



**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"> <li>\$1200 max pp cal/yr</li> <li>Type I Preventive 100% (no deductible)</li> <li>*Type II Basic 80%</li> <li>*Type III Major 50%</li> </ul> <p align="center"><i>*\$50/150 combined deductible waiting period applies to certain benefits</i></p>	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"> <li>\$1200 max pp cal/yr</li> <li>Type I Preventive 100% (no deductible)</li> <li>*Type II Basic 80%</li> <li>*Type III Major 50%</li> </ul> <p align="center"><i>*\$50/150 combined deductible No waiting period</i></p>	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"> <li>\$1200 max pp cal/yr</li> <li>Type I Preventive 100% (no deductible)</li> <li>*Type II Basic 80%</li> <li>*Type III Major 50%</li> <li>Orthodontics**</li> </ul> <p align="center"><i>*\$50/150 combined deductible No waiting period</i></p>	Individual = \$60.00 Family = \$136.00
Delta Care 2	2+ employees (Contributory)	3 Tier	<ul style="list-style-type: none"> <li>Preventive and diagnostic services are covered at 100%.</li> <li>Basic and major restorative services provided by network dentists are available at discounted rates.</li> <li>Limited network of participating dentists</li> <li>Orthodontics**</li> </ul> <p align="center"><i>No waiting period</i></p>	Individual = \$42.00 2-person = \$67.00 Family = \$98.00
<b>Voluntary</b>				
Delta Dental PPO Value	1+ employees (Voluntary)	2 Tier	<ul style="list-style-type: none"> <li>When received in-network, preventive and diagnostic services are covered at 100%.</li> <li>Basic and major restorative services provided by network dentists are available at discounted rates.</li> </ul> <p align="center"><i>No waiting period</i></p>	Individual = \$33.00 Family = \$79.00
Delta Dental Premier Voluntary Option 1	1+ employees (Voluntary)	3 tier	<ul style="list-style-type: none"> <li>\$1000 max pp cal/yr</li> <li>Type I Preventive 100% (no deductible)</li> <li>*Type II Basic 80%</li> <li>*Type III Major 50%</li> </ul> <p align="center"><i>*\$50/150 combined deductible waiting period applies to certain benefits</i></p>	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"> <li>\$1000 max pp cal/yr</li> <li>Type I Preventive 100% (no deductible)</li> <li>*Type II Basic 50%</li> <li>*Type III Major 40%</li> </ul> <p align="center"><i>*\$50/150 combined deductible waiting period applies to certain benefits</i></p>	Individual = \$53.50 2-person = \$98.50 Family = \$155.50

\*\* Orthodontics covered based on plan design.



**Salem Chamber of Commerce**

Please contact: **Health Services Administrators**: 135 Wood Rd, Braintree, Ma 02184 - [www.hsainurance.com](http://www.hsainurance.com)

NAME \_\_\_\_\_ COMPANY NAME \_\_\_\_\_ # EMPLOYEES \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 TELEPHONE \_\_\_\_\_ EMAIL \_\_\_\_\_ BEST TIME TO CALL \_\_\_\_\_ AM/PM \_\_\_\_\_

**Fax form to: (781) 952-2024**

**or call**

**Toll free: (877) 777 - 4414**

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