HSA

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 *Plus Premier* (with waiting period)	2+ employees (Contributory)	2 Tier	• $1200 max pp cal/yr • Type I Preventive 100% (no deductible) • *Type II Basic 80% • *Type III Major 50% **$50/150 combined deductible* ***waiting period applies to certain benefits***	Individual = $56.00 Family = $129.00
Delta Dental PPO *Plus Premier* (no waiting period) **Employer must provide proof of prior coverage**	2+ employees (Contributory)	2 Tier	• $1200 max pp cal/yr • Type I Preventive 100% (no deductible) • *Type II Basic 80% • *Type III Major 50% **$50/150 combined deductible* ***No waiting period***	Individual = $58.00 Family = $132.00
Delta Dental PPO *Plus Premier* (High)	10+ employees (Contributory)	2 Tier	• $1200 max pp cal/yr • Type I Preventive 100% (no deductible) • *Type II Basic 80% • *Type III Major 50% • Orthodontics** **$50/150 combined deductible* ***No waiting period***	Individual = $60.00 Family = $136.00
Delta Care 2	2+ employees (Contributory)	3 Tier	• 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** ***No waiting period***	Individual = $42.00 2-person = $67.00 Family = $98.00
Voluntary				
Delta Dental PPO Value	1+ employees (Voluntary)	2 Tier	• 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. ***No waiting period***	Individual = $33.00 Family = $79.00
Delta Dental Premier Voluntary Option 1	1+ employees (Voluntary)	3 tier	• $1000 max pp cal/yr • Type I Preventive 100% (no deductible) • *Type II Basic 80% • *Type III Major 50% **$50/150 combined deductible* ***waiting period applies to certain benefits***	Individual = $64.50 2-person = $120.50 Family = $187.50
Delta Dental Premier Voluntary Option 2	1+ employees (Voluntary)	3 tier	• $1000 max pp cal/yr • Type I Preventive 100% (no deductible) • *Type II Basic 50% • *Type III Major 40% **$50/150 combined deductible* ***waiting period applies to certain benefits***	Individual = $53.50 2-person = $98.50 Family = $155.50

**** Orthodontics covered based on plan design.**

Easton Chamber of Commerce
PARTNERS IN PROGRESS
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Easton Chamber of Commerce

Please contact: 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 _____

T: (781) 380-0958 Debbie x125 or Debbie x124 F: (781)843-5001

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