

2024 Town of Belmont - 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 Enhanced Voluntary Plan and the Delta Dental Premier Enhanced Table Plan.

Delta Dental PPO Plus Premier National Network Massachusetts & National Provider Network	Delta Dental Premier Enhanced Table Plan Massachusetts Provider Network Only
<p>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</p>	<p>A Table of Allowance Plan provides coverage for the services listed. When you visit a Delta Dental Premier Dentist, we will provide reimbursement up to the amount listed for that procedure on the Table Of Allowance Plan Summary and your remaining patient balance you pay directly to the dentist.</p>
<p>Covered Services:</p>	<p>Covered Services:</p>
<p>Diagnostic and Preventative – 100%</p>	<p>Diagnostic and Preventative - 100%</p>
<p>Basic Restorative – 80%:(member pays 20% of service fee)</p>	<p>Basic Restorative -Table Of Allowance (see plan summary)</p>
<p>Restorative Oral Surgery Endodontics Prosthetic Maintenance Emergency Dental Care</p>	<p>Restorative Oral Surgery Endodontics Prosthetic Maintenance Emergency Dental Care</p>
<p>Major Restorative - 50% Coverage:(member pays 50% of service fee)</p>	<p>Major Restorative - Table Of Allowance (see plan summary)</p>
<p>Crown Bridges Dentures</p>	<p>Crowns 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 with x-rays recommended prior to service.</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 with x-rays recommended prior to service.</p>
<p>Calendar Year Deductible (January-December):</p>	<p>Calendar Year Deductible (January-December): None</p>
<p>\$50 per individual/\$150 per family. Deductible waived for Diagnostic Preventive Services (covered at 100%)</p>	
<p>Calendar Year Maximum (January –December):</p>	<p>Calendar Year Maximum (January-December):</p>
<p>\$1,500 per person per family member</p>	<p>\$1,500 per person per family member.</p>
<p>Eligible dependents are covered through the month they turn age 26.</p>	<p>Eligible dependents are covered through the month they turn age 26.</p>
<p>Rollover Maximum Benefit – Under the Delta Dental PPO plus Premier Enhanced Voluntary, you must have at least one cleaning or exam during the calendar year and have used less than the claim threshold of \$700 to qualify for Rollover dollars. If you qualify each year you can roll over \$500 with a maximum accumulated amount of \$1,250.</p>	<p>Rollover Maximum Benefit - Under the Delta Dental Premier Voluntary Table, you must have at least one cleaning or exam during the calendar year and have used less than the claim threshold of \$700 to qualify for Rollover dollars. If you qualify each year you can roll over \$500 with a maximum accumulated amount of \$1,250.</p>
<p>Rates: guaranteed July 1, 2024-June 30, 2025</p>	<p>Rates: guaranteed July 1, 2024-June 30, 2025</p>
<p>Active Enrollees: \$58.00 per Individual & \$148.00 per Family</p>	<p>Active Enrollees: \$39.00 per Individual & \$97.00 per Family</p>
<p>Retirees: \$58.00 per individual, \$116.00-2 person, & \$170.00 per Family.</p>	<p>Retirees: \$39.00 per individual, \$78.00-2 person, & 110.00 per Family</p>
<p>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.</p>	<p>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.</p>
<p>Limitations Do Apply</p>	<p>Limitations Do Apply</p>

Rollover Maximum for Town of Belmont

The following applies for each member enrolled in the Delta Dental PPO *Plus Premier* Enhanced Voluntary Plan and/or Delta Dental Premier Voluntary Enhanced Table Plan:

The *Annual Maximum* (Calendar Year Maximum for either plan \$1,500) for covered services for each member depending upon the plan selected.

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 (see above).
- **The member must be on the plan for more than 3 months in the calendar year**
- The present maximum rollover dollars available will vary depending upon the plan selected.
- The accumulated rollover total cannot exceed either \$1,250 based on plan selected (see above).
- 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 to register or call Customer Service at 800-872-0500.

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