

DENTAL SERVICE OF MASSACHUSETTS, INC.
DOING BUSINESS AS DELTA DENTAL OF MASSACHUSETTS
RIDER 131

To be attached to and form a part of your Delta Dental PPO Provider Arrangement.

Your group has purchased this Rider to change your Delta Dental PPO Provider Arrangement contract as follows:

Full Mouth X-rays are covered once every 36 months.
Same sex domestic partner coverage.
Missing tooth exclusion clause.
Bitewing x-rays twice per calendar year for all subscribers.
Cleanings twice per calendar year.
Periodontal cleanings covered as Type I benefit.
Sealants covered once every 36 months for children under age 14.
Carry Forward Deductible.
Exams twice per calendar year
Flouride twice per calendar year

NOTE: Underlined terms are defined in your contract.

DENTAL SERVICE OF MASSACHUSETTS, INC.
d/b/a DELTA DENTAL OF MASSACHUSETTS

A handwritten signature in black ink that reads "Steven Pollock". The signature is written in a cursive, flowing style.

Steven Pollock
President and CEO

Incorporated under the laws of the
Commonwealth of Massachusetts
as a Non-Profit Organization