

Get to know your benefits

Thank you for choosing Delta Dental of Massachusetts as your trusted smile partner. As a Delta Dental member, you will enjoy convenient access and unmatched value. With 3 out of 4 dentists nationwide participating in a Delta Dental network, you'll be sure to find a dentist near your home or work. By visiting an in-network dentist, you'll benefit from significant cost savings.

Managing your dental plan - and your oral health - has never been easier with Delta Dental's digital tools and resources.

Visit deltadentalma.com for access to:



Find a Dentist search tool

Find an in-network dentist in your area with our searchable directory.



Dental Care Cost Estimator

Discover what a dental procedure will cost before your visit with our estimator tool.



DentaQual®

View dentists' ratings when searching for a participating provider with our 5-star performance scale.



TeleDentistry

Schedule a virtual visit with a dentist 24/7 by visiting teledentistry.com/ddma.

Access the secure [member portal](#) for:



Coverage information

Review your dental plan information including eligibility, waiting periods, plan maximums and frequency limitations.



Claims history

View the status of your claims or pre-estimates.



Mobile ID card

Print or download a replacement ID card.



Manage your oral health, anytime, anywhere with the *Delta Dental Mobile App:

Stay informed with your oral health:



Sign up for our Member Brush Up Newsletter [here](#).



Visit our member engagement website ExpressYourHealthMA.com.

- ✓ Benefit information and reminders
- ✓ Oral health tips for at home care
- ✓ DDMA community initiatives



Need assistance?

Call our Customer Care center: 800-872-0500.
Representatives available Mon-Fri 8 am - 8 pm EST
Email: customer.care@deltadentalmass.com

- ✓ Quick and easy access to digital ID cards
- ✓ Detailed claims information
- ✓ Review your dental policy coverage
- ✓ Find a Dentist search tool
- ✓ Dental Care Cost Estimator tool



Scan to download the Delta Dental Mobile App.

*Members must first register on the Delta Dental of Massachusetts secure, member portal.

Your plan is administered by:
Delta Dental of Massachusetts
465 Medford Street, Ste. 400
Boston, MA 02129

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NONDISCRIMINATION NOTICE

Delta Dental of Massachusetts complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, sex, gender identity, sexual orientation, age, or disability. Delta Dental of Massachusetts does not exclude people or treat them differently because of race, color, national origin, sex, gender identity, sexual orientation, age, or disability.

Delta Dental of Massachusetts:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, and accessible electronic formats)

- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, visit: deltadentalma.com or call the number on your member ID card.

If you believe that Delta Dental of Massachusetts has failed to provide these services or discriminated in another way on the basis of race, color, national origin, sex, gender identity, sexual orientation, age, or disability, you can file a grievance with:

Civil Rights Coordinator
Compliance Department
P.O. Box 2907
Milwaukee, WI 53201-2907
Fax: 617-886-1390
Phone: 800-872-0500
Email: FairTreatment@greatdentalplans.com TTY: 711

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. Complaint forms are available at <http://www.hhs.gov/ocr/oice/file/index.html>. You can file a complaint electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services 200
Independence Avenue, SW
Room 509F, HHH Building Washington, D.C.
20201
800-368-1019, 800-537-7697 (TDD)



Language Assistance

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-872-0500 (TTY: 1-844-233-4524).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-872-0500 (TTY: 1-844-233-4524).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-872-0500 (TTY: 1-844-233-4524)。

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-872-0500 (TTY: 1-844-233-4524).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-872-0500 (TTY: 1-844-233-4524).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-872-0500 (TTY: 1-844-233-4524).

ملاحظة: إذا كنت تتحدث بلغة أخرى، يمكنك الحصول على خدمات الترجمة اللغوية مجاناً. اتصل بنا على رقم 1-800-872-0500 (TTY: 1-844-233-4524).

ប្រសិនបើ លោកអ្នកនិយាយភាសាខ្មែរ ឬភាសាដទៃទៀត យើងផ្តល់សេវាបំប្លែងភាសាឥតគិតថ្លៃ។ តេឡេហ្វុន 1-800-872-0500 (TTY: 1-844-233-4524)។

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-872-0500 (TTY: 1-844-233-4524).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-872-0500 (TTY: 1-844-233-4524).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-872-0500 (TTY: 1-844-233-4524) 번으로 전화해 주십시오.

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-800-872-0500 (TTY: 1-844-233-4524).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-872-0500 (TTY: 1-844-233-4524).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-872-0500 (TTY: 1-844-233-4524) पर कॉल करें।

સુચન: જો તમે ગુજરાતી બોલતા હો તો નિશ્ચિત ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-872-0500 (TTY: 1-844-233-4524).