

## IMPORTANT NEWS ABOUT YOUR DENTAL BENEFITS

July 15, 2009

Dear Member:

The Board of Trustees of the Commonwealth of Massachusetts/NAGE Health and Welfare Trust Fund has important news about your Dental Benefits Program.

### **Resin-Based Composite Fillings Benefit Improvement**

Effective July 1, 2009 the maximum fund payment for Resin-Based Composite fillings (white fillings) has been increased.

<b><u>Delta Premier Provider Service Description</u></b>	<b><u>Increased Fund Payment</u></b>
D2392 Resin-Based Composite, Two Surfaces, Posterior	\$101.75
D2393 Resin-Based Composite, Three Surfaces, Posterior	\$102.75
D2394 Resin-Based Composite, Four or more Surfaces, Posterior	\$112.00

Under the PPO dental fee schedule, coverage for Resin-Based Composite fillings will no longer be covered as an alternate benefit. Effective July 1, 2009 Resin-Based Composite fillings will be added to the current PPO fee schedule with a set member fee.

<b><u>Delta PPO Provider Service Description</u></b>	<b><u>Member Fee</u></b>
D2392 Resin-Based Composite, Two Surfaces, Posterior	\$58.25
D2393 Resin-Based Composite, Three Surfaces, Posterior	\$79.25
D2394 Resin-Based Composite, Four or more Surfaces, Posterior	\$91.00

In a continuing effort to improve the benefits provided through the Commonwealth of Massachusetts/NAGE Health and Welfare Trust Fund the Board of Trustees is pleased to present you with this benefit improvement.

If you have any questions or require any additional information please contact the NAGE Fund Office at 1-800-641-0700 or 617-773-8947.

Sincerely,

The Board of Trustees  
Commonwealth of Massachusetts/NAGE  
Health and Welfare Trust Fund

**ADDENDUM**

**DELTA DENTAL PPO PLUS PREMIER**  
**SCHEDULE FOR DELTA DENTAL**  
**PREMIER PROVIDERS**

**Effective July 1, 2009**

**SERVICE DESCRIPTION**

<u>ADA</u> <u>CODE</u>		<u>MAXIMUM</u> <u>FUND PAYMENT</u>
D2392	RESIN-BASED COMPOSITE TWO SURFACES, POSTERIOR	\$101.75
D2393	RESIN-BASED COMPOSITE THREE SURFACES, POSTERIOR	\$102.75
D2394	RESIN-BASED COMPOSITE FOUR OR MORE SURFACES, POSTERIOR	\$112.00

**ADDENDUM**

**DELTA DENTAL PPO PLUS PREMIER**  
**SCHEDULE FOR DELTA DENTAL**  
**PPO PROVIDERS**

**Effective July 1, 2009**

**SERVICE DESCRIPTION**

<u>ADA</u> <u>CODE</u>		<u>MEMBER</u> <u>FEE</u>
D2392	RESIN-BASED COMPOSITE TWO SURFACES, POSTERIOR	\$58.25
D2393	RESIN-BASED COMPOSITE THREE SURFACES, POSTERIOR	\$79.25
D2394	RESIN-BASED COMPOSITE FOUR OR MORE SURFACES, POSTERIOR	\$91.00