

Delta Dental of Massachusetts Individual & Family Plans

Lower Cost



Higher Cost

Plan Name	Delta Dental Patient Direct*	PPO Value for Seniors	DeltaCare®	Delta Dental EPO	Delta Dental Premier® Option 2	Delta Dental Premier® Option 1
Description	A unique pay-as-you-go option that offers pre-set discounts for dental services for a low annual fee.	A cost-effective, preventive-care-focused plan especially designed for people 65 and over. Includes no waiting periods, deductibles or financial maximums.	A lower cost plan with a focus on preventive care and fixed copayments. Includes no waiting periods for coverage.	A traditional plan with comprehensive coverage at a lower cost.	Our most popular plans. They offer the most coverage and the largest nationwide network of dentists. Two levels of coverage are available.	
Network	Delta Dental Patient Direct	Delta Dental PPO™	DeltaCare (in-network only)	(in-network only) In Massachusetts: Delta Dental EPO Outside of Massachusetts: Delta Dental PPO	Delta Dental Premier	Delta Dental Premier
Deductible	N/A	Individual: \$0 Family: \$0	Individual: \$0 Family: \$0	Individual: \$50 Family: \$150	Individual: \$50 Family: \$150	Individual: \$50 Family: \$150
Benefit Maximum	None	None	\$1,000 (on certain services)	\$1,000	\$1,000	\$1,000
Coverage						
Type 1 - Preventive and Diagnostic	This plan is not insurance. It's a discount card that offers savings on care. May not be combined with dental insurance.	100% in-network 80% out-of-network	Member pay copayments for care based on the care they get. Check the benefit summary for specifics.	100% in-network	100% in & out-of-network	100% in & out-of-network
Type 2 - Minor Restorative care		Discounts are available on care.		70% in-network	50% in & out-of-network	80% in & out-of-network
Type 3 - Major Restorative Care		40% in-network		40% in & out-of-network	50% in & out-of-network	
Waiting Periods	None	None	None	Type II - 6 months Type III - 12 months	Type II - 6 months Type III - 12 months (Waived if rejoining a Delta Dental plan in less than 60 days)**	Type II - 6 months Type III - 12 months (Waived if rejoining a Delta Dental plan in less than 60 days)**
Monthly Premium Rates (except where noted)	Annual Ind: \$99 Fam: \$149	65 and over Ind: \$21.43 Ind+1: \$42.85 Fam: \$53.57	18 and over Ind: \$26.14 Ind+1: \$51.74 Fam: \$92.52	Under age 50 Ind: \$30.02 Ind+1: \$56.59 Fam: \$96.43 Age 50 and over Ind: \$33.03 Ind+1: \$66.07 Fam: \$102.79	Under age 50 Ind: \$46.90 Ind+1: \$88.41 Fam: \$150.63 Age 50 and over Ind: \$49.60 Ind+1: \$100.13 Fam: \$154.26	Under age 50 Ind: \$58.38 Ind+1: \$110.03 Fam: \$187.50 Age 50 and over Ind: \$61.75 Ind+1: \$124.62 Fam: \$192.00

*Delta Dental Patient Direct is not dental insurance. For those with mandated coverage requirements, Delta Dental Patient Direct does not suffice as Minimum Creditable Coverage or satisfy Essential Health Benefit requirements. The program provides discounts on dental services from Massachusetts dentists participating in the Delta Dental Patient Direct network. No payments to members or providers will be made by Delta Dental of Massachusetts. Members are obligated to pay for all dental services provided. If you have a complaint, please contact Delta Dental of Massachusetts at 617.886.1234.

**In order for the waiting period to be waived, your coverage on a comparable Delta Dental of Massachusetts plan would need to have terminated for no more than 60 days prior to the effective date of your Premier Individual Plan. A comparable plan must include substantially similar coverage.