



**ENROLLMENT FORM**  
PLEASE PRINT OR TYPE  
BE SURE FORM IS COMPLETED IN FULL TO ENSURE ENROLLMENT

Delta Dental of Massachusetts  
PO Box 9695  
Boston, Massachusetts 02114

1. SOCIAL SECURITY NO.*	2. LAST NAME*	3. MIDDLE INITIAL	4. FIRST NAME*	5. DATE OF BIRTH* (MM/DD/CCYY)
6. GENDER	7. SUBGROUP NUMBER (10 digits)*	8. SUBGROUP NAME*		9. EFFECTIVE DATE* (MM/DD/CCYY)
	009132-7401	City of Waltham - Active Employees		
10. HOME ADDRESS*		11. CITY*	12. STATE*	13. ZIP*
14. HOME PHONE	15. CELLULAR PHONE	16. WORK PHONE	17. EMAIL ADDRESS	
18. RACE		19. LANGUAGE		

\* THIS FIELD IS REQUIRED

**PLAN SELECTION**

20. PLAN: Select plan you are enrolling in:

☐ Delta Dental Premier    ☐ Delta Dental PPO    ☐ Delta Dental PPO Plus Premier    ☐ DeltaCare    ☐ The Value Plan    ☐ EPO  
If DeltaCare or the Value Plan is selected, each subscriber & dependant must choose a DeltaCare Primary Care Dentist (PCD)

**PLEASE LIST ALL ELIGIBLE DEPENDENT(S) COVERED UNDER YOUR POLICY**

21. FIRST NAME	22. LAST NAME	23. DATE OF BIRTH (MM/DD/CCYY)	24. GENDER M/F	25. FULL TIME STUDENT Y/N	26. FACILITY # (DELTACARE)	DELTACARE OR VALUE PLAN ONLY		
						27. CHOOSE A PCD FOR EACH COVERED INDIVIDUAL	28. PROVIDER #	29. DO YOU CURRENTLY USE THIS DENTIST
SPOUSE								
CHILDREN								

**30. REASON FOR SUBMISSION (CHECK ONE)**

☐ NEW ADD    ☐ TERMINATION    ☐ DEMOGRAPHIC CHANGE    ☐ SUBGROUP TRANSFER

SUBSCRIBER SIGNATURE

DATE

BENEFIT ADMINISTRATOR AUTHORIZATION

DATE

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

**Coverage Summary for City of Waltham  
Group #009132  
July 2023**

**Deductible: \$50 per individual / \$150 per family. Deductible waived for Diagnostic and Preventive categories.**

**Calendar Year Maximum: \$1,000 per person.**

		Co-Insurance	
Category / Procedure	Qualifications	In Network	Out of Network
<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%	100%
<b>Preventive</b> Teeth Cleaning Fluoride Treatments Space Maintainers  Sealants	Twice per calendar year. 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 also covered for members age 16 up to age 19 with 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 Restorations Stainless Steel Crowns	Once every 24 months per surface per tooth. Once every 24 months per surface per tooth. Covered only for single surfaces. Once every 24 months 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, where permitted by state law. In other states, the patient may be responsible for paying up to the provider's full submitted charge for white fillings. Once per tooth. Once every 24 months per tooth (on primary teeth only).	80%	80%
<b>Oral Surgery</b> Extractions General Anesthesia	Once per tooth. General Anesthesia and IV sedation allowed with covered surgical impacted teeth only (up to one hour).	80%	80%
<b>Periodontics (on natural teeth only)</b> Periodontal Surgery Scaling and Root Planing Periodontal Cleaning Bone Grafts/GTR	One surgical procedure per quadrant in 36 months. Once in 24 months, per quadrant. No more than 2 quadrants per date of service. Once every 3 months following active periodontal treatment. Not to be combined with preventive cleanings. No more than 2 teeth per quadrant per 36 months on natural teeth.	80% 100% 80%	80% 100% 80%
<b>Endodontics</b> Root Canal Treatment Root Canal Retreatment Vital Pulpotomy	Once per tooth. Once per tooth after 24 months have elapsed from initial treatment Limited to deciduous teeth.	80%	80%
<b>Prosthetic Maintenance</b> Bridge or Denture Repair Crown 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 36 months. Once per crown, onlay or bridge.	80%	80%
<b>Emergency Dental Care</b> Palliative Treatment	Three occurrences in 12 months.	80%	80%
<b>Prosthodontics</b> Dentures Fixed Bridges Implants (only in lieu of a 3-unit bridge) Implant Abutments	Once within 60 months (age 16 and older). Once within 60 months (age 16 and older). Endosteal Implant: Only when replacing one missing tooth and when adjacent teeth are healthy and do not require crowns. Once per 60 months per Implant. (Pre-estimate recommended). Once per implant only when surgical implant is benefitted.	50%	50%
<b>Major Restorative</b> Crowns or Onlay Cast Posts/Buildups	When teeth cannot be restored with regular fillings. Once within 60 months per tooth (age 12 and older). Once per tooth per 60 months only benefitted to retain a crown.	50%	50%
<b>Dependent Eligibility:</b> Eligible dependents are covered until the last day of the month of the member's 26 <sup>th</sup> birthday.			

### ***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 these services are covered under your dental coverage.**

**\*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 Premier



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

As a Delta Dental Premier subscriber, you have access to the most extensive dental network in Massachusetts, with more than 11,000 participating dentist locations.

With Delta Dental Premier, you enjoy the greatest savings in out-of-pocket expenses when visiting a dentist who participates in the Delta Dental Premier network. Participating dentists typically accept discounted fees for their services, and since your co-payments are based on these fees, you pay lower out-of-pocket costs for your care. You will still receive coverage if you visit a non-participating dentist, but your benefit will be at the out-of-network level shown in the right-hand column of this coverage summary.

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/>

To find a dentist, simply visit **[www.deltadentalma.com](http://www.deltadentalma.com)** (click on the Find a Dentist link and select Delta Dental Premier) or call Delta Dental customer service at 1-800-872-0500.

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

Visit the member area of **[www.deltadentalma.com](http://www.deltadentalma.com)** 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 customer service at 1-800-872-0500.

You can also find more information about your plan in the Delta Dental Member Guide, available from your benefits administrator or online at **[www.deltadentalma.com](http://www.deltadentalma.com)**. In the guide, you can learn how to use your benefits, how to find a dentist or specialist, how to access online resources, and more about keeping a healthy mouth for life.

The information on this coverage summary should be used only as a guideline for your dental benefits plan. For detailed information on your group's plan, riders, terms and conditions, or limitations and exclusions, refer to your plan's Subscriber Certificate, which is available through your benefits administrator.

Your Plan is Administered by:  
**Delta Dental of Massachusetts**  
1-800-872-0500  
[www.deltadentalma.com](http://www.deltadentalma.com)

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

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  
Phone: 617-886-1683  
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.*



# Coordination of Benefits

Sometimes family members are covered by more than one health care plan. This happens, for example, when a husband and wife both work and choose to have family coverage through both employers. When you are covered by more than one plan, Delta Dental of Massachusetts follows a legal procedure called coordination of benefits to establish which dental plan is primary and how much the secondary plan should pay. The goal is to pay the maximum allowable benefit without exceeding the actual cost approved for your care.

## Determining the Primary Plan

The guidelines below will help determine which plan is primary.

- If a health plan does not have a coordination of benefits provision, that plan is primary.
- The plan that covers the patient as the employee (member or subscriber) is primary over a plan covering the patient as a dependent, retiree, or COBRA-qualified beneficiary.
- If a child is covered under both parents' plans, the plan of the parent (or legal guardian) whose birthday is earlier in the year is the primary plan.
- For children of divorced or separated parents, benefits are determined in the following order unless a court order places financial responsibility on one parent:
  - plan of the custodial parent;
  - plan of the custodial parent's new spouse (if remarried);
  - plan of the noncustodial parent;
  - plan of the noncustodial parent's new spouse (if remarried).

## Delta Dental as Primary Plan

When Delta Dental is the primary plan, we pay the claim to the full extent of the patient's coverage.

## Delta Dental as Secondary Plan

Payment is calculated on the total approved amount for the services billed. The primary payment amount is deducted from the total approved amount, and Delta Dental makes payment based on the balance. Delta Dental's limitations and exclusions apply to COB claims.

Some plans have a non-duplication of benefits clause. This means if the primary plan's payment is less than what Delta Dental would have paid as primary, Delta Dental pays the difference between the actual primary payment and the amount Delta Dental would have paid as primary. If the primary plan's payment is more than Delta Dental would have paid as primary, Delta Dental's payment is zero.

Coordination of benefits covers a variety of circumstances. This is only an overview of the most common ones. If you have questions, email us at [customer.care@deltadentalma.com](mailto:customer.care@deltadentalma.com) or call Customer Service at 1-800-872-0500.





# Welcome to [deltadentalma.com](http://www.deltadentalma.com)

Where your dental benefit information is always at your fingertips. At [www.deltadentalma.com](http://www.deltadentalma.com), you can:

- Check your eligibility
- Verify your deductible and annual maximum
- Check your *Rollover Max* Balance
- Check the date of your last cleaning
- View your benefit plan design
- Check the status of your claims
- Request a replacement ID card
- Download the Delta Dental mobile app

You can also search for a dentist on our site using our **Find a Dentist** feature. Just enter your plan name, area preference, dentist name or specialty, and you'll get a list of participating dentists who may be perfect for you.

Visit [www.deltadentalma.com](http://www.deltadentalma.com) today and start taking advantage of our user-friendly services. Follow the instructions on the back of this card. It has never been easier to get the dental benefit information you need to keep a healthy smile.

# Register Now!

- Step 1:** Go to [www.deltadentalma.com](http://www.deltadentalma.com).
- Step 2:** Click on [Members](#) from the right-hand login box.
- Step 3:** Click on [Members click here to register](#) under "Forgot Password?" link.
- Step 4:** Please read and review our Terms and Conditions and click [Yes](#) to agree and continue.
- Step 5:** Complete the [Register Member Personal Information](#) section, and continue on to complete the [Account Information](#) section.
- Step 6:** Begin accessing your dental benefits information right away.

Managing your dental benefits has never been easier.



**Delta Dental of Massachusetts**  
465 Medford Street, Boston, MA 02129

Dental Service of Massachusetts, Inc. is an Independent Licensee of the Delta Dental Plans Association.

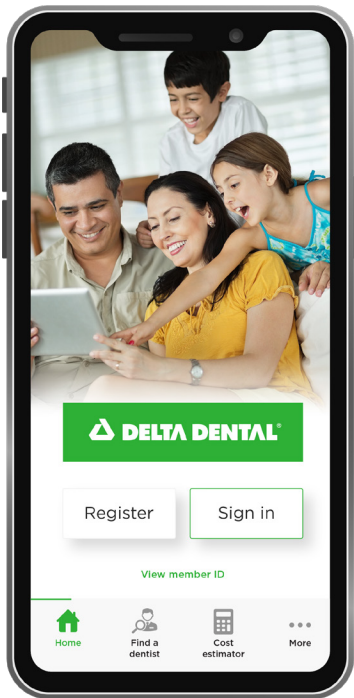
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SP670 (7/16)

# Delta Dental Mobile App

Helping members manage  
their oral health



## Oral health is important to Delta Dental — and to our members' overall health!

We've designed our mobile app to make it easy for members to make the most of their dental benefits. Members can search for a dentist near them, access ID cards and more, right on their mobile device.

### Delta Dental Mobile App features



Quick and easy access to digital member ID cards — option to save to Apple Wallet or Google Passbook for extra convenience.



A dentist search tool that helps members quickly find an in-network provider nearby.



Save preferred dentists for quick access when making appointments.



Our easy-to-use Dental Care Cost Estimator tool provides estimated cost ranges for common dental care needs.

(Not available in all geographic areas.)



SCAN TO DOWNLOAD  
DELTA DENTAL MOBILE APP

### Getting started

Members must first be registered for the Delta Dental of Massachusetts secure, member portal. Once registered for the portal, members will use the same username and password to register and login to the mobile app.

The Delta Dental Mobile App is optimized for iOS (Apple) and Android devices. To download our app on your device, visit the App Store (Apple) or Google Play (Android) and search for Delta Dental Mobile App. Or, scan the QR code at the left. You will need an internet connection in order to download and use most features of our free app.

Please note information displayed may vary based on your particular coverage. For more information on your coverage, contact your Delta Dental company. "Delta Dental" refers to the national network of 39 independent Delta Dental companies that provide dental benefits and is a registered trademark of Delta Dental Plans Association.



# Talk to a Dentist Online With Virtual Visits

Delivered by TeleDentistry.com



Delta Dental of Massachusetts members can now schedule a virtual visit with a dentist 24/7 using their smartphone, tablet or computer

Virtual visits are available to Delta Dental of Massachusetts members for urgent dental problems through their existing Delta Dental coverage. A virtual visit is an effective way to receive care and avoid the emergency room.

You can schedule a virtual visit when you:

- Are having a dental emergency or an urgent dental concern.
- Need access to a dentist after hours and your dentist isn't available.
- Need to consult with a dentist while traveling.

TeleDentistry.com dentists diagnose the problem and provide treatment options. You will be referred to a Delta Dental dentist for follow-up care.

The TeleDentistry.com dentist will email you consultation notes and direct you to follow up with your provider. If you have not established care with a Delta Dental network dentist, TeleDentistry.com will provide you with a list of local Delta Dental network dentists for follow-up care.

This service supplements Delta Dental's current plan coverage and should be used after business hours, holidays and weekends, or when your regular dentist is unavailable.

TeleDentistry.com services are only available to current Delta Dental of Massachusetts members. A TeleDentistry.com consultation counts as a problem-focused exam under your dental plan.

## IT'S EASY TO SCHEDULE A VIRTUAL VISIT

Delta Dental has partnered with TeleDentistry.com to provide virtual visits.

Here's how it works:

**Step 1** – Go online to [teledentistry.com/ddma](https://teledentistry.com/ddma).

**Step 2** – Complete a brief registration and health questionnaire.

**Step 3** – You'll be connected with a TeleDentistry.com dentist to begin your visit.

TeleDentistry.com is backed by the power of Preventistry™, Delta Dental of Massachusetts' groundbreaking and unique approach to transforming the oral health care system. Preventistry combines clinical innovation, actionable data and digital engagement to provide a higher level of care and improve the health of our members.



# A healthy smile for life!



you can prevent  
oral health problems

## What is gum disease?

- Periodontal disease is an infection of your gums and jawbone.
- Gingivitis is an infection in your gums.

## Gum disease

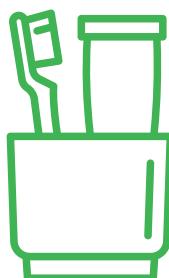
- Gets worse if not properly treated.
- Can be passed on to other family members.
- Can appear without symptoms so people may not know they have it.
- May affect the outcomes of other diseases, such as diabetes and heart disease.
- May lead to premature birth in pregnant women.

## How is gum disease treated?

- A deep cleaning by your dentist to remove the bacteria that is damaging your gums.
- Prescription mouth rinse or fluoride toothpaste, or other medicine to use at home.
- Some people may need gum surgery.

## Stay healthy after treatment for gum disease

- Floss daily.
- Brush twice a day.
- Visit your dentist regularly for oral exams and cleanings.
- Use at-home products your dentist recommends.
- Do not chew or smoke tobacco.



## What causes cavities?

- Bacteria in your mouth.
- Frequent snacking and sipping sugary drinks.
- Not cleaning your teeth well.

## Reduce your risk for cavities

- Brush for two minutes, twice a day, with fluoride toothpaste.
- Brush your teeth after eating sugary or starchy foods.
- Floss daily to remove food trapped between teeth.
- Chew Xylitol gum.

## Protect your teeth with sealants

- A dental sealant is a thin, plastic coating painted on the chewing surfaces of teeth -- usually the back molars -- to prevent tooth decay.
- Takes only a few minutes to apply a sealant to a tooth.
- Last for 5 years or longer.

## Who should get sealants?

- Children when their first molars (ages 6-7) and second molars (ages 12-13) emerge.



# Keeping your teeth clean is easier and less expensive than ever

As a member of Delta Dental, you can now take advantage of significant discounts on two kinds of Z Sonic toothbrushes, as well as replacement heads.

With your member discount, you can get the premier Z Sonic toothbrush for \$59.95, \$140 off the Manufacturer's Suggested Retail Price (MSRP). The offer also includes 2 brush heads & 1 charging base. And as a member you also get discounts on replacement heads.

The Z Sonic pulses 31,000 – 48,000 times a minute and features 5 brushing modes (Clean, Whiten, Polish, Massage, and Sensitive) to customize your tooth cleaning experience.

## Take Your Sonic Cleaning on the Road



If you travel and want to keep your mouth healthy on the road, you can also pick up a Z Sonic travel toothbrush for \$14.50. This portable, battery powered, toothbrush gives you the benefits of sonic brushing in a size that can fit in your carry on, in the glove compartment or in your desk drawer.

## Save On Replacement Heads Too

You can also get replacement heads for both the Z Sonic or Z Sonic Mini at 50% off retail costs. And if you buy replacement heads and the toothbrush together, you can get FREE shipping.

## Here's how to order

### Online

- Go to: [myzsonic.com/DDMA](http://myzsonic.com/DDMA)
- Add products to your cart
- Enter payment information

### By Phone

- Call 1-888-228-7706
- Be sure to mention that you are a Delta Dental of Massachusetts member

### Discount Codes:

- **Z Sonic**  
\$59.95 (MSRP: \$199.95)
- **4 Regular Brush Heads**  
\$21.88 (MSRP: \$43.76)
- **4 Premium Brush Heads**  
\$25.88 (MSRP: \$51.76)
- **Z Sonic Mini Travel Toothbrush**  
\$14.50 (MSRP: \$19.95)  
Promo Code: DDMA4
- **4 Z Sonic Mini Brush Heads**  
\$14.00 (MSRP: \$28.00)



Delta Dental of Massachusetts is an Independent Licensee of the Delta Dental Plans Association. \*Registered Marks of the Delta Dental Plans Association. Delta Dental of Massachusetts and Z Sonic are independent, unaffiliated companies.

The plan is not insurance coverage and does not meet the minimum creditable coverage requirements under the Affordable Care Act or Massachusetts M.G.L. c. 111M and 956 CMR 5.00.

# Listen Up!

Your ears could be telling you something

**40** Million Americans have hearing loss<sup>1</sup>

Hearing loss affects people of all ages. In fact, **about 12% of the U.S. working population has hearing difficulty**<sup>2</sup>. Stay sharp, happy, safe, and productive—don't wait to treat your hearing loss.

## What causes hearing loss?

Hearing loss is caused by temporary obstructions in the outer or middle ear or permanent damage to the tiny hairs in the inner ear. Common causes of damage include exposure to noise, aging, other health conditions, and certain medications.

## When should I get my hearing checked?


Hearing loss can come on so gradually that you may not even notice it's happening. In general, you should

have your hearing screened every three to five years, and tested annually if you are over the age of 50 or experiencing any of the following:

- Consistent exposure to loud noises.
- Difficulty understanding in noisy environments or in groups.
- Hearing mumbling or feeling as though people are not speaking clearly.
- Ringing in your ears.

## If you think you may have hearing loss, rest easy.

Delta Dental of Massachusetts has teamed up with Amplifon to offer you quality hearing health care.

	Level 1	Level 2	Level 3	Level 4	Level 5
	Over 1,400 hearing aid options with an average savings of 64% off retail pricing.*				
Average Manufacturer Suggested Retail Price (per ear)	\$2,203/ear	\$2,999/ear	\$4,280/ear	\$6,172/ear	\$7,698/ear
<b>Amplifon Price (per ear)</b>	<b>\$995/ear</b>	<b>\$1,495/ear</b>	<b>\$1,795/ear</b>	<b>\$2,195/ear</b>	<b>\$2,645/ear</b>

Risk-free trial†: Find your right fit by trying your hearing aids for 60 days. | Complimentary Aftercare‡ | Easy as 1-2-3!

**1-year follow-up care**  
ensures smooth transition to  
your new hearing aids

**2-year year battery support**  
battery supply or charging  
station to keep you powered

**3-year year warranty**  
coverage for loss, repairs,  
or damage

To learn more, call 888-402-1394 or visit: [amplifonusa.com/ddma](https://amplifonusa.com/ddma)

1 [nidcd.nih.gov/health/noise-induced-hearing-loss](https://nidcd.nih.gov/health/noise-induced-hearing-loss)

2 [cdc.gov/niosh/topics/ohl](https://cdc.gov/niosh/topics/ohl)

\* You and your provider will determine the best device to meet your hearing loss, lifestyle, and technology needs.

† **Risk-free trial:**

%100 money back guarantee if not completely satisfied, no return or restocking fees

‡ **Follow-up care:**

For one year following purchase. Batteries - two year supply of batteries (80 cells/ear/year) or one standard charger at no additional cost. Warranty - exclusions and limitations may apply. Contact Amplifon 1394-402-888 for details.

Hearing aids cannot restore natural hearing. Your experience will depend on the severity of your hearing loss, accuracy of evaluation, proper fit and ability to adapt to amplification.

Amplifon Hearing Health Care is solely responsible for the administration of hearing health care services, and its own financial and contractual obligations. Delta Dental of Massachusetts and Amplifon are independent, unaffiliated companies. The Amplifon Hearing Health Care discount program is not approved for use with any 3rd party payor program, including government and private third-party payor programs. Hearing services are administered by Amplifon Hearing Health Care, Corp.

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