</b> \$50 per Individual and \$100 per Family maximum Deductibles met in the 4 <sup>th</sup> quarter are carried forward to the following calendar year		
<b>Covered at 100%</b>	<b>Covered at 80%</b>	<b>Covered at 50%</b>
<p><b>Diagnostic:</b> Comprehensive Evaluation - <i>Once every 60 months per dentist</i> Periodic Oral Exams - <i>Twice per calendar year</i> Full Mouth X-rays - <i>Once every 36 months</i> Bitewing X-rays - <i>Twice per calendar year</i> Single Tooth X-rays - <i>As needed</i></p> <p><b>Preventive:</b> Teeth Cleaning - <i>Twice per calendar year</i> Fluoride Treatments - <i>Twice per calendar year for members under age 19</i> Space Maintainers (required due to the premature loss of teeth) - <i>For members under age 14 and not for the replacement of primary or permanent anterior teeth</i> Sealants - <i>Unrestored permanent molars, once per tooth for members through age 15</i> Minor Treatment for Pain Relief - <i>Three occurrences in 6 months</i> Sealants - <i>Unrestored permanent molars, once per tooth for members through age 15. Sealants are also covered for members aged 16 up to age 19 for those who have had a recent cavity and are at risk for decay.</i> Chlorhexidine Mouthrinse - <i>This is a covered benefit only when administered and dispensed in your dentist's office following scaling and root planing</i> Fluoride Toothpaste - <i>This is a covered benefit only when administered and dispensed in your dentist's office following periodontal surgery</i></p>	<p><b>Restorative:</b> Silver Fillings - <i>Once every 24 months per surface per tooth</i> White Fillings - <i>Once every 24 months per surface per tooth on front teeth; single surface only on back teeth</i> Temporary Fillings - <i>Once per tooth</i> Stainless Steel Crowns (baby teeth only) - <i>Once every 24 months per tooth</i></p> <p><b>Oral Surgery:</b> <i>Oral surgical benefits not provided when rendered in a surgical day care or hospital setting</i> Simple Extractions Surgical Extractions</p> <p><b>Periodontics:</b> Periodontal Surgery - <i>Periodontal benefits not provided when rendered in a surgical day care or hospital setting</i> Scaling and Root Planing - <i>Once in 24 months, per quadrant</i> Periodontal Cleaning - <i>Once every 3 months following active periodontal treatment, not to exceed 2 in a calendar year if combined with preventive cleanings</i></p> <p><b>Endodontics:</b> Root Canal Treatment - <i>Once per tooth</i> Vital Pulpotomy - <i>Limited to deciduous teeth on covered members under age 14</i></p> <p><b>Prosthetic Maintenance:</b> Bridge or Denture Repair - <i>Once within 12 months, same repair</i> Rebase or Reline of Dentures - <i>Once within 36 months</i> Recement of Crowns and Onlays - <i>Once per tooth</i></p> <p><b>Emergency Dental Care:</b> General Anesthesia - <i>Allowed with covered surgical services only</i></p>	<p><b>Prosthodontics:</b> Dentures - <i>Once within 60 months</i> Fixed Bridges and Crowns (when part of a bridge) - <i>Once within 60 months</i></p> <p><b>Major Restorative:</b> Crowns (when teeth cannot be restored with regular fillings) - <i>Once within 60 months per tooth</i> Endosteal (single tooth) implants - <i>Once within 60 months per implant</i></p>

**Calendar Year Maximum:** \$1,000 Per Person Per Calendar Year.

**Limitations Do Apply.**

Dependents covered to age 19. Full-time students covered to age 23.

**Orthodontia:** Covered at 50% of the maximum plan allowance to any age with a separate lifetime maximum of \$1,000.

## Identification Cards

As a Delta Dental Premier member, you will receive two identification cards from Delta Dental shortly after your enrollment. Both cards are issued in the subscriber's name, but can be used by everyone covered under your dental plan.

## Choosing a Delta Dental Premier Dentist

You'll enjoy great benefits when you receive your dental care from a dentist in Delta Dental Premier's network of more than 6,000 dentist locations (that's 96% of practicing dentists in Massachusetts), including:

- Lower out-of-pocket costs: Participating dentists often accept discounted fees for their services. Since your co-payments are based on these discounted fees, you pay lower out-of-pocket costs than you would if you went to a non-participating dentist.
- No claims for you to handle.
- Direct payment: Delta Dental pays the dentist directly, so you don't have to pay the dentist the covered amount up front and wait for a reimbursement check.

To find out if your dentist is part of the Delta Dental Premier network, check the *Directory of Participating Dentists*, visit our Web site at [www.deltamass.com](http://www.deltamass.com), or call our Customer Service department at 1-800-872-0500.

## About Non-Participating Dentists and Out-of-Network Coverage

Your dental plan provides coverage for services received from dentists who don't participate in the Delta Dental Premier network. However, your out-of-pocket expenses may be more. Out-of-network coverage is only available for those services covered by your Delta Dental Premier plan, and is subject to the same limitations and exclusions. 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.

## The Claims Process

### Delta Dental Premier Dentists

- Simply provide your dentist with the information that is printed on your ID card.
- The dentist will submit your claim to Delta Dental.
- If you have a patient responsibility, Delta Dental will send you an Explanation of Benefits (EOB) detailing what Delta Dental paid the dentist under your plan's coverage and the remaining patient balance, which you pay directly to the dentist.
- If you receive a treatment that is not covered under your plan, you may be billed at the dentist's normal rate rather than Delta Dental's negotiated rate. **Also, if you receive a treatment after you have exhausted your maximum, or if you receive a treatment which will cause you to exceed your maximum, you may be billed at the dentist's normal rate rather than Delta Dental's negotiated rate.** To avoid any unexpected out-of-pocket expenses, we recommend that you visit Delta Dental's Web site at [www.deltamass.com](http://www.deltamass.com) or call Customer Service at 1-800-872-0500 to determine your remaining benefits.

## Non-Participating Dentists

- Simply provide your dentist with the information that is printed on your ID card. Your dentist will collect his/her fees directly from you.
- Delta Dental will reimburse you based on a claim form that you submit to: Delta Dental, P.O. Box 9695, Boston, MA 02114. Your dentist may be willing to prepare and submit the claim for you.
- You are responsible for the difference between what Delta Dental pays and what the dentist charges.
- If you receive a treatment that is not covered under your plan, you may be billed at the dentist's normal rate rather than Delta Dental's negotiated rate. **Also, if you receive a treatment after you have exhausted your maximum, or if you receive a treatment which will cause you to exceed your maximum, you may be billed at the dentist's normal rate rather than Delta Dental's negotiated rate.** To avoid any unexpected out-of-pocket expenses, we recommend that you visit Delta Dental's Web site at [www.deltamass.com](http://www.deltamass.com) or call Customer Service at 1-800-872-0500 to determine your remaining benefits.

## Coordination of Benefits

If your family is covered by more than one dental plan (or a medical plan that offers dental coverage), Delta Dental will coordinate benefits with the other carrier. In determining coverage, total payments from both carriers cannot exceed the allowable charge for the service. If you have a question about Coordination of Benefits (COB), please contact our Customer Service department at 1-800-872-0500.

## Other Claims Information

- You may want to ask your dentist to submit a pre-treatment estimate to Delta Dental for any procedure that exceeds \$300. This will enable us to help you estimate any out-of-pocket expenses you may incur.
- All claims must be submitted within one year.
- 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 an injury that required the dental care.

## Where to Get More Information

If you have further questions, please contact Delta Dental's Customer Service department at 1-800-872-0500.

*This information 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, please see the subscriber certificate. Copies of the Subscriber Certificate are available through your benefits administrator.*

<b>Your Plan is Administered by:</b>
Delta Dental of Massachusetts
1-800-872-0500



Delta Dental of Massachusetts  
465 Medford Street, Boston, MA 02129

[www.deltamass.com](http://www.deltamass.com)

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