

## 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.

<b>Delta Dental PPO Plus Premier National Network Massachusetts &amp; National Provider Network</b> <b>High Plan</b>	<b>Delta Dental PPO Plus Premier National Network Massachusetts &amp; National Provider Network</b> <b>Basic Plan</b>
<p><b>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.</b></p> <p><b><u>Covered Services:</u></b></p> <p><b>Diagnostic and Preventative – 100%</b></p> <p><b>Basic Restorative -80% :</b>( member pays 20% of service fee)</p> <p>Restorative Oral Surgery Endodontics Periodontics Prosthetic Maintenance Emergency Dental Care</p> <p><b>Major Restorative - 50% Coverage:</b>( 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><b>Orthodontia Benefit (braces):</b> covered for dependents up to age 19 at a separate Lifetime maximum of \$1,000 per dependent.</p> <p><b>Calendar Year Deductible ( January-December):</b></p> <p>\$50 per individual/\$150 per family. Deductible waived for Diagnostic &amp; Preventive Services</p> <p><b>Calendar Year Maximum (January –December):</b></p> <p>\$1,000 per person per family member.</p> <p><b>Eligible dependents are covered until the last day of the month of the member’s 26<sup>th</sup> birthday.</b></p>	<p><b>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.</b></p> <p><b><u>Covered Services:</u></b></p> <p><b>Diagnostic and Preventative – 100%</b></p> <p><b>Basic Restorative - 80%:</b> (member pays 20% of service fee)</p> <p>Restorative Oral Surgery Endodontics Periodontics Prosthetic Maintenance Emergency Dental Care</p> <p><b>Not Covered</b></p> <p><b>Not Covered</b></p> <p><b>Calendar Year Deductible (January-December):</b></p> <p>\$25 per individual (waived for Diagnostic &amp; Preventive services).</p> <p><b>Calendar Year Maximum (January –December):</b></p> <p>\$750.00 per person per family member.</p> <p><b>Eligible dependents are covered until the last day of the month of the member’s 26<sup>th</sup> birthday.</b></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](http://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](http://www.deltadentalma.com) to register or call Customer Service at 800-872-0500.**

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