

2021 Coverage Summary for Harvard University – Retirees Group #003603

Visit deltadentalma.com for detailed benefit information

Deductible: \$100 per individual. Deductible waived for Diagnostic and Preventive categories.

Calendar Year Maximum: \$3,000 per person.

Category / Procedure	Qualifications	Co-insurance	
		In Network	Out of Network ¹
Diagnostic Comprehensive Evaluation Periodic Oral Evaluations 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%
Preventive Teeth Cleaning Fluoride Treatments Space Maintainers Sealants Periodontal Cleanings	Twice per calendar year. Twice per calendar year for all members. 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 are also covered for members aged 16 up to age 19 for those who had a recent cavity and are at risk for decay. 4 times per calendar year following active periodontal treatment (scaling and root planing or osseous surgery). Not to be combined with preventive cleanings.	100%	100%
Restorative Silver Fillings White Fillings (Front Teeth) Inlays and White Fillings (Back Teeth) Protective Restoration 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 up to the negotiated charge. Once per tooth. Once every 24 months per tooth (on primary teeth only).	50%	50%
Oral Surgery Extractions General Anesthesia	Once per tooth. General Anesthesia and IV sedation are allowed with covered surgical impacted teeth only (up to one hour).	50%	50%
Periodontics (On Natural Teeth Only) Periodontal Surgery Scaling and Root Planing Bone Grafts/GTR	One surgical procedure per quadrant in 36 months. Once in 24 months, per quadrant. No more than 2 quadrants are allowed per date of service. No more than two teeth per quadrant per 36 months on natural teeth.	50%	50%
Endodontics 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.	50%	50%
Prosthetic Maintenance Bridge or Denture Repair Crown Repair Rebase or Reline of Dentures Recement of Crowns, Bridges & Onlays	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 tooth/bridge.	50%	50%
Emergency Dental Care Palliative Treatment	Three occurrences in 12 months.	50%	50%
Prosthodontics² Dentures Fixed Bridges Implants – Only in lieu of a three unit bridge ³ Implant Abutments	Once within 60 months (aged 16 and older). Once within 60 months (aged 16 and older). An Endosteal Implant is covered to replace one missing tooth, and when adjacent teeth are healthy and do not require crowns.) Once per 60 months per Implant. Once per implant only when surgical implant is benefitted.	50%	50%
Major Restorative² Crowns Cast Posts/Buildups	When teeth cannot be restored with regular fillings due to decay or fracture. Once within 60 months per tooth (aged 12 and older). Once per tooth per 60 months only when benefitted to retain a crown.	50%	50%
Orthodontics:	Not Covered		
Dependent Eligibility	Eligible dependents covered up to the end of the month in which they turn age 26.		

Additional Benefit Information

This plan is eligible for Rollover Maximum: Rollover Max dollars do not apply to orthodontic services. To qualify for Rollover Max, you must receive at least one cleaning or oral exam in the plan year. You must be enrolled for dental coverage before the 4th quarter of the plan year (10/1-12/31) and your paid claims must not exceed the maximum "threshold" amount.

Your plan's annual maximum benefit amount.	If your total yearly claims don't exceed this threshold amount...	Then you can roll over this amount to use next year, and beyond.	Your accumulated rollover total is capped at this amount.
\$3,000	\$1,000	\$750	\$1,500

¹ 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.

² 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.

³ An endosteal implant (a device surgically inserted into the bone to provide support for a single restoration) when used in lieu of a three unit bridge and the adjacent abutment teeth are healthy and do not need restorations. For example, if an adjacent abutment tooth has or requires a crown then the member would be eligible for the bridge benefit and not the implant.

Revised: 10/29/2020

Delta Dental PPOSM Plus Premier



Easy Access and Great Value – Your Delta Dental Networks

As a Delta Dental PPO Plus Premier subscriber, you have access to two of Delta Dental's extensive national networks- Delta Dental PPO, with more than 283,000 participating dentist locations and Delta Dental Premier, the largest dental network in the country with more than 358,000 dentist locations. Three out of four dentists nationwide participate in one or both of these networks.

You will enjoy great benefits when you receive your dental care from a participating dentist in either the Delta Dental PPO or Delta Dental Premier networks.

- Both networks offer discounted fees and a no balance billing policy.
- You will receive good value from Delta Dental Premier network dentists who generally accept discounted fees.
- You will enjoy the greatest savings when visiting Delta Dental PPO network dentists due to even deeper discounts.
- If you choose to receive services from a non-participating dentist, you will have higher out-of-pocket costs as the Delta Dental contract rates and the no balance billing policy do not apply.

Delta Dental members can also take advantage of expanded discounts on many covered services, even after they have used up their benefit dollars, visit limits and other situations. Get the details at <http://www.deltadentalma.com/members/discounts-on-covered-services/>

Simply visit www.deltadentalma.com to find a participating dentist in your area.

Learn more at deltadentalma.com

Visit the member area of 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.

You can also find more information about your 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 to access online resources, and more about keeping a healthy mouth for life.

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.

Your Plan is Administered by:
Delta Dental of Massachusetts
1-800-872-0500
www.deltadentalma.com

465 Medford Street
Boston, MA 02129

NONDISCRIMINATION NOTICE

Delta Dental of Massachusetts complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Delta Dental of Massachusetts does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Delta Dental of Massachusetts:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - o Qualified sign language interpreters
 - o Written information in other formats (large print, audio, and accessible electronic formats)

- Provides free language services to people whose primary language is not English, such as:
 - o Qualified interpreters
 - o Information written in other languages

If you need these services, visit: <http://www.deltadentalma.com> or call the number on your member ID card.

If you believe that Delta Dental of Massachusetts has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Ugonna Onyekwu
Civil Rights Coordinator
Compliance Department
465 Medford Street
Boston, MA 02129
Fax: 617-886-1390
Phone: 617-886-1683
Email: FairTreatment@greatdentalplans.com
TTY: 711

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Ugonna Onyekwu is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>. You can file a complaint electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Delta Dental of Massachusetts PPO and Premier insurance products are offered by Dental Service of Massachusetts, Inc. Delta Dental of Massachusetts EPO and DeltaCare insurance products are offered DSM Massachusetts Insurance Company, Inc.

Delta Dental PPO Plus Premier

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-872-0500.

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-872-0500.

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-872-0500。

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-872-0500.

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-872-0500.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-872-0500.

1-800-872-0500. مقرب لصتا. ناملاب كل رفاورتت قيوغلا تدعاسلا تامدخ ناف، ءغلا ركذا ثدحتت تنك اذا: عظوحم.

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយភ្នែកភាសា ដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 1-800-872-0500។ ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-872-0500.

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-872-0500.

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-872-0500.번으로 전화해 주십시오.

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-800-872-0500.

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-872-0500.

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-872-0500. पर कॉल करें।

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિઃશુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-872-0500.