

PLANS FOR FAMILIES AND ADULTS • 2019 Features & Benefit Details

Plans with Comprehensive Coverage



Plans with Basic Coverage



PLAN NAME	Altus Dental High Plan	Delta Dental Premier Family Enhanced*	Delta Dental EPO Family Enhanced*
PLAN NETWORK	Altus Dental Participating Dentists	Delta Dental Premier	Delta Dental EPO
Is this a smaller network?	No	No	Yes
Annual deductible – one enrollee		\$50	
Annual deductible –family ¹		\$150	
Maximum annual out-of-pocket – child under 19 years		\$350	
Maximum annual out-of-pocket – 2 or more children		\$700	
Maximum annual per person benefit (adults 19 and over only)		\$1,250	
Maximum annual per person benefit (child)		No Maximum	

PLAN NAME	Altus Dental Low Plan	Delta Dental Premier Family Value*	Delta Dental EPO Family Value*	Delta Dental Individual and Family EPO Basic Exclusive Network Plan*
PLAN NETWORK	Altus Dental Participating Dentists	Delta Dental Premier	Delta Dental EPO	Delta Dental EPO
Is this a smaller network?	No	No	Yes	Yes
Annual deductible – one enrollee		\$50		\$100
Annual deductible –family ¹		\$150		\$300
Maximum annual out-of-pocket – child under 19 years		\$350		\$350
Maximum annual out-of-pocket – 2 or more children		\$700		\$700
Maximum annual per person benefit (adults 19 and over only)		\$750		\$750
Maximum annual per person benefit (child)		No Maximum		

¹ Deductible is waived for diagnostic and preventative procedures.

*Delta Dental of Massachusetts EPO insurance products are offered by DSM Massachusetts Insurance Company, Inc. Delta Dental of Massachusetts Premier and PPO insurance products are offered by Dental Service of Massachusetts, Inc. Premiums may vary depending on your age, effective date, and family composition. Please call 1-877-MA-ENROLL to obtain a quote.

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PLAN NAME	Altus Dental High Plan	Delta Dental Premier Family Enhanced*	Delta Dental EPO Family Enhanced*	Altus Dental Low Plan	Delta Dental Premier Family Value*	Delta Dental EPO Family Value*	Delta Dental Individual and Family EPO Basic Exclusive Network Plan*
Type I services: Preventative & Diagnostic Dental Co-Insurance percent (what you pay)	All ages: In-network 0% Out-of-network 20%			All ages: In-network 0% Out-of-network 20%			All ages: In-network 0%; Out-of-network 100%
For enrollees under 19 years							
Benefit	Standard Limits	✓ mean that the limits are the standard limits or the equivalent					
Comprehensive Evaluation	1 per patient per location per lifetime	✓	✓	✓	✓	✓	✓
Periodic Oral Exams Oral Evaluation under 3 years of age Teeth cleaning	2 Procedures per patient per 12 months	✓	✓	✓	✓	✓	✓
Full Mouth X-Rays Panoramic X-Rays	1 Procedure per patient per 36 months	✓	✓	✓	✓	✓	✓
Single Tooth X-Rays	As Needed	✓	✓	✓	✓	✓	✓
Bitewing X-Rays	2 Procedures per patient per 12 months	✓	✓	✓	✓	✓	✓
Periodontal Cleaning	Not Covered						Not Covered
Fluoride Treatments	1 Procedure per 3 months	✓	✓	✓	✓	✓	✓
Space Maintainers	Covered	✓	✓	✓	✓	✓	✓
Sealants	1 Procedure per tooth per 36 months	✓	✓	✓	✓	✓	✓

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For enrollees 19 years and over								
Benefit	Standard Limits							
▪ Comprehensive Evaluation	1 per patient per 60 months	✓	✓	✓	✓	✓	✓	✓
▪ Periodic Oral Exams ▪ Teeth Cleaning	Once every 6 months	✓	✓	✓	✓	✓	✓	✓
▪ Full Mouth X-Rays ▪ Panoramic X-Rays	1 procedure per patient per 60 months	✓	✓	✓	✓	✓	✓	✓
▪ Bitewing X-Rays	Once every 6 months	✓	✓	✓	✓	✓	✓	✓
▪ Single Tooth X-Rays	Covered	✓	✓	✓	✓	✓	✓	✓
▪ Periodontal Cleaning	1 procedure per 3 months	✓	✓	✓	✓	✓	✓	✓
▪ Fluoride Treatments ▪ Space Maintainers ▪ Sealants		Not Covered			Not Covered			

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Type II Services: Basic Restorative Services Co-Insurance percent (what you pay)	In-network 25% Out-of-network 45%			In-network 25% Out-of-network 45%			In-network 60% Out-of-network 100%
For enrollees under 19 years							
Benefit	Standard Limits						
<ul style="list-style-type: none"> Silver Fillings White Fillings² 	1 procedure per tooth per surface per 12 months	✓	✓	✓	✓	✓	✓
<ul style="list-style-type: none"> Temporary Fillings 	1 procedure per tooth per 60 months	Not Covered	✓	✓	Not Covered	✓	✓
<ul style="list-style-type: none"> Prefabricated Stainless Steel Crowns 	Four per patient per day	No Limit per day	✓	✓	No Limit per day	✓	✓
<ul style="list-style-type: none"> Root canals on permanent teeth Apicoectomy Vital pulpotomy 	1 procedure per tooth per lifetime	✓	✓	✓	✓	✓	✓
<ul style="list-style-type: none"> Periodontal Scaling and Root Planing 	1 procedure per quadrant per 24 months	1 procedure per quadrant per 36 months	✓	✓	1 procedure per quadrant per 36 months	✓	✓
<ul style="list-style-type: none"> Simple Extractions Surgical Extractions 	Covered	✓	✓	✓	✓	✓	✓
<ul style="list-style-type: none"> General Anesthesia Intravenous Conscious Sedation 	Allowed with covered surgeries	✓	✓	✓	✓	✓	✓
<ul style="list-style-type: none"> Minor Treatment for Pain Relief 	Covered	✓	✓	✓	✓	✓	✓

² Check with your provider for out-of-pocket costs prior to services.

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For enrollees 19 years and over								
Benefit	Standard Limits	In-network: 25% Out-of-network: 45%			In-Network: 25% Out-of-network: 45%			In-network: 70% Out-of-network: 100%
<ul style="list-style-type: none"> ▪ Silver Fillings ▪ White Fillings³ 	1 procedure per tooth per surface per 24 months	✓	✓	✓	✓	✓	✓	✓
<ul style="list-style-type: none"> ▪ Temporary Fillings 	1 procedure per tooth per 60 months	1 procedure per tooth per lifetime	✓	✓	1 procedure per tooth per lifetime	✓	✓	✓
<ul style="list-style-type: none"> ▪ Periodontal Scaling and Root Planing 	1 procedure per quadrant per 24 months	✓	✓	✓	✓	✓	✓	✓
<ul style="list-style-type: none"> ▪ Root canals on permanent teeth ▪ Apicoectomy 	1 procedure per tooth per lifetime	✓	✓	✓	✓	✓	✓	✓
<ul style="list-style-type: none"> ▪ Simple Extractions ▪ Surgical Extractions 	Covered	✓	✓	✓	✓	✓	✓	✓
<ul style="list-style-type: none"> ▪ General Anesthesia ▪ Intravenous ▪ Conscious Sedation 	Allowed with covered surgical procedures	✓	✓	✓	✓	✓	✓	✓
<ul style="list-style-type: none"> ▪ Minor Treatment for Pain Relief 	3 occurrences in 12 months	Twice per year	✓	✓	Twice per year	✓	✓	✓

³ Check with your provider for out-of-pocket costs prior to services.

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Type III Services: Major Restorative Dental Co-Insurance Percent (what you pay) ✓ means that the limits are the standard limits or the equivalent.

For enrollees under 19 years

Benefit	Standard Limits	In-network: 50% Out-of-network: 70%			In-network: 50% Out-of-network: 70%			In-network 60%; Out-of-network 100%
▪ Waiting Period	None	✓	✓	✓	✓	✓	✓	✓
▪ Crowns	1 procedure per tooth per 60 months	✓	✓	✓	✓	✓	✓	✓
▪ Partial & Complete Dentures	1 procedure per arch per 60 months	✓	1 procedure per arch per 84 months	1 procedure per arch per 84 months	✓	1 procedure per arch per 84 months	1 procedure per arch per 84 months	1 procedure per arch per 84 months
▪ Implants		Not Covered			Not Covered			

For enrollees 19 years and over

Benefit	Standard Limits	In-network: 50% Out-of-network: 70%			In-network: 100% Out-of-network: 100%			In-network 100%; Out-of-network 100%
▪ Waiting Period	6 months	✓	✓	✓	N/A	N/A	N/A	N/A
▪ Crowns	1 procedure per tooth per 60 months	1 procedure per tooth per 84 months	✓	✓	Not Covered	Not Covered	Not Covered	Not Covered
▪ Partial & Complete Dentures	1 procedure per tooth per 60 months	1 procedure per tooth per 84 months	✓	✓	Not Covered	Not Covered	Not Covered	Not Covered
▪ Implants		Not Covered			Not Covered			

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Type IV Services: Orthodontia Co-Insurance percent (what you pay)								
For enrollees under 19 years								
Benefit	Standard Limits	In-network: 50% Out-of-network: 70%			In-network: 50% Out-of-network: 70%			In-network 60% Out-of-network 100%
<ul style="list-style-type: none"> Medically necessary orthodontia 	Prior authorization is required; 1 procedure per patient per lifetime	✓	✓	✓	✓	✓	✓	✓
For enrollees 19 years and over								
Benefit	Standard Limits	In-network: 100% Out-of-network: 100%			In-network: 100% Out-of-network: 100%			
<ul style="list-style-type: none"> Medically necessary orthodontia 		Not Covered			Not Covered			
Lock-Out Periods								
A lock-out period occurs if you purchase a plan and then drop coverage. You cannot re-purchase the plan for the following amount of time:		24 months	12 months	12 months	24 months	12 months	12 months	12 months

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Type IV Services: Orthodontia Co-Insurance percent (what you pay)								
For enrollees under 19 years								
Benefit	Standard Limits	In-network 50% Out-of-network 70%			In-network 50% Out-of-network 70%			In-network 60% Out-of-network 100%
Medically necessary orthodontia	Prior authorization is required; 1 procedure per patient per lifetime	✓	✓	✓	✓	✓	✓	✓
For enrollees 19 years and over								
Benefit	Standard Limits	In-network 100% Out-of-network 100%			In-network 100% Out-of-network 100%			
Medically necessary orthodontia		Not Covered			Not Covered			
Lock-Out Periods								
A lock-out period occurs if you purchase a plan and then drop coverage. You cannot re-purchase the plan for the following amount of time:		24 months	12 months	12 months	24 months	12 months	12 months	12 months

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