

**2020 Coverage Summary for  
Partners Healthcare – BWFH  
Group Number: 006342**

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

		Basic Dental*	Major Dental*
<b>Calendar Year Maximum:</b>		<b>\$1,000</b>	<b>\$2,000</b>
<b>Calendar Year Deductible – Individual/Family Max: Waived for Diagnostic and Preventive categories</b>		<b>\$50/\$100</b>	<b>\$25/\$50</b>
Category / Procedure	Qualifications		
<b>Diagnostic</b> Comprehensive Evaluation Periodic Oral Exam Panoramic or Full Mouth X- rays Bitewing X-rays Single Tooth X-rays	Once every 60 months. Twice per calendar year. Once every 60 months. Twice per calendar year. As needed.	100% Coverage	100% Coverage
<b>Preventive</b> Teeth Cleaning Periodontal Cleaning  Fluoride Treatments Space Maintainers  Sealants	Twice per calendar year. Once every 3 months following active periodontal treatment. Not to be combined with preventive cleanings. Twice per calendar year for members under age 19. 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 molars, every 4 years per tooth for members through age 15. Sealants are also covered for members aged 16 up to age 19 for those who had a recent cavity and are at risk for decay.		
<b>Basic Restorative</b> Silver Fillings Inlays and White Fillings Protective Restoration Stainless Steel Crowns	Once every 24 months per surface per tooth. Once every 24 months per surface per tooth. Once per tooth. Once every 24 months per primary tooth.	50% Coverage	80% Coverage
<b>Oral Surgery</b> Extractions General Anesthesia and IV Sedation	Once per tooth. Covered with surgical impacted teeth only. Only up to one hour.		
<b>Periodontics – On Natural Teeth Only</b> Periodontal Surgery Scaling and Root Planing Bone Grafts/GTR	Limited to one surgical procedure in 36 months, per quadrant. Once in 24 months, per quadrant. Only two quadrants are allowed per date of service. No more than two teeth per quadrant, per 36 months.		
<b>Endodontics</b> Root Canal Treatment Root Canal Re-treatment Vital Pulpotomy	Once per tooth. Once per tooth after 24 months have elapsed from initial treatment. Limited to deciduous teeth.		
<b>Prosthetic Maintenance</b> Bridge or Denture Repair Crowns 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 12 months after 24 months of initial placement. Once per denture within 36 months. Once per crown, onlay or bridge.		
<b>Emergency Dental Care</b> Palliative treatment	Three occurrences in 12 months.		
<b>Prosthodontics</b> Dentures Bridges Implants Implant Abutments	Once within 60 months. Aged 16 and older. Once within 60 months. Aged 16 and older. Once per 60 months per Implant. (Pre-estimate recommended). Once per implant only when surgical implant benefitted.		
<b>Major Restorative</b> Crowns or Onlays  Cast posts/Buildups	When teeth cannot be restored with regular fillings due to fracture or decay. Once within 60 months per tooth. Aged 12 and older. Once per tooth per 60 months only benefitted to retain a crown.	50% Coverage	50% Coverage
<b>Orthodontics (any age)</b>	Orthodontic treatment must be administered/supervised by a licensed dentist. Mail order orthodontic kits are not covered under this plan.	Not a covered benefit	50% coverage, \$2,000 per person Lifetime Maximum
<b>*Please review “Additional Benefit Information” section on the next page for more detail on the networks.</b>			