



# Boston College - Dual Option Plan Comparison calendar year.

Delta Dental PPO Plus Premier National Network (National Provider Networks)	Delta Dental DeltaCare Plan (MA 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>Diagnostic and Preventative covered at 100% Exams, cleanings, bitewings &amp; fluoride treatments twice per calendar year.</p> <p>Basis and Restorative</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>Crown Bridges Dentures Implants</p> <p><u>Calendar Year Deductible (January-December):</u> \$50 per member on services covered at 80% or 50%</p> <p><u>Calendar Year Maximum (January-December):</u> \$1,500 per person per family member.</p> <p>Eligible dependents are covered until the end of the month they turn age 26.</p> <p><u>Orthodontic Coverage:</u> Covered at 50% of Maximum Plan allowance to age 26 for dependents only. \$1,500 Separate Lifetime Maximum per dependent.</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>Rollover Maximum Benefit : description below</p> <p>Limitations Do Apply</p>	<p>All services except Diagnostic and Preventive are subject to the DeltaCare Patient Co-Payment Schedule: please see plan brochure.</p> <p>Diagnostic and Preventative covered at 100% Exams, cleanings, bitewings &amp; fluoride treatments every 6 months</p> <p>subject to co-payment schedule see plan brochure: Restorative Oral Surgery Periodontics Endodontics Prosthodontics-removable, Prosthodontics-Fixed Major Restorative- Adjunctive General Services Implants-NOT COVERED</p> <p>* All services must be provided by a DeltaCare Primary Provider and/or DeltaCare Specialist-please see DeltaCare Directory-Ask if they are a contracted DeltaCare Provider Out of Network Services: seeing a non-participating DeltaCare Provider: Limited Out-of-Network benefit, subject to a \$100 per person deductible that is applicable to all services. Coverage for out-of-network services is 20% lower than the coverage through a DeltaCare Dentist.</p> <p><u>Calendar Year Deductible(January-December): None</u></p> <p><u>Calendar Year Maximum(January-December):</u> \$1,000 per person calendar year maximum applies to Oral Surgery, Endodontics and Periodontics only. Unlimited on other procedures please see plan brochure.</p> <p>Eligible dependents are covered until the end of the month they turn age 26.</p> <p><u>Orthodontic Coverage:</u> Comprehensive Orthodontic treatment for members and dependents through a DeltaCare Orthodontist/Specialist. Please refer to the DeltaCare co-payment plan brochure for detailed information on Orthodontia services.</p> <p>Delta Dental recommends a Pre-Treatment Estimate for dental work of \$300 or more prior to the service to assist the member in understanding their benefits</p> <p>No Rollover for DeltaCare</p> <p>Limitations Do Apply</p>

calendar year.



Rollover Maximum Benefit:

The following applies for each member enrolled in the Delta Dental PPO Plan only:

The *Annual Maximum (CYM)* for covered services for each member is \$1,500 per calendar year (January-December).

Each member is eligible to roll over a portion of their unused *annual maximum (\$1,500)* 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 \$700
- The member must be on the plan for more than 3 months in the calendar year