



TOWN OF NORWOOD HEALTH AND DENTAL PREMIUM RATE SHEET
July 1, 2024

EMPLOYEE AND NON-MEDICARE RETIREE/SURVIVOR PLANS

PRODUCT - NETWORK	HEALTH PRODUCT	EMPLOYEE %	MONTHLY INDIVIDUAL	BI-WEEKLY INDIVIDUAL	MONTHLY FAMILY	BI-WEEKLY FAMILY
PPO	Harvard Pilgrim Access America (Non-Medicare Retirees/Survivors that live out of New England)	20%	\$251.88	\$125.94	\$561.85	\$280.93
INDEMINTY	Wellpoint Total Choice	40%	\$600.54	\$300.27	\$1,332.69	\$666.34
PPO-TYPE	Wellpoint PLUS	20%	\$191.72	\$95.86	\$456.81	\$228.41
POS	Harvard Pilgrim Explorer	20%	\$213.57	\$106.79	\$529.18	\$264.59
HMO	Mass General Brigham	18%	\$175.98	\$87.99	\$465.38	\$232.69
HMO	Health New England (Western Mass Residents Only)	18%	\$140.09	\$70.04	\$336.05	\$168.03
PPO-TYPE	Wellpoint Community Choice	20%	\$148.99	\$74.50	\$369.82	\$184.91
HMO	Harvard Pilgrim Quality	18%	\$141.85	\$70.92	\$361.05	\$180.52

RETIREE/SURVIVOR MEDICARE PLANS

PRODUCT	HEALTH PRODUCT	MONTHLY COVERAGE	RETIREE/SURVIVOR %	
MEDICARE ADVANTAGE	Tufts Health Plan Medicare Preferred	\$39.99	35%	MONTHLY RATES INCLUDE A 50% SUBSIDY OF \$87.35 FOR THE STANDARD MEDICARE PART B PREMIUM OF \$174.70 (EFFECTIVE 1/1/2024)
MEDICARE SUPPLEMENT	Wellpoint Medicare Extension	\$68.29	35%	
	Harvard Pilgrim Medicare Enhance	\$65.30	35%	
	Health New England Medicare Plus	\$66.23	35%	

ACTIVE DENTAL

PRODUCT	PROVIDER	EMPLOYEE %	MONTHLY INDIVIDUAL	BI-WEEKLY INDIVIDUAL	MONTHLY FAMILY	BI-WEEKLY FAMILY
PPO PLUS PREMIER - LOW PLAN	Delta Dental	45%	\$23.42	\$11.71	\$58.64	\$29.32
PPO PLUS PREMIER ENHANCED - HIGH PLAN	Delta Dental	45%	\$26.46	\$13.23	\$66.26	\$33.13

RETIREE DENTAL

PRODUCT	PROVIDER	RETIREE %	Individual	INDIVIDUAL +1	FAMILY	
PPO PLUS PREMIER - LOW PLAN	Delta Dental	45%	\$26.93	\$52.25	\$76.91	
PPO PLUS PREMIER ENHANCED - HIGH PLAN	Delta Dental	45%	\$30.43	\$59.04	\$86.88	

Flexible Spending Benefits Town of Norwood

Sign up **NOW**
for the
2024–2025
Plan Year!

One of the Few Gifts the IRS Gives!

Discover the benefit that **SAVES YOU MONEY**. This perk allows you to set aside a portion of your pay—**BEFORE TAXES**—to cover out-of-pocket expenses in these categories:

- ◆ **HEALTH CARE.*** Eligible expenses and services include: non-cosmetic medical, dental, and vision care services; prescription medications; over-the-counter ‘medicines’ (not vitamins or supplements); orthodontics, prescription eyeglasses, contact lenses, laser eye surgery; mental health services, alternative health therapies (e.g. chiropractic, acupuncture), and **MORE!**

Max. Annual Health Care Election: \$3,200

Who’s Covered? You, your legal spouse, and your dependents as defined by the Internal Revenue Service, including those claimed on your tax return and adult children under age 26.

Benefit Cards. For employer plans that offer the benefit card, new Health Care FSA enrollees will receive **2 cards** that can be used at most medical facilities, dental offices, optical shops, and pharmacies to pay for eligible expenses. **Keep your cards!** They will reload each plan year that you enroll.

Rollover Option. Health Care FSA balances—**up to \$640**—will roll over to the next plan year as long as you re-enroll for that new plan year. Funds roll over after the prior plan year’s 90-day run-out deadline. (See also note at right.)

HSA Ineligibility. If you or your spouse have a Health Savings Account (‘HSA’), you are **NOT ELIGIBLE** to participate in the Health Care FSA plan.

- ◆ **DEPENDENT CARE.**** For qualified **day care** expenses for eligible dependents (as defined by the IRS) under age 13, elderly dependents, and dependents with special needs. Eligible expenses include day care, pre-school, before/after-school care, day camp, and elder day care. *Claim-based reimbursement benefit (no benefit card); participants submit claim(s) to receive accrued funds.*

Max. Annual Dep. Care Election: \$5,000 per family

Annual FSA administration fee of \$60 is paid via payroll deduction.

Make Your
Money Go
UP
TO **30%**
Further!

depending on your
tax status

Enroll by **5/1/2024**
for the
7/1/2024 – 6/30/2025
Plan Year***

Already in the FSA Plan?

Re-enrollment is **NOT** automatic!

► Re-enroll via your online account portal—*not the mobile app!* Go to cpaemployee.lh1ondemand.com and log-in on the LEFT side of the sign-in screen. On your account homepage, click the blue *Enroll/ Re-enroll* button & follow the steps to enroll for the new plan year. Be sure to click *Submit* at the end of the process. We recommend printing or saving your enrollment confirmation.

► **New to the FSA Plan?** Complete the “Authorization for Pre-Tax Payroll Reduction” form & send it to **Human Resources** (e-mail: hr@norwoodma.gov).

Special rollover note to current Health Care FSA participants: The rollover maximum for the 2023-2024 plan year is **\$610**; re-enrollment for the 2024-2025 plan year is required for funds to roll over.

Track Your Account and File Claims 24/7!

Log in to your **employee portal** via our website (www.CPA125.com), or use our app: **CPA Flex Mobile**.

* Not all Health Care expenses are FSA-eligible, such as: cosmetic procedures or products (e.g. Botox, teeth whitening, veneers, etc.), couples/family counseling, general health/wellness expenses (i.e., toothbrushes, toothpastes, non-prescription sunglasses, gym dues, etc.), and federally non-permissible products. Some healthcare-related expenses, such as medical equipment and some services, may require a physician’s Letter of Medical Necessity in order to be FSA-eligible. Visit <https://fsastore.com/CPAEligibility> for more info. on specific products and services.

** Overnight camp and school tuition for kindergarten and above are not FSA-eligible; day camp is eligible when utilized as a form of childcare in order for the parent(s)/guardian(s) to be able to work; extracurricular and enrichment programs/activities that aren’t daycare/childcare-based are not eligible; money paid to a childcare provider who doesn’t report it as income on their taxes is not FSA-eligible.

*** Cafeteria Plan Advisors holds flex-spending (FSA) funds until eligible expenses are incurred and claim(s) submitted. *Funds may be forfeited in accordance with IRS Publication 969 if eligible expenses are not incurred by the plan year deadline through the use of the provided debit card (if applicable) or claim submission, or the date upon which employment ends, whichever comes first.*



CAFETERIA PLAN ADVISORS
 120 Longwater Dr., Ste. 102
 Norwell, MA 02061
 Tel.: 781-848-9848

Authorization for Pre-Tax Payroll Reduction

Open Enrollment is April 3 to May 1, 2024.

*** Enroll/Re-enroll deadline is 5/1/2024. Late enrollments not accepted. ***

INSTRUCTIONS: If Already in Plan: *Re-enrollment is NOT automatic!* To enroll for the new plan year via your online account portal, go to cpaemployee.lh1ondemand.com—*not the app*. Log-in on the *left* side of the sign-in screen. Once on your account homepage, click the blue *ENROLL/RE-ENROLL* button and follow the steps to enroll; click *Submit* at the end. (We recommend printing or saving your enrollment confirmation.)

New Enrollees: Complete & return this form to **Human Resources** (e-mail: hr@norwoodma.gov).

1 Personal Information:

Participant Name: _____ **Employer:** **Town of Norwood**

Mailing Address: _____ **Plan Year:** **7/1/2024 to 6/30/2025**
(Expenses must be incurred between these dates)

City/Town, State: _____ **ZIP:** _____ **SSN:** _____ **DOB:** _____

E-Mail: _____ **Daytime Phone:** _____

personal
 work

2 I am a (check one): **Library** Employee **School** Employee **Town** Employee

I am paid (check one): **Bi-Weekly 21** **Bi-Weekly 26**

3 Flexible Spending Account (FSA) Benefit Selections:

Health Care FSA Election: \$ _____ for the **plan year** for employee, legal spouse, and eligible dependents' qualified medical, dental, vision expenses. *Benefit card included.*

Max. Annual Election: \$3,200

Rollover Option: Any unspent Health Care balance—*up to \$640*—will roll over to the next plan year if you re-enroll for the next plan year. (Note: The maximum rollover for 2023-2024 plan year balances is *\$610*; re-enrollment required.)

Ineligibility Note: You are **NOT** eligible for this plan if you or your spouse have a Health Savings Account ("HSA").

Dependent Care FSA Election: \$ _____ for the **plan year** for qualified **day care** expenses for eligible dependents under age 13, elderly dependents, and dependents with special needs.

Max. Annual Election: \$5,000 per family

Claim-based plan; no benefit card. Participants must submit claim(s) each plan year to receive accrued funds.

Annual FSA administration fee of \$60 is paid via payroll deduction. See Open Enrollment flyer for more plan info.

4 Direct Deposit Info. Direct deposit is our preferred method of expense reimbursement. Unless your banking info. is already on file with Cafeteria Plan Advisors, please set up direct deposit via your online account portal once you receive enrollment confirmation.

5 Certification. I hereby authorize a salary reduction agreement for the amount(s) shown above and understand that:

- Cafeteria Plan Advisors will hold these funds until eligible expenses are incurred and a claim is submitted. Funds may be forfeited in accordance with Internal Revenue Service (IRS) Publication 969 if eligible expenses are not spent or submitted for reimbursement by plan year deadline or purchased utilizing the provided debit card within the plan year or the date upon which employment ends, whichever comes first.
- All claims for the Plan Year must be submitted within ninety (90) days of the end of the Plan Year.
- Your Health Care FSA plan has a **Rollover option**. Eligible balances roll over to the next plan year when you re-enroll in the Health Care FSA for the new plan year and the rollover occurs after the current plan year's 90-day runout period ends.
- **This election cannot be revoked or changed** during the plan year unless the participant experiences a qualifying event as defined by the IRS.
- **Current participants must enroll each plan year; re-enrollment is not automatic.**
- **Health Care FSA cards**, if offered through your employer's plan, **will reload** at the start of each plan year when you re-enroll; keep until they expire.
- Additional certification for Dependent Care Plan Participants: I understand that the Dependent Care Reimbursement Plan Guidelines can be found at CPA125.com and I qualify to participate in the FSA Dependent Care plan. I agree to notify the plan administrator in writing within 30 days should I experience a change in need or no longer meet the IRS's eligibility criteria. Dependents must qualify under regulations set forth in IRC sections 152 and 129.
- **Tax advice:** It is suggested you consult with a tax advisor to determine your tax savings and/or limits on tax deductions.

Signature: _____ **Date:** _____

A system-generated e-mail confirmation will be sent once your enrollment is processed.

Visit deltadentalma.com for detailed benefit information

**Coverage Summary for
Town of Norwood
Group #000601
Effective 7/1/2024**

**Plan Year Deductible: \$25 per individual / \$75 per family. Deductible waived for Diagnostic and Preventive categories.
Plan Year Maximum: \$1,500 per person.**

Category / Procedure	Qualifications	Co-insurance	
		In Network	Out of Network*
Diagnostic		100%	100%
Comprehensive Evaluation	Once every 60 months.		
Periodic Oral Exam	Twice per plan year.		
Panoramic or Full Mouth X-rays	Once every 60 months.		
Bitewing X-rays	Twice per plan year.		
Single Tooth X-rays	As needed.		
Preventive		100%	100%
Teeth Cleaning	Twice per plan year.		
Fluoride Treatments	Twice per plan year for members under age 19.		
Space Maintainers	Required due to the premature loss of teeth. For members under age 14 and not for the replacement of primary or permanent anterior teeth.		
Sealants	Unrestored permanent molars, every 4 years per tooth for members through age 15. Sealants also covered for members age 16 up to age 19 with a recent cavity and are at risk for decay.		
Restorative		80%	80%
Silver Fillings	Once every 24 months per surface per tooth.		
White Fillings (Front Teeth)	Once every 24 months per surface per tooth.		
Inlays and White Fillings (Back Teeth)	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 for the difference between the silver filling and the Delta Dental negotiated fee for white fillings, where permitted by state law. In other states, the patient may be responsible for paying up to the provider's full submitted charge for white fillings.		
Protective Restorations	Once per tooth.		
Stainless Steel Crowns	Once every 24 months per tooth (on primary teeth only).		
Oral Surgery		80%	80%
Extractions	Once per tooth.		
General Anesthesia	General Anesthesia and IV sedation allowed with covered surgical impacted teeth only (up to one hour).		
Periodontics (on natural teeth only)		80%	80%
Periodontal Surgery	One surgical procedure per quadrant in 36 months.		
Scaling and Root Planing	Once in 24 months, per quadrant. No more than 2 quadrants per date of service.		
Periodontal Cleaning	Once every 3 months following active periodontal treatment. Not to be combined with preventive cleanings.	100%	100%
Bone Grafts/GTR	No more than 2 teeth per quadrant per 36 months on natural teeth.	80%	80%
Endodontics		80%	80%
Root Canal Treatment	Once per tooth.		
Root Canal Retreatment	Once per tooth after 24 months have elapsed from initial treatment		
Vital Pulpotomy	Limited to deciduous teeth.		
Prosthetic Maintenance		80%	80%
Bridge or Denture Repair	Once per bridge/denture per 12 months, after 24 months of initial insertion.		
Crown or Onlay Repair	Once per tooth per 12 months after 24 months of initial placement		
Rebase or Reline of Dentures	Once per denture within 36 months.		
Recement of Crowns & Onlays, Bridges	Once per crown, onlay or bridge.		
Emergency Dental Care		80%	80%
Palliative Treatment	Three occurrences in 12 months.		
Prosthodontics		50%	50%
Dentures	Once within 60 months (age 16 and older).		
Fixed Bridges	Once within 60 months (age 16 and older).		
Implants (only in lieu of a 3-unit bridge)	Endosteal Implant: Only when replacing one missing tooth and when adjacent teeth are healthy and do not require crowns. Once per 60 months per Implant. (Pre-estimate recommended).		
Implant Abutments	Once per implant only when surgical implant is benefitted.		
Major Restorative		50%	50%
Crowns or Onlay	When teeth cannot be restored with regular fillings. Once within 60 months per tooth (age 12 and older).		
Cast Posts/Buildups	Once per tooth per 60 months only benefitted to retain a crown.		
Dependent Eligibility	Eligible dependents up to age 26.		

Additional Benefit Information

Deductible waived for periodontal cleanings.
Ask your dentist to submit a pre-treatment estimate to Delta Dental for any procedure that exceeds \$300. This will help you estimate any out-of-pocket expenses you may incur and will confirm that the services are covered under your dental coverage.

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 calendar year and your paid claims must not exceed the maximum “threshold” amount

Your plan year maximum benefit amount.	If your total yearly claims don't exceed this threshold amount...	Then you can roll over this amount to use next plan year, and beyond.	Your accumulated rollover total is capped at this amount.
\$1,500	\$700	\$500	\$1,250

*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 PPO *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 (TTY: 1-844-233-4524).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-872-0500 (TTY: 1-844-233-4524).

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 (TTY: 1-844-233-4524)。

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-872-0500 (TTY: 1-844-233-4524).

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 (TTY: 1-844-233-4524).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-872-0500 (TTY: 1-844-233-4524).

تطوحيح: ان اجمل اب كل رفاوتت ةويوغلللا دعاسجللا تامدخ ناف، ةغلللا رلفذا ةدحتت تنك اذا: 1-800-872-0500 (TTY: 1-844-233-4524).

ប្រយ័ត្ន: បរិស្ថានជាអនុករិយាយ ភាសាខ្មែរ, សំរាប់ជំនួយជូនអ្នកភាសា ដោយមិនគិតលុយនោះ គឺអាចមានសំរាប់បរិស្ថាន។ ចូរ ទូរស័ព្ទ 1-800-872-0500 (TTY: 1-844-233-4524)។

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-872-0500 (TTY: 1-844-233-4524).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-872-0500 (TTY: 1-844-233-4524).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-872-0500 (TTY: 1-844-233-4524). 번으로 전화해 주십시오.

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-800-872-0500 (TTY: 1-844-233-4524).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-872-0500 (TTY: 1-844-233-4524).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-872-0500 (TTY: 1-844-233-4524). पर कॉल करें।

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિઃશુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-872-0500 (TTY: 1-844-233-4524).

Visit deltadentalma.com for detailed benefit information

Coverage Summary for
 Town of Norwood
 Group #000601 (High Plan)
 Effective 7/1/2024

Plan Year Deductible: \$25 individual / \$75 family. Deductible waived for Diagnostic and Preventive categories.
 Plan Year Maximum: \$1,500 per person.

Co-insurance

Category / Procedure	Qualifications	In Network	Out of Network*
Diagnostic Comprehensive Evaluation Periodic Oral Evaluation Consultation Panoramic or Full Mouth X- rays Bitewing X-rays Single Tooth X-rays	Once every 60 months. Twice every 12 months. Once every 12 months. Once every 60 months. Twice every 12 months. As needed.	100%	100%
Preventive Teeth Cleaning Fluoride Treatments Space Maintainers Sealants Application of caries arresting medicament	Twice every 12 months. Twice every 12 months for members under age 19. Also covered for members age 19 and over who have had a recent cavity and are at risk for decay. 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 bicuspid and permanent molars, once per 48 months per tooth for members to age 19. Twice per tooth per 12 months.	100%	100%
Restorative Fillings (Silver and White) Inlays Protective Restorations Stainless Steel Crowns	Once every 24 months per surface per tooth. Once every 60 months per surface per tooth, covered as an alternate benefit as silver filling and the patient is responsible for paying the difference between the silver filling and the Delta Dental negotiated fee for the inlay where permitted by state law. For non-participating providers, the patient may be responsible for paying up to the provider's full submitted charge for the inlay. Once per tooth. Once every 24 months per tooth (on primary teeth only).	80%	80%
Oral Surgery Extractions General Anesthesia	Once per tooth. General Anesthesia and IV sedation allowed with covered surgical impacted teeth only (up to one hour).	80%	80%
Periodontics (on natural teeth only) Periodontal Surgery Scaling and Root Planing Periodontal Cleaning Bone Grafts/GTR	One surgical procedure per quadrant in 36 months. Once in 24 months, per quadrant. No more than 2 quadrants per date of service. 4 times every 12 months following active periodontal treatment. Not to be combined with preventive cleanings. No more than 2 teeth per quadrant per 36 months on natural teeth.	80% 100%	80% 100%
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.	80%	80%
Prosthetic Maintenance Bridge or Denture Repair Crown or Onlay Repair Rebase or Reline of Dentures Recement of Crowns, Onlays & Bridges	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 crown, onlay or bridge.	80%	80%
Adjunctive Services Occlusal Guards	One appliance per 60 months.	80%	80%
Emergency Dental Care Palliative treatment	Three occurrences in 12 months.	80%	80%
Prosthodontics Dentures Fixed Bridges Implants Implant Abutments	Once within 60 months (age 16 and older). Once within 60 months (age 16 and older). Endosteal Implant: when the implant replaces permanent teeth through the second molars. Once per tooth per 60 months. (Pre-estimate recommended). Once per 60 months.	50%	50%
Major Restorative Crowns or Onlay Cast Posts/Buildups	When teeth cannot be restored with regular fillings. Once within 60 months per tooth (age 12 and older). Once per tooth per 60 months only benefitted to retain a crown.	50%	50%
Orthodontics: Covered at 50% of Maximum Plan Allowance charges up to age 19. \$1,500 separate LIFETIME maximum. Orthodontic treatment must be administered/supervised by a licensed dentist			

Additional Benefit Information

Dependent Eligibility: Eligible dependents up to age 26.

Deductible waived for periodontal cleanings.
Ask your dentist to submit a pre-treatment estimate to Delta Dental for any procedure that exceeds \$300. This will help you estimate any out-of-pocket expenses you may incur and will confirm that the services are covered under your dental coverage.

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 calendar year and your paid claims must not exceed the maximum "threshold" amount

Your plan year maximum benefit amount.	If your total yearly claims don't exceed this threshold amount...	Then you can roll over this amount to use next plan year, and beyond.	Your accumulated rollover total is capped at this amount.
\$1,500	\$700	\$500	\$1,250

*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 PPO *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 350,000 dentist locations and Delta Dental Premier, the largest dental network in the country with more than 450,000 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, but will be subject to the out-of-network co-insurance level shown on the front of this summary.
- You will enjoy the greatest savings when visiting Delta Dental PPO network dentists and will receive the in-network co-insurance level shown on the front of this summary.

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/>

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 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
 800-872-0500
www.deltadentalma.com

465 Medford Street, Ste. 400
 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, sex, gender identity, sexual orientation, age, or disability. Delta Dental of Massachusetts does not exclude people or treat them differently because of race, color, national origin, sex, gender identity, sexual orientation, age, or disability.

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: 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, sex, gender identity, sexual orientation, age, or disability, you can file a grievance with:

Civil Rights
Coordinator
Compliance
Department
P.O. Box 2907
Milwaukee, WI 53201-2907
Fax: 617-886-1390
Phone: 800-872-0500
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, the Civil Rights Coordinator 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/oice/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
800-368-1019, 800-537-7697 (TDD)

Language Assistance

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-872-0500 (TTY: 1-844-233-4524).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-872-0500 (TTY: 1-844-233-4524).

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 (TTY: 1-844-233-4524)。

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-872-0500 (TTY: 1-844-233-4524).

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 (TTY: 1-844-233-4524).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-872-0500 (TTY: 1-844-233-4524).

ملاحظة: إذا كنت تتحدث بلغة أخرى، يمكنك الحصول على خدمات الترجمة اللغوية مجاناً. اتصل بالرقم 1-800-872-0500 (TTY: 1-844-233-4524).

ប្រយ័ត្ន: បើអ្នកនិយាយភាសាខ្មែរ ឬភាសាដទៃទៀត អ្នកអាចទទួលបានសេវាបំប្រែភាសាឥតគិតថ្លៃ។ តេឡេហ្វុន 1-800-872-0500 (TTY: 1-844-233-4524)។

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-872-0500 (TTY: 1-844-233-4524).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-872-0500 (TTY: 1-844-233-4524).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-872-0500 (TTY: 1-844-233-4524) 번으로 전화해 주십시오.

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-800-872-0500 (TTY: 1-844-233-4524).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-872-0500 (TTY: 1-844-233-4524).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-872-0500 (TTY: 1-844-233-4524) पर कॉल करें।

સુચન: જો તમે ગુજરાતી બોલતા છો, તો નિશ્ચય ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-872-0500 (TTY: 1-844-233-4524).