

# DENTAL INSURANCE

The Town of Winchendon offers voluntary dental plans through Harvard Pilgrim (HPHC/Point 23). There are two dental options: The High Plan offers an annual allowance of \$1250.

## Manage Your Benefits:

Go to [www.point32health.org/dental-login](http://www.point32health.org/dental-login) to access secure information about your Dental benefits, including how to find a dentist within the network.

## HIGH PLAN OPTION

Service Class		In-Network		Out-of-Network	
Service Description		Plan Pays	Waiting Period	Plan Pays <sup>1</sup>	Waiting Period
1	Diagnostic & Preventive Services	100%	None	100%	None
2	Basic Services	80%	None	80%	None
3	Major Services	50%	None	50%	None
4	Orthodontic Services	0%	None	0%	None
Annual Deductible		In-Network		Out-of-Network	
Amount		\$50		\$50	
Maximum Per Family		\$150		\$150	
Applies To		Class 2, Class 3		Class 2, Class 3	
<ul style="list-style-type: none"> <li>Each member must pay the deductible amount for dental services before the plan will begin to cover the member's dental procedures. The deductible is combined for all applicable services for each Benefit year per member.</li> </ul>					
Maximums		In-Network		Out-of-Network	
Annual		\$1,250		\$1,250	
Lifetime Orthodontic		N/A		N/A	
<ul style="list-style-type: none"> <li>The maximum listed is the dollar amount that the plan will pay towards the cost of dental care within the specified period per member.</li> <li>The annual maximum is combined for in-network and out-of-network services.</li> <li>The annual maximum applies to: Class 2, Class 3</li> </ul>					
Out-of-Network Allowance		In-Network		Out-of-Network	
		N/A		90 <sup>th</sup>	
<ul style="list-style-type: none"> <li>Unlike in-network (INN) providers that have agreed to negotiated fees for services, out-of-network (OON) providers have no contract with Point32Health Dental or Point32Health Dental leased dental networks. As such, OON providers set their own fees and Point32Health reimburses the member based upon the established OON allowance.</li> <li>Point32Health Dental plans with a maximum allowable charge allowance (MAC) only reimburses the member based on the established INN fee schedule, which is determined by the geographic area where the expenses are incurred. This means that if the OON provider's fee is higher than Point32Health's Dental INN fee schedule, the member will be billed the remaining balance to cover the OON provider's fee.</li> </ul>					
Rollover Services		Service Maximum (Paid by Plan)		Rollover Maximum	
Maximum Amounts		\$750		\$1,563	
<ul style="list-style-type: none"> <li>A member may be eligible for a rollover of unused annual maximum for Class 1, Class 2 and Class 3 Services. The following requirements must be adhered to: <ul style="list-style-type: none"> <li>At least one claim must be submitted for Class 1 covered services during the Benefit year.</li> <li>The member must have received services in excess of any deductible.</li> <li>The member must not have received services that exceed the service maximum, which is the amount paid by the plan.</li> <li>If eligible, the amount of rollover services may not be greater than the rollover maximum.</li> <li>A member's rollover services may be eliminated, and the accrued service lost, if there is a break in coverage of any length of time, for any reason, or if the service maximum is exceeded in any given Benefit year.</li> </ul> </li> </ul>					

\*Out-of-network benefits are based on the 90th percentile of the prevailing fee data for the dentist's zip code. 12

# DENTAL INSURANCE

The Town of Winchendon offers voluntary dental plans through Harvard Pilgrim (HPHC/Point 23). There are two dental options: A High Plan and a Low Plan. The Low Plan offers an annual allowance of \$1,000.

## Manage Your Benefits:

Go to [www.point32health.org/dental-login](http://www.point32health.org/dental-login) to access secure information about your Dental benefits, including how to find a dentist within the network.

## LOW PLAN OPTION

Service Class	Service Description	In-Network		Out-of-Network	
		Plan Pays	Waiting Period	Plan Pays <sup>1</sup>	Waiting Period
1	Diagnostic & Preventive Services	100%	None	100%	None
2	Basic Services	80%	None	80%	None
3	Major Services	50%	None	50%	None
4	Orthodontic Services	0%	None	0%	None
<b>Annual Deductible</b>		<b>In-Network</b>		<b>Out-of-Network</b>	
Amount		\$50		\$50	
Maximum Per Family		\$150		\$150	
Applies To		Class 2, Class 3		Class 2, Class 3	
<ul style="list-style-type: none"> <li>Each member must pay the deductible amount for dental services before the plan will begin to cover the member's dental procedures. The deductible is combined for all applicable services for each Benefit year per member.</li> </ul>					
<b>Maximums</b>		<b>In-Network</b>		<b>Out-of-Network</b>	
Annual		\$1,000		\$1,000	
Lifetime Orthodontic		Not Covered		Not Covered	
<ul style="list-style-type: none"> <li>The maximum listed is the dollar amount that the plan will pay towards the cost of dental care within the specified period per member.</li> <li>The annual maximum is combined for in-network and out-of-network services.</li> <li>The annual maximum applies to: Class 2, Class 3</li> </ul>					
<b>Out-of-Network Allowance</b>		<b>In-Network</b>		<b>Out-of-Network</b>	
		N/A		80 <sup>th</sup>	
<ul style="list-style-type: none"> <li>Unlike in-network (INN) providers that have agreed to negotiated fees for services, out-of-network (OON) providers have no contract with Point32Health Dental or Point32Health Dental leased dental networks. As such, OON providers set their own fees and Point32Health reimburses the member based upon the established OON allowance.</li> <li>Point32Health Dental plans with a maximum allowable charge allowance (MAC) only reimburses the member based on the established INN fee schedule, which is determined by the geographic area where the expenses are incurred. This means that if the OON provider's fee is higher than Point32Health's Dental INN fee schedule, the member will be billed the remaining balance to cover the OON provider's fee.</li> </ul>					
<b>Rollover Services</b>		<b>Service Maximum (Paid by Plan)</b>		<b>Rollover Maximum</b>	
Maximum Amounts		\$750		\$1,250	
<ul style="list-style-type: none"> <li>A member may be eligible for a rollover of unused annual maximum for Class 1, Class 2 and Class 3 Services. The following requirements must be adhered to: <ul style="list-style-type: none"> <li>At least one claim must be submitted for Class 1 covered services during the Benefit year.</li> <li>The member must have received services in excess of any deductible.</li> <li>The member must not have received services that exceed the service maximum, which is the amount paid by the plan.</li> <li>If eligible, the amount of rollover services may not be greater than the rollover maximum.</li> <li>A member's rollover services may be eliminated, and the accrued service lost, if there is a break in coverage of any length of time, for any reason, or if the service maximum is exceeded in any given Benefit year.</li> </ul> </li> </ul>					

\* Out-of-network benefits are based on the 90th percentile of the prevailing fee data for the dentist's zip code. 13