

Tufts University School of Dental Medicine Clinic

Participants are eligible to receive a higher level of coverage when you receive your dental care from dental students at the Tufts University School of Dental Medicine Clinic. You and your dependents will enjoy:

- Higher coverage for major restorative services
- 100% coverage for up to **three** cleanings per calendar year
- No deductible for basic restorative services
- Orthodontic coverage regardless of age

Type I Preventive	Type II Basic Restorative	Type III Major Restorative
Deductible: None	Deductible: None	Calendar Year Deductible: \$50 per Individual, \$100 Two-person and \$150 per Family maximum
Covered at 100%	Covered at 90%	Covered at 80%
<p>Diagnostic: Comprehensive Evaluation - <i>Once every 60 months per dentist</i> Periodic Oral Exams - <i>3 times per calendar year</i> Full Mouth X-rays - <i>Once every 60 months</i> Bitewing X-rays - <i>Once every 6 months when oral conditions indicate need</i> Single Tooth X-rays - <i>As needed</i></p> <p>Preventive: Teeth Cleaning - <i>Up to 3 cleanings per calendar year.</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> Fluoride Treatments - <i>Once every 6 months 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. 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>Restorative: Silver Fillings - <i>Once every 12 months per surface per tooth.</i> White Fillings - <i>Once every 12 months per surface per tooth.</i> Temporary Fillings - <i>Once per tooth.</i> Stainless Steel Crowns - <i>Once every 24 months per tooth.</i></p> <p>Oral Surgery: <i>Oral surgical benefits not provided when rendered in a surgical day care or hospital setting.</i> Simple Extractions Surgical Extractions</p> <p>Periodontics: Periodontal Surgery - <i>Periodontic 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>See Periodontal Cleanings under Type I Preventive Services.</i></p> <p>Endodontics: Root Canal Treatment - <i>Once per tooth.</i> Vital Pulpotomy - <i>Limited to deciduous teeth.</i></p> <p>Prosthetic Maintenance: 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 & Onlays - <i>Once within 12 months per tooth.</i></p> <p>Emergency Dental Care: Minor Treatment for Pain Relief - <i>Three occurrences in 12 months.</i> General Anesthesia - <i>Allowed with covered surgical services only.</i></p>	<p>Prosthodontics: Dentures - <i>Once within 60 months.</i> Fixed Bridges and Crowns (when part of a bridge) - <i>Once within 60 months.</i> Implants - <i>An Endosteal Implant is covered to replace one missing tooth (in lieu of a three unit bridge, and when all adjacent teeth do not require crowns.) Once within 60 months per Implant.</i></p> <p>Major Restorative: Crowns (when teeth cannot be restored with regular fillings) - <i>Once within 60 months per tooth.</i></p>
CALENDAR YEAR MAXIMUM: \$1,500 PER PERSON PER CALENDAR YEAR.		Limitations Do Apply.

Dependents covered to age 26. Spousal equivalent rider.

Orthodontics: Covered at 50% of the maximum plan allowance to any age with a separate lifetime maximum of \$1,000. (Regardless if seen at Tufts University School of Dental Medicine Clinic or not.)

Delta Dental Premier Dentists

This chart represents the approximate level of coverage for services performed by dentists who participate in the Delta Dental Premier network. Tufts University School of Dental Medicine Clinic faculty members are participating dentists in this plan. Please see the next page for information on services received from a non-participating or an out-of-state dentist.

This chart also indicates any frequency limitations that may exist for each service. These limitations reflect the availability of coverage only. It is up to you and your dentist to determine the need and frequency of dental procedures.

Type I Preventive	Type II Basic Restorative	Type III Major Restorative
Deductible: None	Calendar Year Deductible: \$50 per Individual, \$100 Two-Person, \$150 per Family Maximum	
Covered at 100%	Covered at 80%	Covered at 60%
<p>Diagnostic: Comprehensive Evaluation – <i>Once every 60 months per dentist</i> Periodic Oral Exams – <i>Once every 6 months</i> Full Mouth X-rays – <i>Once every 60 months</i> Bitewing X-rays – <i>Once every 6 months when oral conditions indicate need</i> Single Tooth X-rays – <i>As needed</i></p> <p>Preventive: Teeth Cleaning – <i>Once every 6 months.</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> Fluoride Treatments – <i>Once every 6 months 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. 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>Restorative: Silver Fillings – <i>Once every 12 months per surface per tooth.</i> White Fillings – <i>Once every 12 months per surface per tooth.</i> Temporary Fillings – <i>Once per tooth.</i> Stainless Steel Crowns – <i>Once every 24 months per tooth.</i></p> <p>Oral Surgery: <i>Oral surgical benefits not provided when rendered in a surgical day care or hospital setting.</i> Simple Extractions Surgical Extractions</p> <p>Periodontics: Periodontal Surgery – <i>Periodontic 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>See Periodontal Cleanings under Type I Preventive Services.</i></p> <p>Endodontics: Root Canal Treatment – <i>Once per tooth.</i> Vital Pulpotomy – <i>Limited to deciduous teeth.</i></p> <p>Prosthetic Maintenance: 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 & Onlays – <i>Once within 12 months per tooth.</i></p> <p>Emergency Dental Care: Minor Treatment for Pain Relief – <i>Three occurrences in 12 months.</i> General Anesthesia – <i>Allowed with covered surgical services only.</i></p>	<p>Prosthodontics: Dentures – <i>Once within 60 months.</i> Fixed Bridges and Crowns (when part of a bridge) – <i>Once within 60 months.</i> Implants – <i>An Endosteal Implant is covered to replace one missing tooth (in lieu of a three unit bridge, and when all adjacent teeth do not require crowns.) Once within 60 months per Implant.</i></p> <p>Major Restorative: Crowns (when teeth cannot be restored with regular fillings) – <i>Once within 60 months per tooth.</i></p>
CALENDAR YEAR MAXIMUM: \$1,500 PER PERSON PER CALENDAR YEAR.		Limitations Do Apply.

Dependents covered to age 26. Spousal equivalent rider.

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

Using Your Dental Plan

Identification Cards

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 Tufts/Delta Premier USA Dentist

You'll enjoy great benefits when you receive your dental care from a participating dentist from the Tufts University School of Dental Medicine Clinic or the Delta Dental Premier National network, which includes over 248,000 dentists (3 out of 4 dentists nationwide).

- Participating dentists generally accept reduced fees from Delta Dental. So your out-of-pocket costs will be lower.
- Participating dentists handle all claims. 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, ask your dentist, call Delta Dental's customer service department at 1-800-872-0500 or check the Directory of Participating Dentists at www.deltadentalma.com.

Non-Participating Dentists

Your dental plan provides coverage for services received from dentists who don't participate in the Delta Dental 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 plan, and is subject to the same limitations and exclusions. Delta Dental's payment for services received from nonparticipating 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 nonparticipating 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 charges.

Claims Information

- You may want to ask your dentist to submit a pretreatment 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 within 180 days of receiving notice on the claim. Send appeals to Delta Dental, P.O. Box 9695, Boston, MA 02114.
- 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 third party who is held liable for an injury that required the dental care.

The Claims Process

Tufts/Delta Dental Premier USA Dentists

- Present your ID card to the dentist at the time of your visit.
- The dentist will submit your claim to Delta Dental.
- 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 provider.
- You are responsible for any coinsurance and deductibles. If you receive treatment that is not covered under your plan or a treatment that exceeds your annual maximum, you may be billed at the dentist's normal rate rather than Delta Dental's negotiated rate.

Non-participating Massachusetts Dentists

- Present your ID card at the time of your visit. Your dentist will collect his/her fees directly from you.
- Delta Dental will reimburse you based on a claim form that you submit. Your dentist may be willing to prepare and submit the claim for you.

Out-of-State Dentists

- Your dentist may be willing to prepare and submit a claim for you. If your dentist participates in any Delta Dental Plan then we will reimburse the dentist directly. If the dentist does not participate in any Delta Dental Plan, then we will reimburse the employee.
- You are responsible for the difference between what Delta Dental pays and what the dentist charges.

Coordination of Benefits

Many people have dental coverage under more than one plan. If you and your family are 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.

Tufts University School of Dental Medicine Clinic

The clinic is located at One Kneeland Street, Boston, MA. Call (617) 636-6828 for an appointment.

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.



Delta Dental of Massachusetts
465 Medford Street, Boston, MA 02129
www.deltadentalma.com

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