

Town of Canton - Dual Option Plan Comparison

Trying to decide between plans? Here is a comparison of some of the key similarities and differences between the Delta Dental PPO Plus Premier National Network High and Basic Plan options for the Town Of Canton members.

Delta Dental PPO Plus Premier National Network Massachusetts & National Provider Network High Plan	Delta Dental PPO Plus Premier National Network Massachusetts & National Provider Network Basic Plan
<p>Members have access to two of Delta Dental's extensive national networks (Delta Dental PPO and Delta Dental Premier). You will enjoy great benefits when you receive your dental care from a participating dentist in either of these two networks.</p> <p><u>Covered Services:</u></p> <p>Diagnostic and Preventative – 100%</p> <p>Basic Restorative -80% :(member pays 20% of service fee)</p> <p>Restorative Oral Surgery Endodontics Periodontics Prosthetic Maintenance Emergency Dental Care</p> <p>Major Restorative - 50% Coverage:(member pays 50% of service fee)</p> <p>Crown Bridges Dentures</p> <p>An Endosteal Implant is covered as Type III 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. Pretreatment Estimate Recommended.</p> <p>Orthodontia Benefit (braces): covered for dependents up to age 19 at a separate Lifetime maximum of \$1,000 per dependent.</p> <p>Calendar Year Deductible (January-December):</p> <p>\$50 per individual/\$150 per family. Deductible waived for Diagnostic & Preventive Services</p> <p>Calendar Year Maximum (January –December):</p> <p>\$1,000 per person per family member.</p> <p>Eligible dependents are covered until the last day of the month of the member's 26th birthday.</p>	<p>Members have access to two of Delta Dental's extensive national networks (Delta Dental PPO and Delta Dental Premier). You will enjoy great benefits when you receive your dental care from a participating dentist in either of these two networks.</p> <p><u>Covered Services:</u></p> <p>Diagnostic and Preventative – 100%</p> <p>Basic Restorative - 80%: (member pays 20% of service fee)</p> <p>Restorative Oral Surgery Endodontics Periodontics Prosthetic Maintenance Emergency Dental Care</p> <p>Not Covered</p> <p>Not Covered</p> <p>Calendar Year Deductible (January-December):</p> <p>\$25 per individual (waived for Diagnostic & Preventive services).</p> <p>Calendar Year Maximum (January –December):</p> <p>\$750.00 per person per family member.</p> <p>Eligible dependents are covered until the last day of the month of the member's 26th birthday.</p>

Rollover Maximum Benefit –you must have at least one cleaning or exam during the calendar year and have used less than the claim threshold of \$500 to qualify for Rollover dollars. If you qualify each year you can roll over \$350 with a maximum accumulated amount of \$1,000.

Delta Dental recommends a Pre-Treatment Estimate for dental work of \$300 or more prior to service to better assist the member in understanding their benefits.

Limitations Do Apply

Customer Service: 800-872-0500
www.deltadentalma.com

Not Covered

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Rollover Maximum for the Town Of Canton members enrolled in the High Plan Option:

The *Annual Maximum (Calendar Year Maximum \$1,000)* for covered services for each member on the High Plan.

Each member is eligible to roll over a portion of their unused *annual maximum* to the following calendar year provided the following requirements are met:

- The member must have 1 cleaning and/or oral exam per calendar year
- Incurred claims for the calendar year cannot exceed the plan threshold amount (\$500).
- **The member must be on the plan for more than 3 months in the calendar year**
- The accumulated rollover total cannot exceed either \$1,000.
- Retroactive claims will affect the *Rollover Max (ROM)* balance.
- Regular maximum benefit dollars are used first; ROM benefit dollars are used second.
- **To find out if you were eligible for rollover dollars go to www.deltadentalma.com to register or call Customer Service at 800-872-0500.**

For more detailed information please refer to your benefit plan summaries.