



Delta Dental of Massachusetts Plans Summary Sheet Effective October 1, 2010

Product Name	Available To Group Sizes	Tier Option	Benefit Design Highlights	Rates
Delta Dental PPO <i>Plus Premier</i> (with waiting period)	2+ employees (Contributory)	2 Tier	<ul style="list-style-type: none"> \$1200 max pp cal/yr Type I Preventive 100% (no deductible) *Type II Basic 80% *Type III Major 50% <i>*\$50/150 combined deductible waiting period applies to certain benefits</i>	Individual = \$56.00 Family = \$129.00
Delta Dental PPO <i>Plus Premier</i> (no waiting period) Employer must provide proof of prior coverage	2+ employees (Contributory)	2 Tier	<ul style="list-style-type: none"> \$1200 max pp cal/yr Type I Preventive 100% (no deductible) *Type II Basic 80% *Type III Major 50% <i>*\$50/150 combined deductible No waiting period</i>	Individual = \$58.00 Family = \$132.00
Delta Dental PPO <i>Plus Premier</i> (High)	10+ employees (Contributory)	2 Tier	<ul style="list-style-type: none"> \$1200 max pp cal/yr Type I Preventive 100% (no deductible) *Type II Basic 80% *Type III Major 50% Orthodontics** <i>*\$50/150 combined deductible No waiting period</i>	Individual = \$60.00 Family = \$136.00
Delta Care 2	2+ employees (Contributory)	3 Tier	<ul style="list-style-type: none"> Preventive and diagnostic services are covered at 100%. Basic and major restorative services provided by network dentists are available at discounted rates. Limited network of participating dentists Orthodontics** <i>No waiting period</i>	Individual = \$42.00 2-person = \$67.00 Family = \$98.00
Voluntary				
Delta Dental PPO Value	1+ employees (Voluntary)	2 Tier	<ul style="list-style-type: none"> When received in-network, preventive and diagnostic services are covered at 100%. Basic and major restorative services provided by network dentists are available at discounted rates. <i>No waiting period</i>	Individual = \$33.00 Family = \$79.00
Delta Dental Premier Voluntary Option 1	1+ employees (Voluntary)	3 tier	<ul style="list-style-type: none"> \$1000 max pp cal/yr Type I Preventive 100% (no deductible) *Type II Basic 80% *Type III Major 50% <i>*\$50/150 combined deductible waiting period applies to certain benefits</i>	Individual = \$64.50 2-person = \$120.50 Family = \$187.50
Delta Dental Premier Voluntary Option 2	1+ employees (Voluntary)	3 tier	<ul style="list-style-type: none"> \$1000 max pp cal/yr Type I Preventive 100% (no deductible) *Type II Basic 50% *Type III Major 40% <i>*\$50/150 combined deductible waiting period applies to certain benefits</i>	Individual = \$53.50 2-person = \$98.50 Family = \$155.50

** Orthodontics covered based on plan design.



Malden Chamber of Commerce

Please contact us: **Health Services Administrators:** 135 Wood Rd, Braintree, Ma 02184 - www.hsainsurance.com

NAME _____ COMPANY NAME _____ # EMPLOYEES _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

TELEPHONE _____ EMAIL _____ BEST TIME TO CALL _____ AM/PM _____

Fax form to: (781) 952-2025

or call

Tel: (781) 228-2125

Premier and Delta Care rates effective 10/1/2010 through 9/30/2011
PPO Value and Premier Voluntary rates effective 7/1/2010 through 6/30/2011