University of New England
High Option
Group Number: 6392-5004

Outline of Coverage
Delta Dental PPO Plus Premier Network

DELTA DENTAL®

Northeast Delta Dental

Read Your Dental Plan Description Carefully—This Outline of Coverage provides a very brief description of the important features of your dental benefits plan. This is not the insurance contract, and only the actual policy provisions will control. The Dental Plan Description itself sets forth in detail the rights and obligations of both you and your insurance company. It is therefore important that you READ YOUR Dental Plan Description CAREFULLY! Not all-time limitations and exclusions are shown herein. Benefit percentages shown are based on the actual charges submitted up to the Maximum Allowable Charge for participating dentists, or Delta Dental's allowance for non-participating dentists.

Diagnostic / Preventive (Coverage A)	Basic Restorative (Coverage B)	Major Restorative (Coverage C)
No Deductible	Calendar Year Deductible per Person/Family: $25/$75	
DIAGNOSTIC: Evaluations twice in a 12-month period; this includes periodic, limited, problem-focused, and comprehensive evaluations. X-rays (complete series or panoramic film) once in a 5-year period Bitewing x-rays once in a 12-month period X-rays of individual teeth as necessary Brush biopsy once in a 12-month period PREVENTIVE: Two cleanings in a 12-month period Fluoride once in a 12-month period to age 19 Space maintainers to age 16 Sealant application to permanent molars, once in a 3-year period per tooth, for children to age 19	RESTORATIVE: Amalgam (silver) fillings; Resin restorations (white) ORAL SURGERY: Surgical and routine extractions ENDODONTICS: Root canal therapy PERIODONTICS: Periodontal maintenance (cleaning) Note: *Cleanings are limited to two in a 12-month period; these may be routine (Coverage A) or periodontal (Coverage B), or a combination of both.* Treatment of gum disease Clinical crown lengthening once per tooth per lifetime DENTURE REPAIR: Repair of a removable denture to its original condition EMERGENCY PALLIATIVE TREATMENT	PROSTHODONTICS: Removable and fixed partial dentures (bridge); complete dentures Rebase and reline (dentures) Crowns Onlays Implants
Delta Dental Pays: 100% No Waiting Period	Delta Dental Pays: 80% No Waiting Period	Delta Dental Pays: 50% No Waiting Period

Calendar Year Maximum: $1,500 up to $3,000 per Person with Double-Up Max℠
Health through Oral Wellness® **program included (please see reverse for details)**

Delta Dental PPO plus Premier Network

You will get the best value from your Delta Dental Plan when you receive your dental care from one of our PPO (greatest savings) or Premier network participating dentists:

- ✓ No Balance Billing: Because participating dentists accept Northeast Delta Dental's allowed fees for services, you will typically pay less when you visit a participating dentist.
- ✓ No Claims Paperwork: Participating dentists will prepare and submit claims for you.
- ✓ Direct Payment: Northeast Delta Dental pays participating dentists directly, so you don't have to pay the covered amount up front and wait for a reimbursement check.

To find out if your dentist participates in our PPO or Premier network, you can: call your dentist, visit our website at nedelta.com, or call Customer Service at 1-800-832-5700.

Claim Process for Participating Dentists

Your participating dentist will submit your claim to Northeast Delta Dental (claims for any of your covered dependents should be submitted under *your* Subscriber ID number). Northeast Delta Dental will produce an Explanation of Benefits (available through our Benefit Lookup site at nedelta.com) detailing what has been processed under your plan's coverage. You are responsible for paying any outstanding balance directly to the dentist.

Non-Participating Dentists

If you visit a non-participating dentist, you may be required to submit your own claim and pay for services at the time they are provided. Claim forms are available by visiting nedelta.com or by calling Northeast Delta Dental. Payment will be made to you, the Subscriber, unless the state in which the services are rendered requires that assignment of benefits be honored, and Northeast Delta Dental receives written notice of such assignment. Payment for treatment performed by a non-participating dentist will be limited to the lesser of the dentist's actual submitted charge or Delta Dental's allowance for non-participating dentists in the geographic area in which services are provided. It is your responsibility to make a full payment to the dentist.

Predetermination of Benefits

Northeast Delta Dental recommends that you ask your dentist to submit a *pre-treatment estimate* for any dental work involving costly or extensive treatment plans. Predetermination helps avoid any potential confusion and enables us to help you estimate any out-of-pocket expenses you may incur.

Coordination of Benefits

When an individual covered under this plan has additional group coverage, the Coordination of Benefits (COB) provision described in your Dental Plan Description booklet will determine the sequence and extent of payment. If you have any questions about COB, please contact our Customer Service Department at 1-800-832-5700.

Identification Cards

Identification cards will be produced and distributed shortly after your initial enrollment. Any future cards will be issued electronically via our Benefit Lookup site accessible through nedelta.com. You can also use the Delta Dental mobile app and enjoy access to dentist search, claims, coverage, and your ID card.

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Health through Oral Wellness® (HOW®)

A healthy mouth is part of a healthy life, and Northeast Delta Dental's innovative Health Through Oral Wellness program (HOW) works with your dental benefits to help you achieve and maintain better oral wellness. HOW is all about YOU because it's based on your specific oral health risk and needs. Best of all, it's secure and confidential. Here's how to get started:

HOW®
HEALTH *through* ORAL WELLNESS®

1. REGISTER

Go to **healththroughoralwellness.com** and click on "Register Now."

2. KNOW YOUR SCORE

After you register, please take the free oral health risk assessment by clicking on "Free Assessment" in the Know Your Score section of the website.

3. SHARE YOUR SCORE WITH YOUR DENTIST

The next step is to share your results with your dentist at your next dental visit. Your dentist can discuss your results with you and perform a clinical version of the risk assessment. Based on your risk, you may be eligible for additional preventive benefits. *

**Additional preventive benefits are subject to the provisions of your Northeast Delta Dental policy.*

Double-Up MaxSM

This Northeast Delta Dental Plan allows enrollees to double their calendar year maximum by earning an additional $250 per year for use in future benefit periods. Here is how it works:

- To qualify for the carryover, an enrollee must have a claim paid for either an oral exam or a cleaning during a calendar year (a focus on prevention), and their total paid claims cannot exceed $500 during the same calendar year.
- The carryover will accumulate for each year of qualification up to an amount equal to the plan's original calendar year maximum. If, for example, the calendar year maximum is $2000, enrollees can ultimately achieve an annual maximum of $4000.
- This feature does not apply to orthodontic benefits.

Please note: Groups first effective during July – December will begin qualifying for the carryover the following calendar year for benefit dollars that can be used in the subsequent year. The calendar year maximum used in this example may not match your calendar year maximum. Please read your policy carefully.

Dental Plan Description Booklet

You will receive a Dental Plan Description booklet shortly after your enrollment, or it can be located on your company intranet, if applicable. This Dental Plan Description booklet describes your dental benefits and explains how to use them. Please read it carefully to understand the benefits and provisions of your Northeast Delta Dental plan.

Who is Eligible?

You, your spouse (or Civil Union Partner in states where applicable), your children up to age 26, regardless of student status, and any incapacitated dependent children, regardless of age. If enrolling one eligible dependent, all of your eligible dependents must be enrolled, unless they are covered under another dental program.

Renewability

Your plan will automatically renew for a new twelve (12) month Plan Year if the premium continues to be paid. Premiums are subject to change annually in accordance with advance notice. You or Northeast Delta Dental may choose not to renew this plan upon advance notice. The plan will not be renewed if this dental program is no longer available.

THIS INFORMATION SHOULD BE USED ONLY AS A GUIDELINE. FOR DETAILED INFORMATION ON THE TERMS, CONDITIONS, LIMITATIONS, AND EXCLUSIONS, PLEASE REFER TO THE APPROPRIATE DENTAL PLAN DESCRIPTION