

**2021 Coverage Summary for  
Low Option  
Group Number: 000620**

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



<b>Deductible: \$50 per individual/\$100 per family. Deductible waived for Diagnostic and Preventive categories.</b>			
<b>Calendar Year Maximum: \$500 per person. Diagnostic and Preventive services do not apply to the Calendar Year Maximum.</b>		<b>Plan Pays</b>	
<b>Category / Procedure</b>	<b>Qualifications</b>	<b>In Network</b>	<b>Out of Network*</b>
<b>Diagnostic</b> Comprehensive Evaluation Periodic Evaluations Panoramic or Full Mouth X- rays Bitewing X-rays Single Tooth X-rays	Once every 5 years. Twice per calendar year. Once every 5 years. Twice per calendar year for dependent children under age 19 and once per calendar year for covered persons age 19 and over. As needed.	100%	100%
<b>Preventive</b> Teeth Cleaning Periodontal Cleaning Fluoride Treatments Space Maintainers Sealants	Twice per calendar year. Once every 3 months following active periodontal therapy (Scaling and Root Planing or Osseous Surgery). Not to be combined with preventive teeth cleanings. Once per calendar year to age 20. Covered to age 14. 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.	100%	100%
<b>Restorative</b> Silver Fillings White Fillings (Front Teeth) Inlays and White Fillings (Back Teeth) Protective Restoration Stainless Steel Crowns	Once every 2 years per surface per tooth. Once every 2 years per surface per tooth. Covered only for single surfaces. Once every 2 years per surface, per tooth, multi-surfaces will be processed as a silver filling and the patient is responsible for the difference between the silver filling and the Delta Dental negotiated fee for white fillings. Once per tooth. Once every 2 years per tooth.	75%	75%
<b>Oral Surgery</b> Extractions General Anesthesia Bone Grafts/GTR	Once per tooth. General anesthesia and IV sedations are allowed with covered surgical extractions only (up to 1 hour). No more than two teeth per quadrant per 36 months.	75%	75%
<b>Periodontics – (On natural teeth only)</b> Periodontal Surgery Scaling and Root Planing	One surgical procedure per quadrant every 3 years. Once in 2 years, per quadrant. No more than two quadrants per date of service.	75%	75%
<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.	75%	75%
<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 tooth per 12 months after 24 months of initial placement. Once per denture, within 3 years. Once per crown, onlay or bridge every 12 months per tooth.	75%	75%
<b>Emergency Dental Care</b> Palliative treatment	Three occurrences in 6 months.	75%	75%
<b>Prosthodontics</b> Dentures Fixed Bridges Implants (only in lieu of a three unit bridge) Implant abutments	Once every 5 years (aged 16 and older). Once every 5 years (aged 16 and older). An Endosteal Implant: Only when it is to replace one missing tooth and when adjacent teeth are healthy and do not require crowns. Once per 5 years per Implant. Pre-treatment estimates are recommended. Once per implant only when surgical implant benefitted.	<b>Not Covered</b>	<b>Not Covered</b>
<b>Major Restorative</b> Crowns or Onlays Cast post/Buildup	When teeth cannot be restored with regular fillings. Once within 5 years per tooth (aged 12 and older). Once per tooth per 60 months only benefitted to retain a crown	<b>Not Covered</b>	<b>Not Covered</b>

### Additional Benefit Information

**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.**

\*Delta Dental will reimburse members directly for services performed by a non-participating dentist. Members who receive services from a non-participating dentist will be responsible for payment directly to the dentist. 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.**

## Delta Dental PPO *Plus Premier*



### Easy Access and Great Value – Your Delta Dental Networks

As a Delta Dental PPO *Plus Premier* subscriber, you have access to two of Delta Dental's extensive national networks- Delta Dental PPO, with more than 283,000 participating dentist locations and Delta Dental Premier, the largest dental network in the country with more than 358,000 dentist locations. Three out of four dentists nationwide participate in one or both of these networks.

You will enjoy great benefits when you receive your dental care from a participating dentist in either the Delta Dental PPO or Delta Dental Premier networks.

- Both networks offer discounted fees and a no balance billing policy.
- You will receive good value from Delta Dental Premier network dentists who generally accept discounted fees.
- You will enjoy the greatest savings when visiting Delta Dental PPO network dentists due to even deeper discounts.
- If you choose to receive services from a non-participating dentist, you will have higher out-of-pocket costs as the Delta Dental contract rates and the no balance billing policy do not apply.

Delta Dental members can also take advantage of expanded discounts on many covered services, even after they have used up their benefit dollars, visit limits and other situations. Get the details at <http://www.deltadentalma.com/members/discounts-on-covered-services/>

Simply visit [www.deltadentalma.com/raytheon](http://www.deltadentalma.com/raytheon) to find a participating dentist in your area.

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### Learn more at [deltadentalma.com/raytheon](http://deltadentalma.com/raytheon)

You can find more information about your benefits plan in Your Benefits Handbook, available on Desktop Benefits <https://raytheon.benefitcenter.com> or at [www.deltadentalma.com/raytheon](http://www.deltadentalma.com/raytheon). Here, you can learn how to use your benefits, how to find a dentist or specialist, how the claims and appeal processes work, and more about keeping a healthy mouth for life.

Visit [www.deltadentalma.com/raytheon](http://www.deltadentalma.com/raytheon) to find plan information, review eligibility status, check on claim status, or find a dentist.

If you have any questions or need additional information, you can call Delta Dental's Raytheon Service Center at 1-877-335-8227.

The information on this coverage summary should be used only as a guideline for your dental benefits plan. For detailed information on your plan, refer to Your Benefits Handbook available on Desktop Benefits <https://raytheon.benefitcenter.com>.

Your Plan is Administered by:  
**Delta Dental of Massachusetts**  
1-877-335-8227  
[www.deltadentalma.com/raytheon](http://www.deltadentalma.com/raytheon)

465 Medford Street  
Boston, MA 02129

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

Delta Dental of Massachusetts:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - o Qualified sign language interpreters
  - o 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:
  - o Qualified interpreters
  - o Information written in other languages

If you need these services, visit: <http://www.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, age, disability, or sex, you can file a grievance with:

Ugonna Onyekwu  
Civil Rights Coordinator  
Compliance Department  
465 Medford Street  
Boston, MA 02129  
Fax: 617-886-1390  
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, Ugonna Onyekwu 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/office/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  
1-800-368-1019, 800-537-7697 (TDD)

*Delta Dental of Massachusetts PPO and Premier insurance products are offered by Dental Service of Massachusetts, Inc. Delta Dental of Massachusetts EPO and DeltaCare insurance products are offered DSM Massachusetts Insurance Company, Inc.*