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**Coverage Summary for  
City of Amesbury  
Group # 009694**

**Deductible: \$50 per individual / \$150 per family. Deductible waived for Diagnostic and Preventive categories.  
Calendar Year Maximum: \$1,000 per person.**

Category / Procedure	Qualifications	Co-insurance	
		In Network	Out of Network*
<b>Diagnostic</b>		100%	100%
Comprehensive Evaluation	Once every 60 months.		
Periodic Oral Exam	Once every 6 months.		
Full Mouth X- rays	Once every 60 months.		
Bitewing X-rays	Once every 6 months.		
Single Tooth X-rays	As needed.		
<b>Preventive</b>		100%	100%
Teeth Cleaning	Once every 6 months.		
Fluoride Treatments	Once every 6 months 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 are also covered for members aged 16 up to age 19 for those who had a recent cavity and are at risk for decay.		
Chlorhexidine Mouthrinse	This is a covered benefit only when administered and dispensed in the dentist's office following scaling and root planing.		
Fluoride Toothpaste	This is a covered benefit only when administered and dispensed in the dentist's office following periodontal surgery.		
<b>Restorative</b>		80%	80%
Silver Fillings	Once every 24 months per surface per tooth.		
White Fillings (Front Teeth)	Once every 24 months per surface per tooth.		
White Fillings (Back Teeth)	Once every 24 months per surface per tooth.		
Temporary Fillings	Once per tooth.		
Stainless Steel Crowns	Once every 24 months per tooth.		
<b>Oral Surgery</b>		80%	80%
Simple Extractions	Once per tooth.		
Surgical Extractions	Once per tooth.		
<b>Periodontics</b>		80%	80%
Periodontal Surgery	One surgical procedure per quadrant in 36 months.		
Scaling and Root Planing	Once in 24 months, per quadrant.		
Periodontal Cleaning	Once every 3 months following active periodontal treatment. Not to be combined with preventive cleanings.	100%	100%
<b>Endodontics</b>		80%	80%
Root Canal Treatment	Once per tooth.		
Vital Pulpotomy	Limited to deciduous teeth.		
<b>Prosthetic Maintenance</b>		80%	80%
Bridge or Denture Repair	Once within 12 months, same repair.		
Rebase or Reline of Dentures	Once within 36 months.		
Recement of Crowns & Onlays	Once per tooth.		
<b>Emergency Dental Care</b>		80%	80%
Minor treatment for Pain Relief	Three occurrences in 12 months.		
General Anesthesia	General Anesthesia and IV sedation are allowed with covered surgical impacted wisdom teeth only.		

**Dependent Eligibility** Eligible dependents up to age 26.

## Additional Benefit Information

Deductible waived for periodontal cleanings.

\*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

 DELTA DENTAL

### 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 215,000 participating dentist locations and Delta Dental Premier, the largest dental network in the country with more than 300,000 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.

Simply visit [www.deltadentalma.com](http://www.deltadentalma.com) to find a participating dentist in your area.

### Learn more at [deltadentalma.com](http://deltadentalma.com)

You can find more information about your benefits plan in the Delta Dental Member Guide, available from your benefits administrator or online at [www.deltadentalma.com](http://www.deltadentalma.com). In the guide, you can learn how to use your benefits, how to find a dentist or specialist, how the claims and appeal processes work, and more about keeping a healthy mouth for life. Visit [www.deltadentalma.com](http://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.

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. If you receive a treatment after you have exhausted your maximum or if you receive a treatment that will cause you to exceed your maximum, you may be billed at the dentist's normal rate rather than Delta Dental's negotiated rate.

Your Plan is Administered by:  
Delta Dental of Massachusetts  
1-800-872-0500  
[www.deltadentalma.com](http://www.deltadentalma.com)

465 Medford Street  
Boston, MA 02129

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