

Visit [deltadentalma.com](http://deltadentalma.com) for detailed benefit information

Coverage Summary for  
Unitarian Universalist Association

Deductible: \$75 per individual / \$225 per family. Deductible does not apply for members under age 13. Deductible waived for Diagnostic and Preventive categories.  
Calendar Year Maximum: \$1,750 per person.

Category / Procedure	Qualifications	Co-insurance		Co-insurance	
		Members under age 13	Premier and Out of Network*	Members age 13 and older	Premier and Out of Network*
Diagnostic Comprehensive Evaluation Periodic Oral Evaluation Consultation Panoramic or Full Mouth X- rays Bitewing X-rays Single Tooth X-rays	Once every 60 months. Twice every 12 months. Once every 12 months. Once every 60 months. Twice every 12 months. As needed.	100%	100%	100%	100%
Preventive Teeth Cleaning Fluoride Treatments  Space Maintainers  Sealants	Twice every 12 months. 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. Required due to the premature loss of teeth. For members under age 14 and not for the replacement of primary or permanent anterior teeth. Unrestored permanent bicuspid and permanent molars, once per 48 months per tooth for members to age 19.	100%	100%	100%	100%
Restorative Fillings (Silver and White) Inlays  Protective Restorations Stainless Steel Crowns	Once every 24 months per surface per tooth. 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. Once per tooth. Once every 24 months per tooth (on primary teeth only).	100%	100%	90%	80%
Oral Surgery Extractions General Anesthesia	Once per tooth. General Anesthesia and IV sedation allowed with covered surgical impacted wisdom teeth only (up to one hour).	100%	100%	90%	80%
Periodontics (on natural teeth only) Periodontal Surgery Scaling and Root Planing Periodontal Cleaning  Bone Grafts/GTR	One surgical procedure per quadrant in 36 months. Once in 24 months, per quadrant. No more than 2 quadrants per date of service. 4 times every 12 months following active periodontal treatment. Not to be combined with preventive cleanings. No more than 2 teeth per quadrant per 36 months on natural teeth.	100% 100%	100% 100%	90% 100%	80% 100%
Endodontics Root Canal Treatment Root Canal Retreatment Vital Pulpotomy	Once per tooth. Once per tooth after 24 months have elapsed from initial treatment. Limited to deciduous teeth.	100%	100%	90%	80%
Prosthetic Maintenance Bridge or Denture Repair Crown or Onlay Repair Rebase or Reline of Dentures Recement of Crowns, Onlays & Bridges	Once per bridge/denture per 12 months, after 24 months of initial insertion. Once per tooth per 12 months after 24 months of initial placement. Once per denture within 36 months. Once per crown, onlay or bridge.	100%	100%	90%	80%
Adjunctive Services Occlusal Guards	One appliance per 60 months.	100%	100%	90%	80%
Emergency Dental Care Palliative treatment	Three occurrences in 12 months..	100%	100%	90%	80%
Prosthodontics Dentures Fixed Bridges Implants  Implant Abutments	Once within 60 months (age 16 and older). Once within 60 months (age 16 and older). Endosteal Implant: when the implant replaces permanent teeth through the second molars. Once per tooth per 60 months. (Pre-estimate recommended). Once per 60 months.	100%	100%	60%	50%
Major Restorative Crowns or Onlay  Cast Posts/Buildups	When teeth cannot be restored with regular fillings. Once within 60 months per tooth (age 12 and older). Once per tooth per 60 months only benefitted to retain a crown.	100%	100%	60%	50%

### *Additional Benefit Information*

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.


Deductible waived for periodontal cleanings.
<i>This plan is eligible for Rollover Max. See the benefit guide for details.</i>
Ask your dentist to submit a pre-treatment estimate to Delta Dental for any procedure that exceeds \$300. This will help you estimate any out-of-pocket expenses you may incur and will confirm that the services are covered under your dental coverage.

## Get to know your benefits

Thank you for choosing Delta Dental of Massachusetts as your trusted smile partner. As a Delta Dental member, you will enjoy convenient access and unmatched value. With 3 out of 4 dentists nationwide participating in a Delta Dental network, you'll be sure to find a dentist near your home or work. By visiting an in-network dentist, you'll benefit from significant cost savings.


Managing your dental plan - and your oral health - has never been easier with Delta Dental's digital tools and resources.

Visit [deltadentalma.com](https://deltadentalma.com) for access to:


 **Find a Dentist** search tool  
Find an in-network dentist in your area with our searchable directory.


 **Dental Care Cost Estimator**  
Discover what a dental procedure will cost before your visit with our estimator tool.

 **DentaQual®**  
View dentists' ratings when searching for a participating provider with our 5-star performance scale.


 **TeleDentistry**  
Schedule a virtual visit with a dentist 24/7 by visiting [teledentistry.com/ddma](https://teledentistry.com/ddma).

## Stay informed with your oral health:


 Sign up for our Member Brush Up Newsletter [here](#).


 Visit our member engagement website [ExpressYourHealthMA.com](https://ExpressYourHealthMA.com).


- ✓ Benefit information and reminders
- ✓ Oral health tips for at home care
- ✓ DDMA community initiatives


 **Need assistance?**  
Call our Customer Care center: 800-872-0500.  
Representatives available Mon-Fri 8 am - 8 pm EST  
Email: [customer.care@deltadentalmass.com](mailto:customer.care@deltadentalmass.com)

Access the secure [member portal](#) for:

 **Coverage information**  
Review your dental plan information including eligibility, waiting periods, plan maximums and frequency limitations.

 **Claims history**  
View the status of your claims or pre-estimates.

 **Mobile ID card**  
Print or download a replacement ID card.

 **Manage your oral health, anytime, anywhere with the \*Delta Dental Mobile App:**

- ✓ Quick and easy access to digital ID cards
- ✓ Detailed claims information
- ✓ Review your dental policy coverage
- ✓ Find a Dentist search tool
- ✓ Dental Care Cost Estimator tool



Scan to download the Delta Dental Mobile App.

\*Members must first register on the Delta Dental of Massachusetts secure, member portal

Your plan is administered by:  
Delta Dental of Massachusetts  
465 Medford Street, Ste. 400  
Boston, MA 02129

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## 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, sex, gender identity, sexual orientation, age, or disability. Delta Dental of Massachusetts does not exclude people or treat them differently because of race, color, national origin, sex, gender identity, sexual orientation, age, or disability.

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: [deltadentalma.com](http://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, sex, gender identity, sexual orientation, age, or disability, you can file a grievance with:

Civil Rights Coordinator  
Compliance Department  
P.O. Box 2907  
Milwaukee, WI 53201-2907  
Fax: 617-886-1390  
Phone: 800-872-0500  
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, the Civil Rights Coordinator 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/oice/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  
800-368-1019, 800-537-7697 (TDD)

## Language Assistance

**ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-872-0500 (TTY: 1-844-233-4524).

**ATENÇÃO:** Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-872-0500 (TTY: 1-844-233-4524).

**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 (TTY: 1-844-233-4524)。

**ATANSYON:** Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-872-0500 (TTY: 1-844-233-4524).

**CHÚ YÍ:** Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-872-0500 (TTY: 1-844-233-4524).

**ВНИМАНИЕ:** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-872-0500 (TTY: 1-844-233-4524).

**ملاحظة:** إذا كنت تتحدث بلغة أخرى، يمكنك الحصول على خدمات الترجمة اللغوية مجاناً. اتصل بالرقم 1-800-872-0500 (TTY: 1-844-233-4524).

**បញ្ជាក់:** បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយភាសាសេរីគឺអាចមានសំរាប់អ្នក។ ចូរទូរស័ព្ទ 1-800-872-0500 (TTY: 1-844-233-4524)។

**ATTENTION :** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-872-0500 (TTY: 1-844-233-4524).

**ATTENZIONE:** In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-872-0500 (TTY: 1-844-233-4524).

**주의:** 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-872-0500 (TTY: 1-844-233-4524) 번으로 전화해 주십시오.

**ΠΡΟΣΟΧΗ:** Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-800-872-0500 (TTY: 1-844-233-4524).

**UWAGA:** Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-872-0500 (TTY: 1-844-233-4524).

**ध्यान दें:** यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-872-0500 (TTY: 1-844-233-4524) पर कॉल करें।

**સુચના:** જો તમે ગુજરાતી બોલતા છો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-872-0500 (TTY: 1-844-233-4524).