DELTA DENTAL®

# Delta Dental PPO *Plus* Premier for Werfen

*Werfen has partnered with Delta Dental for your family's oral health needs*

DELTA DENTAL®

## 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 Werfen employees to allow you to select the plan that best meets your needs.

**Delta Dental Core**
covering your preventive, diagnostic, basic and major restorative needs, plus orthodontia.

**Delta Dental Enhanced**
covering your preventive, diagnostic, basic and major restorative needs, plus orthodontia.

## Gain Access to Two Networks

Whether you select the Core or Enhanced Plan, you have the flexibility to access two different Delta Dental networks that allow you to manage your out-of-pocket costs. An estimated 92% 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 PPO℠

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
Werfen – *Core Plan*
Group # 016380

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: $1,500 per person.

| Category / Procedure | Qualifications | Co-insurance Members under age 13 In Network | Co-insurance Members under age 13 Out of Network* | Co-insurance Members age 13 and older In Network | Co-insurance Members age 13 and older Out of Network* |
|---|---|---|---|---|---|
| Diagnostic | | | | | |
| Comprehensive Evaluation | Once every 60 months. | 100% | 100% | 100% | 100% |
| Periodic Oral Evaluation | Twice every 12 months. | | | | |
| Panoramic or Full Mouth X- rays | Once every 60 months. | | | | |
| Bitewing X-rays | Twice every 12 months. | | | | |
| Single Tooth X-rays | As needed. | | | | |
| Preventive | | | | | |
| Teeth Cleaning | Twice every 12 months. | 100% | 100% | 100% | 100% |
| Fluoride Treatments | Twice every 12 months for members under age 19. Also covered for members age 19 and over who have had a recent cavity and are at risk for decay. | | | | |
| 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 to age 19. | | | | |
| Restorative | | | | | |
| Fillings (Silver and White) | Once every 24 months per surface per tooth. | 100% | 100% | 80% | 80% |
| Inlays | Once every 60 months per surface per tooth, covered as an alternate benefit as silver filling and the patient is responsible for paying the difference between the silver filling and the Delta Dental negotiated fee for the inlay where permitted by state law. For non-participating providers, the patient may be responsible for paying up to the provider's full submitted charge for the inlay. | | | | |
| Protective Restorations | Once per tooth. | | | | |
| Stainless Steel Crowns | Once every 24 months per tooth (on primary teeth only). | | | | |
| Oral Surgery | | | | | |
| Extractions | Once per tooth. | 100% | 100% | 80% | 80% |
| General Anesthesia | General Anesthesia and IV sedation allowed with covered surgical impacted teeth only (up to one hour). | | | | |
| Periodontics (on natural teeth only) | | | | | |
| Periodontal Surgery | One surgical procedure per quadrant in 36 months. | 100% | 100% | 80% | 80% |
| Scaling and Root Planing | Once in 24 months, per quadrant. No more than 2 quadrants per date of service. | | | | |
| Periodontal Cleaning | 4 times every 12 months following active periodontal treatment. Not to be combined with preventive cleanings. | 100% | 100% | 100% | 100% |
| Bone Grafts/GTR | No more than 2 teeth per quadrant per 36 months on natural teeth. | | | | |
| Endodontics | | | | | |
| Root Canal Treatment | Once per tooth. | 100% | 100% | 80% | 80% |
| Root Canal Retreatment | Once per tooth after 24 months have elapsed from initial treatment. | | | | |
| Vital Pulpotomy | Limited to deciduous teeth. | | | | |
| Prosthetic Maintenance | | | | | |
| Bridge or Denture Repair | Once per bridge/denture per 12 months, after 24 months of initial insertion. | 100% | 100% | 80% | 80% |
| Crown or Onlay Repair | Once per tooth per 12 months after 24 months of initial placement. | | | | |
| Rebase or Reline of Dentures | Once per denture within 36 months. | | | | |
| Recement of Crowns, Onlays & Bridges | Once per crown, onlay or bridge. | | | | |
| Emergency Dental Care | | 100% | 100% | 80% | 80% |
| Palliative treatment | Three occurrences in 12 months.. | | | | |
| Prosthodontics | | | | | |
| Dentures | Once within 60 months (age 16 and older). | 100% | 100% | 50% | 50% |
| Fixed Bridges | Once within 60 months (age 16 and older). | | | | |
| Implants | Endosteal Implant: when the implant replaces permanent teeth through the second molars. Once per tooth per 60 months. (Pre-estimate recommended). | | | | |
| Implant Abutments | Once per 60 months. | | | | |
| 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% | 50% | 50% |
| Cast Posts/Buildups | Once per tooth per 60 months only benefitted to retain a crown. | | | | |
| Orthodontics: Covered at 50% of Maximum Plan Allowance charges up to age 19. $1,500 separate LIFETIME maximum. Orthodontic treatment must be administered/supervised by a licensed dentist | | | | | |

Dependent Eligibility Eligible dependents up to age 26.
*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.

Visit **deltadentalma.com** for detailed benefit information

Coverage Summary for
Werfen – *Enhanced Plan*
Group # 016380

Deductible: None.
Calendar Year Maximum: $2,000 per person.

| Category / Procedure | Qualifications | Co-insurance Members under age 13 In Network | Co-insurance Members under age 13 Out of Network* | Co-insurance Members age 13 and older In Network | Co-insurance Members age 13 and older Out of Network* |
|---|---|---|---|---|---|
| Diagnostic | | | | | |
| Comprehensive Evaluation | Once every 60 months. | 100% | 100% | 100% | 100% |
| Periodic Oral Evaluation | Twice every 12 months. | | | | |
| Panoramic or Full Mouth X- rays | Once every 60 months. | | | | |
| Bitewing X-rays | Twice every 12 months. | | | | |
| Single Tooth X-rays | As needed. | | | | |
| Preventive | | | | | |
| Teeth Cleaning | Twice every 12 months. | 100% | 100% | 100% | 100% |
| Fluoride Treatments | Twice every 12 months for members under age 19. Also covered for members age 19 and over who have had a recent cavity and are at risk for decay. | | | | |
| 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 to age 19. | | | | |
| Restorative | | | | | |
| Fillings (Silver and White) | Once every 24 months per surface per tooth. | 100% | 100% | 80% | 80% |
| Inlays | Once every 60 months per surface per tooth, covered as an alternate benefit as silver filling and the patient is responsible for paying the difference between the silver filling and the Delta Dental negotiated fee for the inlay where permitted by state law. For non-participating providers, the patient may be responsible for paying up to the provider's full submitted charge for the inlay. | | | | |
| Protective Restorations | Once per tooth. | | | | |
| Stainless Steel Crowns | Once every 24 months per tooth (on primary teeth only). | | | | |
| Oral Surgery | | | | | |
| Extractions | Once per tooth. | 100% | 100% | 80% | 80% |
| General Anesthesia | General Anesthesia and IV sedation allowed with covered surgical impacted teeth only (up to one hour). | | | | |
| Periodontics (on natural teeth only) | | | | | |
| Periodontal Surgery | One surgical procedure per quadrant in 36 months. | 100% | 100% | 80% | 80% |
| Scaling and Root Planing | Once in 24 months, per quadrant. No more than 2 quadrants per date of service. | | | | |
| Periodontal Cleaning | 4 times every 12 months following active periodontal treatment. Not to be combined with preventive cleanings. | 100% | 100% | 100% | 100% |
| Bone Grafts/GTR | No more than 2 teeth per quadrant per 36 months on natural teeth. | | | | |
| Endodontics | | | | | |
| Root Canal Treatment | Once per tooth. | 100% | 100% | 80% | 80% |
| Root Canal Retreatment | Once per tooth after 24 months have elapsed from initial treatment. | | | | |
| Vital Pulpotomy | Limited to deciduous teeth. | | | | |
| Prosthetic Maintenance | | | | | |
| Bridge or Denture Repair | Once per bridge/denture per 12 months, after 24 months of initial insertion. | 100% | 100% | 80% | 80% |
| Crown or Onlay Repair | Once per tooth per 12 months after 24 months of initial placement. | | | | |
| Rebase or Reline of Dentures | Once per denture within 36 months. | | | | |
| Recement of Crowns, Onlays & Bridges | Once per crown, onlay or bridge. | | | | |
| Emergency Dental Care | | 100% | 100% | 80% | 80% |
| Palliative treatment | Three occurrences in 12 months.. | | | | |
| Prosthodontics | | | | | |
| Dentures | Once within 60 months (age 16 and older). | 100% | 100% | 50% | 50% |
| Fixed Bridges | Once within 60 months (age 16 and older). | | | | |
| Implants | Endosteal Implant: when the implant replaces permanent teeth through the second molars. Once per tooth per 60 months. (Pre-estimate recommended). | | | | |
| Implant Abutments | Once per 60 months. | | | | |
| 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% | 50% | 50% |
| Cast Posts/Buildups | Once per tooth per 60 months only benefitted to retain a crown. | | | | |
| Orthodontics: Covered at 50% of Maximum Plan Allowance charges up to any age. $2,500 separate LIFETIME maximum. Orthodontic treatment must be administered/supervised by a licensed dentist | | | | | |

Dependent Eligibility Eligible dependents up to age 26.
*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.

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# Rollover Maximum Benefit Summary

**Rollover Maximum Summary**
**Werfen**

## 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. |
|---|---|---|---|---|
| **Core/Enhanc** | $1,500/$2,000 | $700/$800 | $500/$600 | $1,250/$1,500 |

## 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.*

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# Now Here's a Reason to Smile

## Delta Dental of Massachusetts' Right Start 4 Kids℠ Benefit Eliminates Dental Care Costs for Children

Did you know that cavities and poor oral health are the most common health problem for children in the United States? Poor oral health can cause pain and infections that may lead to problems with eating, speaking, playing and self-esteem.

In fact, children with poor oral health are three times more likely to miss school and have lower grades.[1] And this, in turn, can lead to lost workdays and unexpected expenses for families.

Yet, with good oral care, cavities are nearly 100% preventable.

Delta Dental of Massachusetts' Right Start 4 Kids℠ benefit can make it easier – and more affordable – for you to take care of your children's oral health.

**Right Start 4 Kids℠ pays 100% of the cost of covered care with participating dentists up to your plans' benefit limit. That includes covered care for diagnostic, preventive, basic and major services for children up to their 13th birthday.**

And we make it easy for you to take advantage of the benefits. Just get your care from a Delta Dental PPO™ or a Delta Dental Premier® dentist and we will automatically apply the Right Start 4 Kids℠ benefit - there's no need to fill out any claim forms or paperwork.*

Right Start 4 Kids℠ is backed by the power of Preventistry™, Delta Dental of Massachusetts' groundbreaking and unique approach to transforming the oral health care system. Preventistry combines clinical innovation, actionable data and digital engagement to provide a higher level of care and improve the health of our members.

## RIGHT START 4 KIDS℠

Coverage for age 12 and under

100% coverage for covered services (preventive, basic, major)*

No Deductible

Does not apply to orthodontics; orthodontic coinsurance applies

Annual benefit maximum applies

Exclusions and Limitations apply

*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.

**Sample PPO *Plus Premier* Right Start 4 Kids℠ Plan Design**

**Age 12 and under**

| Benefit | Right Start 4 Kids℠ Benefit* |
|---|---|
| Deductible | None |
| Preventive/Diagnostic Coinsurance | 100% |
| Basic Restorative Coinsurance | 100% |
| Major Restorative Coinsurance | 100% |

1 American Journal of Public Health - https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3222359/

# UNDERSTANDING YOUR ORTHODONTIC BENEFITS

## Coverage

Your dental plan provides the following coverage for orthodontic services:

- 50% of your orthodontic costs.
- Your coverage is based on the maximum allowable fee for orthodontic services.
- Coverage is subject to a lifetime maximum of $1,500 (or $2,500) per member.
- All members are eligible for coverage.
- A maximum of 24 months of active treatment.

## Paying for orthodontic care

In most cases, Delta Dental issues reimbursements for orthodontic care in automatic monthly payments not to exceed 12 installments. The first payment is based on the date of banding/placement of appliances. Additional payments will be issued automatically on a monthly basis assuming you are still eligible for orthodontic benefits.

If you begin orthodontic treatment after your effective date of coverage and you receive care from a network dentist, Delta Dental will reimburse your dentist directly and send you and your dentist an Explanation of Benefits (EOB). The EOB will detail any payments made to the dentist. It is up to you and your dentist to develop a payment plan for the balance minus any Delta Dental adjustments.

## If you've already started your orthodontic treatment

We provide pro-rated orthodontic benefits for members who are in active treatment and banded within 24 months of DDMA effective date. Coverage will be based on the maximum allowable fee, determined by the lower of the dentists submitted fee or contracted fee, and the time remaining in your treatment plan once your coverage with Delta Dental begins.

To determine your coverage, we exclude the banding allowance, which we estimate to be 30% of total cost of treatment. Since that cost was incurred before your coverage began with Delta Dental, it is not covered.
We process your benefit on the remaining 70% of the maximum allowable fee. Payment will vary based on banding date and effective date with Delta Dental. If banded less than 5 months from DDMA effective date, benefit is issued in automatic monthly payments. If banded more than 5 months from effective date with DDMA, benefit is issued in one lump payment. All payments are issued provided patient is in active treatment and covered by Delta Dental.

## Termination of Coverage

In the event your coverage terminates before you complete your orthodontic treatment the automatic monthly payments will cease.

Delta Dental of Massachusetts, 465 Medford Street, Boston, MA 02129 • www.deltadentalma.com

## Member Discounts

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

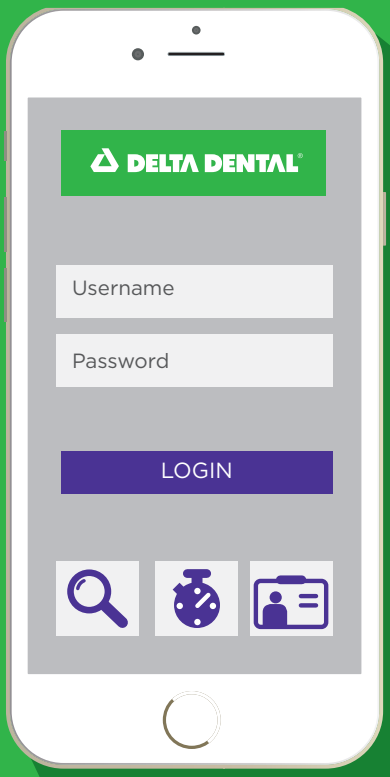
Discounts are also available for hearing tests, diagnostics and hearing aids through Amplifon.

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

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ANDROID APP ON Google play

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## 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.

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