DELTA DENTAL®

Delta Dental PPO *Plus Premier*

Voluntary Enhanced Plan

You value your dental benefits, but providing these benefits can be cost prohibitive for some employers. That's why Delta Dental offers the Delta Dental PPO *Plus Premier* Enhanced Plan. This program makes it possible for you to join a comprehensive, cost-effective dental plan with all the advantages of a contributory plan.

Experience the Delta Dental Advantage

With the Delta Dental PPO *Plus Premier* Enhanced Plan, you will enjoy:

- NO waiting periods for service and NO pre-existing conditions exclusions.
- A comprehensive plan design – coverage on everything from cleanings to crowns.
- Access to the largest dental networks in the state and the U.S. through our Delta Dental PPO and Delta Dental Premier Networks.
- Up to $1,000 in coverage annually for each member.
- 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/

How the Plan Works

The Delta Dental PPO *Plus Premier* Enhanced Plan is easy to use and understand. Upon enrollment, you will receive an ID card and a benefits summary which lists the level of coverage for services performed by participating Delta Dental PPO or Delta Dental Premier dentists.

Networks
Delta Dental PPO *Plus Premier* Enhanced Plan members benefit from having access to two of Delta Dental's extensive national networks — Delta Dental PPO, with over 274,000 participating dentist locations and Delta Dental Premier, the largest dental network in the country with over 338,000 dentist locations.

- Delta Dental Premier network dentists provide good value and an extensive network.
- Delta Dental PPO network dentists provide greater savings due to deeper discounts.
- Both networks offer discounted fees and a no balance-billing policy.
- 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 no balance-billing policy do not apply.

No Claim Forms
Participating dentists prepare and submit claims. If a co-payment is applicable, it is paid directly to the network dentist.

Direct Payment
Delta Dental pays the dentist directly, so you don't have to pay the covered amount up front and wait for a reimbursement check.

Rollover Max
This valuable benefit feature allows you to roll over part of your unused spending in a healthy year to increase your maximum benefit limit the next year, and beyond. Visit our website or see our *Rollover Max* brochure for more details and limitations.

Out-of-Network Coverage
The Delta Dental PPO *Plus Premier* Enhanced Plan covers services performed by non-participating dentists. However, your out-of-pocket expenses may be greater. You will be responsible for the difference between Delta Dental's payment and the dentist's submitted charge, and may be responsible for submitting your own claim forms.

Eligibility Requirements and Rates

All active employees are eligible to join this plan. Coverage is available for dependents up to age 26. *Employees who elect coverage must remain on the plan for one year.*

Premium Information

Your company will collect the following monthly premiums through payroll deductions and remit payment to Delta Dental:

Individual:	$53.00
Family:	$134.00

These rates are in effect from July 1, 2019 through June 30, 2022.

An Independent Licensee of the Delta Dental Plans Association. ®Registered Marks of the Delta Dental Plans Association. ©2019 DSM.
Current Dental Terminology ©2019 American Dental Association.

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:
  - Qualified sign language interpreters
  - 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:
  - Qualified interpreters
  - 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.

An independent licensee of the Delta Dental Plans Association.
® Registered marks of the Delta Dental Plans Association. ©2019 DSM.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-872-0500.

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-872-0500.

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。

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

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.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-872-0500.

ملحوظة: إذا كنت تتحدث اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-872-0500.

ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតឈ្នួល គឺអាចមានសំរាប់បំរើអ្នក។ ជូរ ទូរស័ព្ទ 1-800-872-0500.។

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

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

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-872-0500.번으로 전화해 주십시오.

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

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-872-0500.

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

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિશુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-872-0500.

An independent licensee of the Delta Dental Plans Association.
® Registered marks of the Delta Dental Plans Association. ©2019 DSM.

SP641 Enh A2 (3.19)