



Neighborhood Health Plan Pediatric Dental Benefits

Neighborhood Health Plan is pleased to offer a pediatric dental benefit through an agreement with Delta Dental of Massachusetts. This benefit is to meet the needs of our members who have young children. Neighborhood Health Plan is committed to improving access to high quality dental care while controlling costs.

Who is eligible?

All children under the age of 12 who are enrolled in a participating NHP commercial plan are eligible. For a complete list of participating plans, please visit the NHP Web site at **www.NHP.org**, or contact the NHP Customer Care Center at **1-800-462-5449**. Please note that your child's dental coverage will end on the first occurrence of any of the following:

- When the child is no longer a covered member of Neighborhood Health Plan;
- Upon the child's 12th birthday;
- If your employer group ceases to offer this benefit.

What is covered?

All services listed below are covered services when provided by a participating dentist:

Diagnostic:

Complete initial oral exam and charting – Once per dentist

Periodic Oral Exam:

Once every six months

X-rays:

Full mouth (complete set of X-rays) – Once every five years

Bitewings (X-rays of back teeth) – Once every six months

Periapicals (single tooth X-ray) – As needed

Preventive:

Oral prophylaxis (cleaning, scaling and polishing of teeth) –
Once every six months

Fluoride treatments:

Once every six months

All of the services listed will be completely covered with no out-of-pocket expenses when performed by a dentist who participates in the Delta Dental Premier network. 95% of all Massachusetts dentists participate in our Premier network, so chances are good that your dentist participates. You may also visit a non-participating dentist, but there could be out-of-pocket expenses charged by the dentist and the benefit level could be reduced. You can search for a Delta Dental Premier network dentist on our Web site at **www.deltadentalma.com**.

Enclosed is your ID card from Delta Dental of Massachusetts. If your dentist is a participating Delta Dental Premier network dentist, you won't have to file any claim forms – just show your ID card and the office will take care of the rest. Remember, services other than those listed above are not covered by this plan.

How do I appeal a claim?

You may request a formal review of a coverage denial by writing to the following address within 180 days of receiving the notice of denial:

Delta Dental of Massachusetts
P.O. Box 9695
Boston, MA 02114-9695

If you have any questions about coverage or need to find a participating dentist, call Delta Dental toll free at 1-800-872-0500.

Delta Dental of Massachusetts
 465 Medford Street, Boston, MA 02129
 www.deltadentalma.com

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