

CITY OF CHELSEA

DENTAL PLAN ENROLLMENT FORM

CITY OF CHELSEA – BENEFITS DEPARTMENT
Employee Number: _____
Payroll Deduction:
 Payroll # : _____ Deduction Date: _____ Cycle: _____
Dental Coverage Effective Date: _____
HR Process Date: _____

Last Name _____ First Name: _____ MI _____ Sex: M ___ F ___

Date of Hire ___/___/___ Check One: ___ City ___ School ___ Retiree

Date of Birth ___/___/___ Social Security # _____ Marital Status _____

If emailing or mailing the form, please call DMS Dental at 800-456-8715 with your social security info.
 If faxing the form, please list your social security info and fax to 877-456-8715.

Street _____ City _____ State _____ Zip Code _____

Phone _____ Email _____

List all eligible dependent(s) to be covered:

Dependent(s)	Last Name (if different)	First Name	Sex M/F	Date of Birth
Spouse				
Child				
Child				
Child				
Child				

I am applying for coverage:

DMS Dental: ___ Employee Only ___ Employee + 1 Dependent ___ Family

***IMPORTANT:** In order to complete your enrollment for DMS Dental plan, you must choose a dentist in the DMS Network. **All dependents are assigned to the same dental location.**

Chosen DMS Network Dentist Location and ID: _____

If you need DMS Dental Network listing, please contact DMS at 800-456-8715 or Admin@dmsdentalgroup.com.

PATIENT PRIVACY STATEMENT

In accordance with recent Federal and State Laws regarding privacy or Patient's information, please be advise that we will not disclose your Personal Health Information (PHI) to anyone without your authorization or as otherwise permitted or required by law.

Employee Signature _____

Date _____

Please call DMS Dental at 800-456-8715 with any questions

DMS DENTAL PLAN 126 OVERVIEW

CITY OF CHELSEA

TYPE OF DENTAL EXPENSES		DMS NETWORK		
Deductible		None		
Calendar Year Max		None		
Dentist Availability		DMS Dental Network*		
Co-Payment		\$10 per office visit		
PREVENTITIVE Oral Exams Prophylaxis (Cleaning) Diagnostic X-Rays Fluoride Treatment (under age 14)		100%		
BASIC Restorative Services Amalgam		100%		
MAJOR Periodontics Treatment of Gum Disease Endodontics Pupal Therapy and Root Canals Oral Surgery and Surgical Extractions Crowns, Inlays and Onlays (Jackets) Prosthetics Bridges Partial and Complete Dentures Space Maintainers		50%		
Orthodontics Braces – Standard 24 Month Treatment		Discounted Services		
RATES – Effective 3/25/2019 to 6/30/2022		Monthly Cost	48 Weekly Deduction	42 Weekly Deduction
Employee Only		\$24.10	\$6.03	\$6.89
Employee and One Dependent		\$45.40	\$11.35	\$12.97
Employee and Family		\$65.60	\$16.40	\$18.74
<p align="center">Based on reasonable and customary charges for the area.</p> <p>*DMS Dental Network: All dependents are assigned to the same dental location as the primary holder. If you wish to change dental location, you must notify DMS before the end of the month and changes will be made effective on the 1st of the following month.</p>				
<p align="center">THIS IS A BRIEF OVERVIEW. CONTACT DMS DENTAL AT 800-456-8715 IF YOU HAVE ANY QUESTIONS.</p>				

DMS DENTAL NETWORK

Participating Family Dentists

ATTLEBORO

ALPHA DENTAL – ATTLEBORO
140 PARK STREET SUITE 3
ATTLEBORO, MA 02703
508-222-2990
PROVIDER #: 010-5

BRAINTREE

42 NORTH DENTAL CARE, LLC
102-103 PEARL STREET
BRAINTREE, MA 02184
781-356-0303
781-356-8345-FAX
PROVIDER #: 005

ARLINGTON

42 NORTH DENTAL CARE, LLC
725 MASSACHUSETTES AVENUE
ARLINGTON, MA 02476
781-643-0010
PROVIDER #: 086

BRIGHTON

42 NORTH DENTAL CARE, LLC
320 WASHINGTON STREET
BRIGHTON, MA 02135
617-562-1100
PROVIDER #: 022

BELMONT

42 NORTH DENTAL CARE, LLC
254 TRAPELO ROAD
BELMONT, MA 02478
617-489-1900
PROVIDER #: 023

BROCKTON

DR. JOHN T. CARABATSOS
478 TORREY STREET
BROCKTON, MA 02301
508-586-0428
PROVIDER #: 022

BOSTON

42 NORTH DENTAL CARE, LLC
274 NEWBURY STREET
BOSTON, MA 02116
617-262-0106
617-247-1189-FAX
PROVIDER #: 012

BROOKLINE

DR. THEODORE SWERDLICK
389 HARVARD STREET
BROOKLINE, MA 02446
617-738-1200
PROVIDER #: 044-2536

02/09/21 ** PROVIDER NOT ACCEPTING NEW PATIENTS AT THIS TIME

NOTE: This list is subject to change without notice. Prior to seeking treatment, please verify with your dentist that they are a participating Provider. Your dental benefits are available only at participating dental offices. If you have Individual +1 or Family coverage, the entire household must go to the same Dental office. If you wish to change your Dental office, you must contact us 2 weeks prior to the first of the month. For additional information on the status of the above providers, as well as new providers, please call: **(800) 456-8715**

DMS DENTAL NETWORK

Participating Family Dentists

BROOKLINE

42 NORTH DENTAL CARE CENTER, LLC
1037A BEACON STREET
BROOKLINE, MA 02446
617-232-1515
PROVIDER #: 038

CHELSEA

AFFORDABLE FAMILY DENTAL
59 WASHINGTON AVENUE
CHELSEA, MA 02150
617-889-2668
PROVIDER #: 039-5219

BURLINGTON

42 NORTH DENTAL CARE, LLC
184 CAMBRIDGE STREET
BURLINGTON, MA 01803
781-221-0072
PROVIDER #: 033

DORCHESTER

DR. MICHAEL J. MASSE
212 ASHMONT STREET
DORCHESTER, MA 02124
617-436-0303
PROVIDER #: 026-13690

CAMBRIDGE

42 NORTH DENTAL CARE, LLC
19 WHITE STREET
PORTER SQUARE SHOPPING CENTER
CAMBRIDGE, MA 02140
617-354-3300
PROVIDER #: 032

FALL RIVER

ALPHA DENTAL CENTER
230 RHODE ISLAND AVENUE
FALL RIVER, MA 02724
508-646-9600
508-646-9612-fax
PROVIDER # 010-2

CHELMSFORD

42 NORTH DENTAL CARE CENTER, LLC
22 ALPINE LANE
CHELMSFORD, MA 01824
978-256-7581
PROVIDER #: 030

FRANKLIN

ALPHA DENTAL CENTER
260 E CENTRAL STREET UNIT 2A
FRANKLIN, MA 02038
508-528-0200
508-528-2231-fax
PROVIDER # 010-1

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DMS DENTAL NETWORK

Participating Family Dentists

JAMAICA PLAIN

42 NORTH DENTAL CARE, LLC
612 CENTER STREET
JAMAICA PLAIN, MA 02130
617-524-4400
PROVIDER #: 036-4400

MEDFORD

DR. RENATO CAPRINITO
38 HIGH STREET
MEDFORD, MA 02155-3820
781-393-9000
PROVIDER #: 051-8098

MALDEN

42 NORTH DENTAL CARE, LLC
225 CENTRE STREET
MALDEN, MA 02148
781-324-3200
781-324-1045-fax
PROVIDER #: 003

METHUEN

42 NORTH DENTAL CARE
40 JACKSON STREET
METHUEN, MA 01844
978-682-0020
PROVIDER #: 057

MALDEN

FA CARMICHAEL DENTISTRY
11 DARTMOUTH STREET SUITE 101
MALDEN, MA 02148
781-324-5210
PROVIDER #: 5210-00

NATICK

42 NORTH DENTAL CARE, LLC
1300 D WORCESTER ROAD
NATICK, MA 01760
508-655-2900
PROVIDER #: 021

MANSFIELD

**DYNAMIC DENTAL
292 CHAUNCY STREET
SUITE 150
MANSFIELD, MA 02048
508-261-9261
PROVIDER #: 061-9261

NORTH DARTMOUTH

ALPHA DENTAL CENTER
145 FAUNCE CORNER ROAD
NORTH DARTMOUTH, MA 02747
508-993-5900
PROVIDER #: 040

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DMS DENTAL NETWORK

Participating Family Dentists

NORWOOD

**ADVANCED DENTAL CENTERS
125 CENTRAL STREET
NORWOOD, MA 02062
781-255-1055
781-225-0551-fax
PROVIDER #: 011-01

SOUTH EASTON

**DR. SAUL PAYNE
855 WASHINGTON STREET
SOUTH EASTON, MA 02375
508-238-1515
PROVIDER #: 062-1515

PEABODY

42 NORTH DENTAL CARE, LLC
1 MAIN STREET
PEABODY, MA 01960
978-532-2700
PROVIDER #: 082

STOUGHTON

42 NORTH DENTAL CARE, LLC
341 WASHINGTON STREET
STOUGHTON, MA 02072
781-341-3700
PROVIDER #: 007

PITTSFIELD

DR. JOHNS S. CELLA
197 SOUTH STREET
PITTSFIELD, MA 01201
413-443-6780
PROVIDER #: 053-2550

WAKEFIELD

42 NORTH DENTAL CARE, LLC
409 MAIN STREET
WAKEFIELD, MA 01880
781-224-0021
PROVIDER #: 037-0021

RAYNHAM

**DR. STEPHEN M. SARACINO
1244 BROADWAY
RAYNHAM, MA 02767
508-880-4910

WALTHAM

42 NORTH DENTAL CARE, LLC
879 MAIN STREET
WALTHAM, MA 02154
781-899-3700
PROVIDER #: 025

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DMS DENTAL NETWORK

Participating Family Dentists

WELLESLEY

**DR. EUGENE D. SAVITT
332 WASHINGTON STREET SUITE 330
WELLESLEY, MA 02481
781-237-6511

WEST ROXBURY

42 NORTH DENTAL CARE, LLC
1852 CENTRE STREET
WEST ROXBURY, MA 02132
617-325-3700
PROVIDER #: 059

WEYMOUTH

WEYMOUTH FAMILY DENTAL
1125 WASHINGTON STREET
WEYMOUTH, MA 02189
781-337-0973
PROVIDER #: 010-4

WEYMOUTH

**ADVANCED DENTAL CENTER OF WEYMOUTH
527 MAIN STREET
WEYMOUTH, MA 02190-1815
781-331-1181
PROVIDER #: 011-02

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