

# Delta Dental Premier

## Voluntary Enhanced Table 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 Premier Enhanced Table 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 Premier Enhanced Table 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 network in the state and the U.S. through our Delta Dental Premier Network.
- Up to \$1,500 in coverage annually for each member.

### How the Plan Works

The Delta Dental Premier Enhanced Table Plan is easy to use and understand. Upon enrollment, you will receive an ID card and a benefits summary which lists the co-payments for services performed by participating Delta Dental Premier dentists.

#### Networks

Delta Dental Premier Enhanced Table Plan members benefit from having access to the Delta Dental Premier Network, the largest dental network in the country with over 338,000 dentist locations. Participating dentists often accept reduced fees, saving you money on out-of-pocket costs.

If you choose to receive services from a non-participating dentist, you will have higher out-of-pocket costs than shown in the table 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.

#### Out-of-Network Coverage

The Delta Dental Premier Enhanced Table 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:

<b>Individual:</b>	\$39.00
<b>Family:</b>	\$97.00

These rates will be in effect from July 1, 2019, through June 30, 2021.

### 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:
  - o Qualified sign language interpreters
  - o 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:
  - o Qualified interpreters
  - o 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](mailto: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.*

## Delta Dental PPO Premier

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.

ظروف: 1-800-872-0500. ن اجم اب كل رفاوتت يوغ للا ع اسم ل ا امدخ ناف ، ل ل ل ا ر كذا ث دحتت تنك اذا :ظو ح لم

ប្រយ័ត្ន: ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយភាសាដទៃទៀតគឺឥតគិតថ្លៃសេវាសំរាប់ប្រើអ្នក។ ចូរ 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 નિઃશુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-872-0500.