

**INSURANCE CARRIERS OFFERING MASSACHUSETTS-ISSUED INSURED DENTAL
PLANS ACCORDING TO M.G.L. c. 176X FOR COVERAGE EFFECTIVE BEGINNING 2025**

1. Aetna Life Insurance Company

Phone: 800-238-6200

Mailing Address:

*Aetna
P.O. Box 14079
Lexington, KY 40512*

Product Name

IVL DENTAL PPO

LG SH Dental DMO

LG SH Dental PPO

LG SG Dental DMO

LG SG Dental Comp

LG SG Dental PPO

Form

AL IVL HPol-PPODental 01,
AL IVL HSOB-PPODental 01
AL SH HPol-Dental 02,
AL HCOC-SH-ManagedDental 02,
AL HSOB-SH-ManagedDental 02
AL SH HPol-Dental 02,
AL HCOC-SH-Dental 01,
AL HSOB-SH-Dental 01
AL HGrpPol-Dental 04,
AL HCOC-G-ManagedDental 02,
AL HSOB-G-ManagedDental 02
AL HGrpPol-Dental 04,
AL HCOC-CDental 06,
AL HSOB-CDental 04
AL HGrpPol-Dental 04,
AL HCOC-G-PPODental 01
AL HSOB-G-PPODental 01

2. Altus Dental Insurance Co., Inc.

Phone: 877-223-0588

Mailing Address:

*P.O. Box 1557
Providence, RI 02901-1557*

Product Name

Individual On and Off Exchange
Small Group On and Off Exchange
Community Rated Groups

Form

INDDENTAL_AD200-INDX
GRPDENTAL_AD200-GRPX
GRPDENTAL_AD 1, AD 3C, GRPDENTAL_AD 5,
AD100-IND

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3. American Family Life Assurance Company of Columbus

Phone: 855-819-1873

Mailing Address:

*Aflac Benefits Solutions, Inc.
4211 W Boy Scout Blvd
Tampa, FL 33607*

Product Name

Aflac Group Dental

Form

QN81100MMA

4. Ameritas Life Insurance Corp

Phone: 800-311-7871

Mailing Address:

*Ameritas Life Insurance Corp.
P.O. Box 81889
Lincoln, NE 68501*

Product Name

Group Dental and Eye Insurance Policy

Form

9000 MA Ed. 07-24

5. Blue Cross and Blue Shield of Massachusetts, Inc.

Phone: 888-995-2583

Mailing Address:

*101 Huntington Ave., Suite 1300
Boston, MA 02199-7611*

Product Name

Dental Blue 65 Preventive
Dental Blue PPO Program 1
Dental Blue PPO Program 2
Dental Blue Policy
Dental Blue Program 1
Dental Blue Program 2

Form

dentblsr-0120
dentppo1-0421
dentppo2-0421
dentbl-0415
dentblue1-0421
dentblue2-0421

6. Cigna Health and Life Insurance Company

Phone: 800-244-6224

Mailing Address:

*Cigna Dental
P.O. Box 188037
Chattanooga, TN 37422-8037*

Product Name

Dental PPO
2017 Dental Product Enhancement
2019 Dental Product Enhancement
Dental Product Language Modernization

Form

HC-MPR1, HC-RDR1
HCDFB-CER22
HCDFB-CER33
HCDFB-CER49

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7. Dental Service of Massachusetts, Inc. (d/b/a Delta Dental of Massachusetts)

Phone: 800-872-0500

Mailing Address:

*Delta Dental of Massachusetts
465 Medford Street
Boston, MA 02129*

Product Name

Form

DeltaCare

SP151-FDS_DeltaCare USA

SP103-FDS_DeltaCare

PPO – Group

SP001_Delta Dental PPO

SP032_Delta Dental PPO

SP036_Delta Dental PPO

SP034_Delta Dental PPO

SP035_Delta Dental PPO

BPR-PPO plus premier template – 2015

BPR-PPO with ortho template 2015

DDP-PPA-R173

DDP-R297

DDP-R715

PPO – Individual

DDP-PPA6_10-14-2014

DDP-PPA6 BPR 2

Premier – Group

SP028-GDS_Delta Dental Premier Nation 1

SP0239FDS_Delta Dental Premier National II

SP040-FDS_Delta Dental Premier Local I

SP041-FDS_Delta Dental Premier Local II

SP043-FDS_Delta Dental Premier National

BPR Template – Premier

BPR Template – Premier with Ortho

Delta Dental Premier II BPR 603 – 05-15

Delta Dental Premier II BPR 604 – 05-15

Delta Dental Premier II BPR 155 – 05-15

Premier – Individual

DDP-PPA5_10-13-2014

DDPA5 BPR 2 – 05-15

DDPA5 BPR 3 – 05-15

DDPA5 BPR 4 – 05-15

8. Dentegra Insurance Company

Phone: 877-280-4204

Mailing Address:

*1130 Sanctuary Parkway
Alpharetta, GA 30009*

Product Name

Form

Group Dental Service

DIC-SLE-MA-C-R24

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9. DSM Massachusetts Insurance Company, Inc.

Phone: 800-872-0500

Mailing Address:

*Delta Dental of Massachusetts
465 Medford Street
Boston, MA 02129*

Product Name

Form

DeltaCare – Off-Exchange

DSM.MA.DentalCare.Ind.Sub.Cert.01.15

DSM.MADELTACARE.IND BPR.1-01.15

EPO – On/Off-Exchange Group

DDEPO.SubcGrp.05-15

Standardized Plan – EPO Pedi BPR 05-15

Standardized Plan – Family High Adult BPR
05-15

Standardized Plan – Family Low Adult OON
BPR05-15

Non-Standardized Plan – Pedi Low OON BPR
05-15

EPO – On/Off-Exchange Individual

Standardized Plan – Family Basic BPR 05-15

DDEPO.SubcUnd.05-15

DSM.MA.BPR.IND 1.2012

Standardized Plan BPR IND 05-15

Standardized Plan High Adult BPR IND
05-15

Standardized Plan Low Adult BPR IND
05-15

Non-Standardized Plan Low OON IND
05-15

EPO – Off-Exchange Group

Individual Basic BPR 05-15

DDEPO.Non-ACA.SubcGrp.09-14

MA.EPO.BPR.09.2014

EPO – Off-Exchange Individual

DDEPO.MA.END 1.2015

DSM.MA.BPR.IND 1.2015

Total Choice PPO Group

DD.TCPPO.GRP.LOCAL.012017

DD.TCPPO.GRP.LOCAL.SCH.012017

Total Choice PPO Individual

DD.TCPPO.IND.LOCAL.052018

DD.TCPPO.IND.LOCAL.SCH.052018

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10. (The) Guardian Life Insurance Company of America

Phone: 888-482-7342

Mailing Address:

P.O. Box 981590

El Paso, TX 799988-1590

Product Name

DentalGuard7

DentalGuard6

DentalGuard 2000

DentalGuard

Form

DG7-MG-MA

GC-DEN-16-MA

CGP-3-DG2000

CGP-3-DNTL-90-1

11. HPHC Insurance Company, Inc.

Phone: 617-972-9400

Mailing Address:

1 Wellness Way,

Canton, MA 02021

Product Name

Choice PPO Plan

Form

Form No. 2933

12. Humana Insurance Company

Phone: 866-427-7478

Mailing Address:

1100 Employers Blvd.

Green Bay, WI 54334

Product Name

Traditional Preferred

PPO

Form

MA-70146-HC 1/14

MA-70146-HC 1/14

13. (The) Lincoln National Life Insurance Company

Phone: 800-423-2765

Mailing Address:

Lincoln Financial

Attn: Dental Product

8801 Indian Hills Dr.

Omaha, NE 68114

Product Name

ARDIS PPO

Converge PPO

Form

GL1101-FP MA

GL11-1-FP 18

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14. Metropolitan Life Insurance Company

Phone: 800-942-0854

Mailing Address:

P.O. Box 981282

El Paso, TX 79998

Product Name

Group Dental

Form

GPNP99, GPNP15-2T, GPNP15-3T

15. Principal Life Insurance Company

Phone: 781-893-1845

Mailing Address:

711 High Street

Des Moines, IA 50392

Product Name

Principal Plan Dental

Form

GP 7100 Series

16. Reliance Standard Life Insurance Company

Phone: 800-351-7500

Mailing Address:

Reliance Standard Life Insurance Company

1700 Market Street Suite 1200

Philadelphia, PA 19103

Product Name

Group Dental and Eye Insurance Policy

Form

9000 MA Ed. 07-24

17. Renaissance Life & Health Insurance Company of America

Phone: 888-791-5995

Mailing Address:

Renaissance

P.O. Box 1596

Indianapolis, IN 46206-1596

Product Name

Group Dental Product

Individual Dental Product

Form

D-100A-2024-MA

INVD-100A-2024-MA

18. Standard Insurance Company

Phone: 800-633-8575

Mailing Address:

Standard Insurance Company

900 SW Fifth Ave.

Portland, OR 97204

Product Name

Group Dental and Eye Insurance Policy

Form

9000 MA Ed. 07-24

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19. Starmount Life Insurance Company

Phone: 888-400-9304

Mailing Address:

*8485 Goodwood Blvd
Baton Rouge, LA 70898*

Product Name

Group Dental

Form

20-GDN-CERT-MA

20. Sun Life Assurance Company of Canada

Phone: 800-786-5433

Mailing Address:

*Sun Life
One Sun Life Executive Park
96 Worcester St.
Wellesley Hills, MA 02481*

Product Name

Group Dental

Form

16 DEN-C-01, 16-DEN-C-01 Rev 1/21,
16-DEN-C-01 2022

21. UnitedHealthcare Insurance Company

Phone: 800-357-1371

Mailing Address:

*185 Asylum Street
Hartford, Connecticut 06103-3408*

Product Name

UnitedHealthcare Options PPO 30
UnitedHealthcare Options PPO 20

Form

DNTLPPO-119
DNTLMAC-123