

Delta Dental PPO *Plus* Premier
for
Hampshire County Group
Insurance Trust - Core Plan



Hampshire County Group Insurance Trust has partnered
with Delta Dental for your family's oral health needs



Who we are

For nearly 70 years, Delta Dental has been dedicated to delivering great dental plans. Delta Dental's mission is to provide oral health for all, enhancing the overall health for all. We do this by providing comprehensive plans allowing affordable dental care for our members.

Select a Plan

Delta Dental offers two plans to HCGIT Members to allow you to select the plan that best meets your needs.

Delta PPO Core covering your preventive, diagnostic and basic restorative dental needs.

Delta PPO High covering your preventive, diagnostic, basic and major restorative needs.

Gain Access to Two Networks

Whether you select the Base or Premium Plan, you have the flexibility to access two different Delta Dental networks that allow you to manage your out-of-pocket costs. An estimated 95% of the providers in Massachusetts, and 75% of providers nationally participate in one or both networks, so you are covered where you live and where you may travel.

Delta Dental PPOSM

This is a smaller network of dentists who offer dental care at a deeply discounted rate, allowing you to maximize the value of your plan.

Delta Dental Premier[®]

This provides a larger network of dentists, but you will have a higher out-of-pocket cost for services not covered in full.

You can also see a dentist outside of our contracted networks – however, you will likely pay more.



Find a provider

To find a provider or to see if your current provider is in one of our networks

Visit: deltadentalma.com and click on “Find a Dentist”

Call: 800-872-0500

Pre-Treatment Estimate

If your dentist expects that your treatment will cost more than \$300, they need to send a copy of their treatment plan to Delta Dental before you receive care. A treatment plan is a description of the procedures and how much they will cost. Delta Dental will review your treatment plan and notify your dentist regarding your available coverage for those services and notify you of your out-of-pocket amount.



Visit deltadentalma.com for detailed benefit information

**Coverage Summary for
Hampshire County Group Insurance
Trust- Core Plan
Group # 0158160000**

Deductible: \$50 per individual / \$150 per family. Deductible does not apply for members under age 13.

Deductible waived for Diagnostic and Preventive categories.

Calendar Year Maximum: \$1,250 per person.

Category / Procedure	Qualifications	Co-insurance		Co-insurance	
		Members under age 13		Members age 13 and older	
		PPO Network	Premier and Out of Network*	PPO Network	Premier and Out of Network*
Diagnostic Comprehensive Evaluation Periodic Oral Exam Panoramic or Full Mouth X-rays Bitewing X-rays Single Tooth X-rays	Once every 60 months. Twice every 12 months. Once every 60 months. Twice every 12 months. As needed.	100%	100%	100%	100%
Preventive Teeth Cleaning Fluoride Treatments Space Maintainers Sealants	Twice every 12 months. Twice every 12 months for members under age 19. 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 also covered for members age 16 up to age 19 with a recent cavity and are at risk for decay.	100%	100%	100%	100%
Restorative Silver Fillings White Fillings (Front Teeth) Inlays and White Fillings (Back Teeth) Protective Restorations 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 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. Once per tooth. Once every 24 months per tooth (on primary teeth only).	100%	100%	100%	80%
Oral Surgery Extractions General Anesthesia	Once per tooth. General Anesthesia and IV sedation allowed with covered surgical impacted wisdom teeth only (up to one hour).	100%	100%	100%	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.	100%	100%	100%	80%
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.	100%	100%	100%	80%
Prosthetic Maintenance Bridge or Denture Repair Crown or Onlay Repair Rebase or Reline of Dentures Recement of Crowns and 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.	100%	100%	100%	80%
Emergency Dental Care Palliative Treatment	Three occurrences in 12 months.	100%	100%	100%	80%
Prosthodontics Dentures Fixed Bridges Implants (only in lieu of a 3-unit bridge) Implant Abutments	Once within 60 months (age 16 and older). Once within 60 months (age 16 and older). 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). Once per implant only when surgical implant is benefitted.	100%	100%	Not a covered benefit.	Not a covered benefit.

Category / Procedure	Qualifications	Co-insurance Members under age 13		Co-insurance Members age 13 and older	
		In Network	Out of Network*	In Network	Out of Network*
Major Restorative Crowns or Onlay	When teeth cannot be restored with regular fillings. Once within 60 months per tooth (age 12 and older).	100%	100%	Not a covered benefit.	Not a covered benefit.
Cast Posts/Buildups	Once per tooth per 60 months only benefitted to retain a crown.				
Orthodontics:					

Additional Benefit Information

Deductible waived for periodontal cleanings.
Dependent Eligibility - Dependents to 26

This plan is eligible for Rollover Max. See the benefit guide for details.

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.

*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 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, 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/>

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

Rollover Maximum Benefit Summary

With *Rollover Max* from Delta Dental, you won't lose what you don't use.

Thanks to the *Rollover Max* benefit from Delta Dental, you can save some of your unused benefit dollars to be applied to future services that would otherwise exceed your plan maximum.

Rollover Max is easy and automatic.

- To qualify for *Rollover Max*, **you must receive at least one cleaning or oral exam in the plan year.** If you don't receive a cleaning or exam, you won't be eligible to rollover any of your benefit dollars to the following year.
- In addition, your paid claims must not exceed the Plan Year Maximum "threshold" amounts outlined in the chart below.
- Once you qualify, some of your unused annual Plan Year maximum benefit dollars will automatically rollover for use in your next plan year and beyond. The amounts are outlined in the chart below.
- Annual Plan Year Maximum dollars are used first. *Rollover Max* dollars are used after the annual maximum amount for your plan has been exhausted.
- *Rollover Max* dollars cannot be applied to orthodontic treatment or other lifetime benefits.
- You must be enrolled for dental coverage before the 4th quarter of the plan (10/1-12/31) to qualify for the rollover that year.

How *Rollover Max* works.

The chart below shows how *Rollover Max* is calculated based on your plan's annual Plan Year Maximum level.

Rollover Max increases your dental benefit value.

You get more flexibility in planning and paying for your dental care, as well as the peace of mind knowing you have more benefits—if you need them, when you need them. Best of all, *Rollover Max* comes as part of your Delta Dental coverage.

	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 year, and beyond.	Your accumulated rollover total will not exceed this amount.

How to check your *Rollover Max* balance online:

- Log on to your account at deltadentalma.com (You'll need to register if this will be your first visit.)
- Click on Benefit Maximums.
- The rollover amount for each member will be listed under *Rollover Maximum*.

Member Discounts

As a member of Delta Dental, you can take advantage of discounts on Sonic toothbrushes and replacement heads.

Discounts are also available for hearing tests, diagnostics and hearing aids through Amplifon.

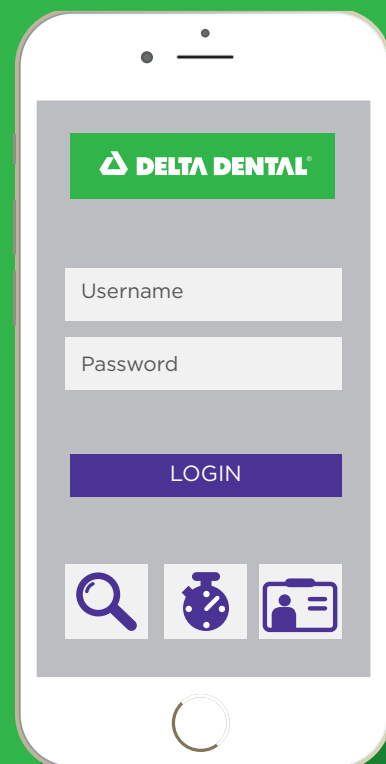
Details and discounts are available deltadentalma.com.



Use our app to access your dental plan anytime, anywhere.

Download our Delta Dental mobile app and get instant access to:

- Mobile ID card
- Dentist search
- Cost estimator





Contact us with any questions.

Email us at customer.care@deltadentalma.com

Customer Service Call 800-872-0500

Mon. - Thurs. 8:30 a.m. - 8:00 p.m.

Fri. 8:30 a.m. - 4:30 p.m.

A 24-hour automated voice response is also available after hours and on weekends.

deltadentalma.com

Need Translation Services? We offer a foreign language translation service through AT&T Language Line to assist with non-English speaking members in 140 languages.