



Harvard Pilgrim
Health Care

a Point32Health company

Member Guide

For Point32Health Dental Plans & Services





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Dental Product Overview

Complete Oral Care with Point32Health Dental

- Comprehensive coverage for adults and children
- Affordable preventive, restorative, and orthodontia care
- Convenient access to more than 350,000 dental locations nationwide
- Offers one of the largest PPO networks available
- Generous annual maximum benefit rollover
- Easy access to benefit details, provider search, claims and ID cards via your secure account

Secure Member Account

Manage your benefits, check claims, find providers, and get your ID card, visit point32health.org/dental-login

Provider Search

Find your dentists in our network, visit point32health.org/find-a-dentist

Member Service & Support

We're here to help, call **866-615-4963**
Monday to Friday 8 AM – 6 PM EST



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SmartStart Program

Make your switch to Point32Health Dental easier than ever.



New plan. New benefits. Questions answered.

- How soon do I get my ID card?
- How can I confirm coverage for an upcoming appointment or procedure?
- How do I find dental providers in the network?

SmartStart will guide you through enrollment even before your plan is active.

Pre-enrollment phone line

Our dedicated team will help answer your questions about your new benefits and coverage — providing needed support even before your new plan is active.

**Contact us at SmartStart@harvardpilgrim.org
or call 866-874-0817 for answers to your questions.**

Member online secure account

Visit point32health.org/dental-login to activate your secure account and quickly access your dental plan benefits and information.

- View your ID card
- Find a dentist
- Check your claims status
- Manage your account preferences and more

The dental plan is underwritten by HPHC Insurance Company, Inc. d/b/a Point32Health Dental.



Point32Health Dental PPO Choice Coverage Schedule, Limitations and Exclusions

| Service Class | Service Description | In-Network | | Out-of-Network | |
|---|----------------------------------|--------------------------------|----------------|------------------------|----------------|
| | | Plan Pays | Waiting Period | Plan Pays ¹ | Waiting Period |
| 1 | Diagnostic & Preventive Services | 100% | None | 100% | None |
| 2 | Basic Services | 100% | None | 100% | None |
| 3 | Major Services | 60% | None | 60% | 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">• 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. | | | | | |
| | | | | | |
| Maximums | | In-Network | | Out-of-Network | |
| Annual | | \$1,500 | | \$1,500 | |
| Lifetime Orthodontic | | Not Covered | | Not Covered | |
| <ul style="list-style-type: none">• The maximum listed is the dollar amount that the plan will pay towards the cost of dental care within the specified period per member.• The annual maximum is combined for in-network and out-of-network services.• The annual maximum applies to: Class 2, Class 3 | | | | | |
| Out-of-Network Allowance | | In-Network | | Out-of-Network | |
| | | N/A | | 90 th | |
| <ul style="list-style-type: none">• 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.• 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. | | | | | |
| Rollover Services | | Service Maximum (Paid by Plan) | | Rollover Maximum | |
| Maximum Amounts | | \$750 | | \$1,875 | |
| <ul style="list-style-type: none">• 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">• At least one claim must be submitted for Class 1 covered services during the Benefit year.• The member must have received services in excess of any deductible.• The member must not have received services that exceed the service maximum, which is the amount paid by the plan.• If eligible, the amount of rollover services may not be greater than the rollover maximum.• 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. | | | | | |

- If course of treatment is to exceed \$300, prior review is recommended.
HPHC Insurance Company, Inc.; 1 Wellness Way, Canton, MA 02021-1166
1.866.615.4963; www.point32health.org/dental-login

Plan will pay either the participating dentist's negotiated fee or the 90th percentile usual and customary fees (subject to service coverage percentage) for dental procedures and services as shown below, after any required annual deductible.

| Service Class | Service Description | Service Limitation | In-Network | | | Out-of-Network | | |
|---------------|--|---|------------|-------------------------|--------------------------|----------------|-------------------------|--------------------------|
| | | | Plan Pays | Waiting Period (Months) | Does a deductible apply? | Plan Pays | Waiting Period (Months) | Does a deductible apply? |
| 1 | Evaluations | Two per Calendar Year including a maximum of one comprehensive evaluation per 36 months | 100% | None | No | 100% | None | No |
| 1 | Emergency or problem focused exam (D0140) | One per Calendar Year | 100% | None | No | 100% | None | No |
| 1 | Prophylaxis (cleaning, scaling and polishing teeth) | Two per Calendar Year ; one additional cleaning is covered for expecting mothers or diabetics | 100% | None | No | 100% | None | No |
| 1 | Topical fluoride | Two per Calendar Year, to age 19 | 100% | None | No | 100% | None | No |
| 1 | Bitewing x-rays | Two per Calendar Year | 100% | None | No | 100% | None | No |
| 1 | Palliative treatment of dental pain - per visit | Only if no services other than exam and x-rays were performed on the same date of service. | 100% | None | No | 100% | None | No |
| 1 | Teledentistry, synchronous (D9995) or asynchronous (D9996) | Must be accompanied by a covered procedure | 100% | None | No | 100% | None | No |
| 1 | Sealants | Twice per tooth per lifetime, to age 19 (limited to permanent 1st and 2nd molars) | 100% | None | No | 100% | None | No |
| 1 | Periapical x-rays | | 100% | None | No | 100% | None | No |
| 1 | Full mouth or panoramic x-ray | One per 60 months | 100% | None | No | 100% | None | No |
| 2 | Simple extraction of teeth | | 100% | None | Yes | 100% | None | Yes |
| 2 | Amalgam and composite fillings | Excluding pre-molar and molar composite fillings Per tooth, per surface every 24 months Pre-molar and molar composite fillings will be given an alternate benefit of an amalgam filling | 100% | None | Yes | 100% | None | Yes |
| 2 | Pin retention of fillings | Multiple pins on the same tooth are allowable as one pin | 100% | None | Yes | 100% | None | Yes |
| 2 | Antibiotic injections administered by a dentist | | 100% | None | Yes | 100% | None | Yes |

| Service Class | Service Description | Service Limitation | In-Network | | | Out-of-Network | | |
|---------------|---|---|------------|-------------------------|--------------------------|----------------|-------------------------|--------------------------|
| | | | Plan Pays | Waiting Period (Months) | Does a deductible apply? | Plan Pays | Waiting Period (Months) | Does a deductible apply? |
| 2 | Space maintainers | Used to preserve space between teeth for premature loss of a primary tooth (does not include use for orthodontic treatment) | 100% | None | Yes | 100% | None | Yes |
| 2 | Oral surgery, including postoperative care for: removal of teeth, including impacted teeth; extraction of tooth root; alveolectomy, alveoplasty and frenectomy; excision of periocoronal, gingiva, exostosis or hyper plastic tissue and excision of oral tissue for biopsy; tooth reimplantation and/or tabilization; tooth transplantation; excision of a tumor or cyst and incision and drainage of an abscess or cyst | | 100% | None | Yes | 100% | None | Yes |
| 2 | Oral surgery, including postoperative care for: coronectomy, intentional partial tooth removal, impacted teeth only | One per tooth per lifetime | 100% | None | Yes | 100% | None | Yes |
| 2 | Endodontic treatment of disease of the tooth, pulp, root and related tissue, limited to: root canal therapy | Not covered if pulp chamber was opened before effective date of coverage | 100% | None | Yes | 100% | None | Yes |
| 2 | Endodontic treatment of disease of the tooth, pulp, root and related tissue, limited to: pulpotomy and apicoectomy | | 100% | None | Yes | 100% | None | Yes |
| 2 | Endodontic treatment of disease of the tooth, pulp, root and related tissue, limited to: retrograde fillings | One per root per lifetime | 100% | None | Yes | 100% | None | Yes |
| 2 | Periodontic services, limited to: periodontal maintenance | Two per Calendar Year following surgery | 100% | None | Yes | 100% | None | Yes |
| 2 | Periodontic services, limited to: scaling and root planing | One per quadrant per 24 months from age 21 | 100% | None | Yes | 100% | None | Yes |
| 2 | Periodontic services, limited to: occlusal adjustment performed with covered surgery, gingivectomy, osseous surgery including flap entry and closure | | 100% | None | Yes | 100% | None | Yes |
| 2 | Periodontic services, limited to: pedicle or free soft tissue graft | One per site per lifetime | 100% | None | Yes | 100% | None | Yes |

| | | | | | | | | |
|---|---|--|------|------|-----|------|------|-----|
| 2 | Periodontic services, limited to: occlusal guard (night guards) | One per 5 years within 6 months of osseous surgery | 100% | None | Yes | 100% | None | Yes |
| 2 | Periodontic services, limited to: full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit | One per lifetime | 100% | None | Yes | 100% | None | Yes |

| Service Class | Service Description | Service Limitation | In-Network | | | Out-of-Network | | |
|---------------|--|--|------------|-------------------------|--------------------------|----------------|-------------------------|--------------------------|
| | | | Plan Pays | Waiting Period (Months) | Does a deductible apply? | Plan Pays | Waiting Period (Months) | Does a deductible apply? |
| 2 | Periodontic services, limited to: scaling in presence of generalized moderate or severe gingival inflammation | Full mouth, after oral evaluation and in lieu of a covered prophylaxis (D1110/D1120), limited to one per two years | 100% | None | Yes | 100% | None | Yes |
| 3 | Study model | One per 36 months | 60% | None | Yes | 60% | None | Yes |
| 3 | Crown build-up for non-vital teeth | | 60% | None | Yes | 60% | None | Yes |
| 3 | Recementing bridges, inlays, onlays and crowns | After first 12 months of insertion and per 12 months per tooth thereafter | 60% | None | Yes | 60% | None | Yes |
| 3 | Repair of dentures or fixed bridgework | One per 24 months | 60% | None | Yes | 60% | None | Yes |
| 3 | General anesthesia and analgesia, including intravenous sedation | Covered in conjunction with covered oral surgery, or periodontal surgery, or implant placement procedures | 60% | None | Yes | 60% | None | Yes |
| 3 | Infiltration of sustained release therapeutic drug - single or multiple sites | | 60% | None | Yes | 60% | None | Yes |
| 3 | Restoration services, limited to: cast metal, resin-based or porcelain/ceramic inlay, onlay, and crown | Limited to a tooth with extensive caries or fracture that is unable to be restored with an amalgam or composite filling | 60% | None | Yes | 60% | None | Yes |
| 3 | Restoration services, limited to: replacement of existing inlay, onlay, or crown | After 7 years of the restoration initially placed or last replaced | 60% | None | Yes | 60% | None | Yes |
| 3 | Restoration services, limited to: stainless steel crowns | Up to age 14 (one per primary tooth per lifetime) | 60% | None | Yes | 60% | None | Yes |
| 3 | Restoration services, limited to: post and core | Covered in addition to a crown when separate from crown for endodontically treated teeth, with a good prognosis endodontically and periodontally | 60% | None | Yes | 60% | None | Yes |
| 3 | Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure | One per 2 years | 60% | None | Yes | 60% | None | Yes |
| 3 | Prosthetic services, limited to: initial placement of removable dentures or fixed bridges | | 60% | None | Yes | 60% | None | Yes |

| | | | | | | | | |
|---|--|---|-----|------|-----|-----|------|-----|
| 3 | Prosthetic services, limited to: replacement of removable dentures or fixed bridges | That cannot be repaired after 7 years from the date of last placement | 60% | None | Yes | 60% | None | Yes |
| 3 | Prosthetic services, limited to: addition of teeth to existing partial denture | | 60% | None | Yes | 60% | None | Yes |
| 3 | Prosthetic services, limited to: relining or rebasing of existing removable dentures | One per 24 months (only after 24 months from date of last placement) | 60% | None | Yes | 60% | None | Yes |
| 3 | Prosthetic services, limited to: tissue conditioning | One treatment per 7 years (not covered when performed within 6 months of any denture) | 60% | None | Yes | 60% | None | Yes |
| 3 | Implants and related services | Once per tooth per 60 months, age 16 or older | 60% | None | Yes | 60% | None | Yes |

Plan Exclusions

1. Services which are covered under worker's compensation or employer's liability laws. This applies even if the member has filed an exemption from worker's compensation requirements or is exempt from worker's compensation laws.
2. Services which are not necessary for the patient's dental health as determined by the plan.
3. Reconstructive, plastic, cosmetic, elective or aesthetic dentistry.
4. Oral surgery requiring the setting of fractures and dislocations.
5. Services with respect to malignancies, cysts or neoplasms, hereditary, congenital, mandibular prognathism or development malformations where such services should not be performed in a dental office.
6. Dispensing of drugs.
7. Hospitalization for any dental procedure.
8. Treatment required for conditions resulting from major disaster, epidemic, war, acts of war, whether declared or undeclared, or while on active duty as a member of the armed forces of any nation.
9. Replacement of dentures, bridges, inlays, onlays or crowns that can be repaired or restored to normal function.
10. Diagnosis or treatment of temporomandibular disorder (TMD) syndromes, problems and/or occlusal disharmony.
11. Elective surgery including, but not limited to, extraction of nonpathologic, asymptomatic impacted teeth including third molars.
12. Procedures not listed as covered services under this plan.
13. Replacement of lost, stolen or damaged prosthetic or orthodontic appliances; athletic mouthguards; precision or semi-precision attachments; denture duplication; periodontal splinting of teeth.
14. Services for increasing vertical dimension, replacing tooth structure lost by attrition, and correcting developmental malformations and/or congenital conditions.
15. Procedures that in the opinion of the plan are experimental or investigative in nature because they do not meet professionally recognized standards of dental practice and/or have not been shown to be consistently effective for the diagnosis or treatment of the member's condition.

Annual Rollover Maximum Benefit

Rollover benefits add extra value to your Point32Health Dental plan by allowing you to carry over a portion of your unused benefit maximum each year. With this benefit, you are given the flexibility to save and plan for dental procedures in a way that works best for you — and your out-of-pocket costs.

How Annual Rollover Maximum Benefits Work*

- To qualify for rollover benefits, you must have at least one (1) Class I covered service (e.g., a dental cleaning) performed, in the benefit or calendar year.
- You can roll over a portion of your unused annual maximum per benefit or calendar year for Diagnostic & Preventive services such as cleanings and x-rays (Class I), Basic (Class II) and Major (Class III) services such as fillings, crowns, and root canals.
- Your regular annual maximum dollars are used first. Rollover benefit dollars, or annual rollover amounts, are used after the annual maximum is met.
- If you disenroll from your plan for any length of time for any reason (for example, if you marry and enroll under your spouse's plan), you will lose your current rollover balance.
- Annual rollover benefits and maximums vary by dental plan (based on claims incurred) — please refer to your summary of benefits for complete details, limitations, and/or exclusions.

| | | |
|--------------------------------|---|---|
| Annual Maximum | <i>This is your annual benefit maximum amount.</i> | Varies; please refer to your plan documents for complete details. |
| Annual Rollover Maximum | <i>This is the amount of benefit dollars you may save or rollover to your next plan year.</i> | 50% of your annual maximum |
| Lifetime Rollover Cap | <i>This is the total amount you can save or rollover as a member.</i> | 125% of your annual maximum |

For additional questions, please contact our Member Services team at the phone number listed on your Point32Health Dental ID card or login to your secure account for additional plan details.

*You may not exceed the annual rollover for services performed — if your care exceeds your benefit maximum, then no additional benefit dollars will be available for a rollover.

Harvard Pilgrim Health Care includes Harvard Pilgrim Health Care, Harvard Pilgrim Health Care of New England and HPHC Insurance Company, Inc. Point32Health Dental is underwritten by HPHC Insurance Company, Inc.

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