



Coverage Summary for
Cape Cod Municipal Group
 (Voluntary)
Group Number
 000143

Delta Dental Premier

Deductible: \$50 per individual / \$150 per family. Deductible waived for Diagnostic and Preventive categories.
Calendar Year Maximum: \$1,000 per person

Category / Procedure	Qualifications	Co-insurance	
		In Network	Out of Network
Diagnostic Initial Oral Exam Periodic Oral Exam Bitewing X-rays Full Mouth X-rays Single Tooth X-rays	Once every 60 months per dentist Once every 6 months Once every 6 months when oral conditions indicate need Once every 60 months As needed	100%	100%
Preventive Teeth Cleaning Periodontal Cleaning Fluoride Treatments Space Maintainers Sealants Chlorhexidine Mouthrinse Fluoride Toothpaste	Once every 6 months Once every 3 months following active periodontal treatment, not to exceed 2 in a calendar year if combined with preventive cleanings Once every 6 months for members under age 19 (when required due to the premature loss of teeth) - For members age 14 and not for the replacement of primary or permanent front teeth. Unrestored permanent molars, every 4 years per tooth for members through age 15. Sealants are also covered for members aged 16 up to 19 for those who had a recent cavity and are at risk for decay. Only when administered and dispensed in the dentist's office following scaling and root planing Only when administered and dispensed in the dentist's office following periodontal surgery	100%	100%
Restorative Silver Fillings Stainless Steel Crowns Temporary Fillings White Fillings	Once every 24 months per surface per tooth Once every 24 months per tooth Once per tooth Once every 24 months per surface per tooth on front teeth; single surface only on back teeth	80%	80%
Oral Surgery Simple Extractions Surgical Extractions	Oral surgical benefits not provided when rendered in a surgical day care or hospital setting Oral surgical benefits not provided when rendered in a surgical day care or hospital setting	80%	80%
Periodontics Periodontal Surgery Scaling and Root Planing Periodontal Cleaning	Periodontic benefits not provided when rendered in a surgical day care or hospital setting Once per 24 months per quadrant Once every 3 months following active periodontal treatment, not to exceed 2 in a calendar year if combined with preventive cleanings	80% 100%	80% 100%
Endodontics Root Canal Treatment Vital Pulpotomy	Once per tooth Limited to baby teeth	80%	80%
Prosthetic Maintenance Bridge or Denture Repair Rebase or Reline of Dentures Recement of Crowns & Onlays	Once within 12 months, same repair Once within 36 months Once per tooth	80%	80%
Emergency Dental Care Minor Treatment of Pain Relief General Anesthesia	Three occurrences in 12 months Allowed with surgical services only	80%	80%
Prosthodontics Dentures Endosteal (single tooth) Implants Fixed Bridges and Crowns	Once within 60 months 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. When part of a bridge. Once within 60 months	50%	50%
Major Restorative Crowns	When teeth cannot be restored with regular fillings. Once within 60 months per tooth	50%	50%

Orthodontics: Covered at 50% of Maximum Plan Allowance charges to age 19. \$1,000 separate LIFETIME maximum.

Dependents are eligible to age 19, full- time students to age 23.

Additional Benefit Information

Insert Rider or Limitation Information Here.

*Non-participating dentists may balance bill. Subscribers are responsible for the difference between the non-participating maximum plan allowance and the full fee charged by the dentist.

Delta Dental Premier

Easy Access and Great Value — Your Delta Dental Network

As a Delta Dental Premier subscriber, you have access to the most extensive dental network in Massachusetts, with more than 6,000 dentist locations in Massachusetts.

With Delta Dental Premier, you enjoy the greatest savings in out-of-pocket expenses when visiting a dentist who participates in the Delta Dental Premier network. Participating dentists typically accept discounted fees for their services, and since your co-payments are based on these fees, you pay lower out-of-pocket costs for your care. You will still receive coverage if you visit a non-participating dentist, but your benefit will be at the out-of-network level shown in the right-hand column of this coverage summary.

To find a dentist, simply visit www.deltadentalma.com (click on the *Find a Dentist* link and select *Delta Dental Premier*) or call Delta Dental customer service at 1-800-872-0500.

The information on this coverage summary 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, refer to your plan's Subscriber Certificate, which is available through your benefits administrator.

If you receive a treatment after you have exhausted your maximum or if you receive a treatment that will cause you to exceed your maximum, you may be billed at the dentist's normal rate rather than Delta Dental's negotiated rate.

Learn More at www.deltadentalma.com

You can find more information about your benefits plan in the *Delta Dental Member Guide*, available from your benefits administrator or online at www.deltadentalma.com. In the guide, you can learn how to use your benefits, how to find a dentist or specialist, how the claims and appeal processes work, and more about keeping a healthy mouth for life.

Visit www.deltadentalma.com to find plan information, review eligibility status, check on claim status, or find a dentist.

If you have any questions or need additional information, you can call customer service at 1-800-872-0500.

Your Plan is Administered by:

Delta Dental of Massachusetts
1-800-872-0500



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

www.deltadentalma.com

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