

**2021 Coverage Summary for  
High 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: \$2,000 per person. Diagnostic and Preventive services do not apply to the Calendar Year Maximum.</b>		<b>Plan Pays</b>	
<b>Diagnostic</b>		100%	100%
Comprehensive Evaluation	Once every 5 years.		
Periodic Evaluations	Twice per calendar year.		
Panoramic or Full Mouth X- rays	Once every 5 years.		
Bitewing X-rays	Twice per calendar year for dependent children under age 19 and once per calendar year for covered persons age 19 and over.		
Single Tooth X-rays	As needed.		
<b>Preventive</b>		100%	100%
Teeth Cleaning	Twice per calendar year.		
Periodontal Cleaning	Once every 3 months following active periodontal therapy (Scaling and Root Planing or Osseous Surgery). Not to be combined with preventive teeth cleanings.		
Fluoride Treatments	Once per calendar year to age 20.		
Space Maintainers	Covered to age 14.		
Sealants	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>Restorative</b>		80%	80%
Silver Fillings	Once every 2 years per surface per tooth.		
White Fillings (Front Teeth)	Once every 2 years per surface per tooth.		
Inlays and White Fillings (Back Teeth)	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.		
Protective Restoration	Once per tooth.		
Stainless Steel Crowns	Once every 2 years per tooth.		
<b>Oral Surgery</b>		80%	80%
Extractions	Once per tooth.		
General Anesthesia	General anesthesia and IV sedations are allowed with covered surgical extractions only (up to 1 hour).		
<b>Periodontics – (On natural teeth only)</b>		80%	80%
Periodontal Surgery	One surgical procedure per quadrant every 3 years.		
Scaling and Root Planing	Once in 2 years, per quadrant. No more than two quadrants per date of service.		
<b>Endodontics</b>		80%	80%
Root Canal Treatment	Once per tooth.		
Root Canal Re-treatment	Once per tooth after 24 months have elapsed from initial treatment.		
Vital Pulpotomy	Limited to deciduous teeth.		
<b>Prosthetic Maintenance</b>		80%	80%
Bridge or Denture Repair	Once per bridge/denture per 12 months, after 24 months of initial insertion.		
Crowns or Onlay repair	Once per tooth per 12 months after 24 months of initial placement.		
Rebase or Reline of Dentures	Once per denture, within 3 years.		
Recement of Crowns & Onlays, Bridges	Once every 12 months per tooth.		
<b>Emergency Dental Care</b>		80%	80%
Palliative treatment	Three occurrences in 6 months.		
<b>Prostodontics</b>		60%	60%
Dentures	Once every 5 years (aged 16 and older).		
Fixed Bridges	Once every 5 years (aged 16 and older).		
Implants <b>(only in lieu of a three unit bridge)**</b>	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.		
Implant abutments	Once per implant only when surgical implant benefitted.		
<b>Major Restorative</b>		60%	60%
Crowns or Onlays	When teeth cannot be restored with regular fillings. Once within 5 years per tooth (aged 12 and older).		
Cast post/Buildpus	Once per tooth per 60 months only benefitted to retain a crown		

Orthodontics: Covered at 80% of Maximum Plan Allowance charges, to any age, \$2,000 separate Lifetime Maximum. Orthodontic treatment must be administered/supervised by a licensed dentist. Mail order orthodontic kits are not covered under this plan. \$50.00 deductible applies to orthodontia treatments.

### Additional Benefit Information

Treatment of temporomandibular joint syndrome is covered at 60%, subject to Deductible and Calendar Year Maximum.
Occlusal Guards are covered at 80%, once every 5 years, subject to Deductible and Calendar Year Maximum.

**Ask your dentist to submit a pre-treatment estimate to Delta Dental for any procedure that exceeds \$300. This will help you estimate in advance any out-of-pocket expenses you may incur and will confirm that the services you're having are covered under your dental coverage.**

**This plan is eligible for Rollover Maximum:** Rollover Max dollars do not apply to orthodontic services. To qualify for Rollover Max, you must receive at least one cleaning or oral exam in the plan year. You must be enrolled for dental coverage before the 4<sup>th</sup> quarter of the plan year (10/1-12/31) and your paid claims must not exceed the maximum "threshold" amount.

Your plan's annual maximum benefit amount.	If your total yearly claims don't exceed this threshold amount...	Then you can roll over this amount to use next year, and beyond.	Your accumulated rollover total is capped at this amount.
\$2,000	\$800	\$600	\$1,500

\*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.**

\*\* To qualify for an implant you must meet specific criteria: a) natural teeth present on both sides of the missing tooth b) only one tooth can be missing c) adjacent teeth must be healthy (free of decay, periodontal disease, fracture and not need crowns) e) if multiple teeth are missing in an arch, this would not qualify for a three unit bridge nor the implant benefit.

## 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.

Dental Services of Massachusetts, Inc. is an independent licensee of the Delta Dental Plans Association. \*Registered marks of the Delta Dental Plans Association. ©2020 DSM. 2 of 3

### 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.*