

Your Northeast Delta Dental program includes all of the following coverage categories. This chart is provided for summary purposes only. Please refer to your benefit booklet for complete benefit information. In the event of a conflict or discrepancy between this chart and either the group contract or the benefit booklet, the contract or benefit booklet will prevail.

LOW (CORE) OPTION – Group Number 6392, Sublocation 5003

Diagnostic & Preventive: No Deductible, Delta Dental Pays 80%	Basic Restorative: After Deductible, Delta Dental Pays 50%	Major Restorative: After Deductible, Delta Dental Pays 50%
	\$25/\$75 Deductible Per Person/Family Per Calendar Year	
\$1000 Calendar Year Maximum Per Person		
DIAGNOSTIC: Oral evaluations twice in a rolling 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 rolling 12-month period X-rays of individual teeth as necessary Brush biopsy once in a 12-month period PREVENTIVE: Two cleanings in a rolling 12-month period Fluoride once in a rolling 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 fillings Composite (white) fillings (anterior & posterior teeth) ORAL SURGERY: Surgical and routine extractions ENDODONTICS: Root canal therapy PERIODONTICS: Treatment of gum disease Periodontal cleaning (maintenance procedures) DENTURE REPAIR: Repair of removable denture to its original condition EMERGENCY PALLIATIVE TREATMENT Note: <i>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.</i>	PROSTHODONTICS: Removable and fixed partial dentures (bridges); complete dentures Rebase and reline (dentures) Crowns Onlays Implant

HIGH OPTION – Group Number 6392, Sublocation 5004

Diagnostic & Preventive: No Deductible, Delta Dental Pays 100%	Basic Restorative: After Deductible, Delta Dental Pays 80%	Major Restorative: After Deductible, Delta Dental Pays 50%
	\$25/\$75 Deductible Per Person/Family Per Calendar Year	
\$1,500 Calendar Year Maximum Per Person		
DIAGNOSTIC: Oral evaluations twice in a rolling 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 rolling 12-month period X-rays of individual teeth as necessary Brush biopsy once in a 12-month period PREVENTIVE: Two cleanings in a rolling 12-month period Fluoride once in a rolling 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 fillings Composite (white) fillings (anterior & posterior teeth) ORAL SURGERY: Surgical and routine extractions ENDODONTICS: Root canal therapy PERIODONTICS: Treatment of gum disease Periodontal cleaning (maintenance procedures) DENTURE REPAIR: Repair of removable denture to its original condition EMERGENCY PALLIATIVE TREATMENT Note: <i>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.</i>	PROSTHODONTICS: Removable and fixed partial dentures (bridges); complete dentures Rebase and reline (dentures) Crowns Onlays Implant

Benefit percentages shown are based on the actual charge submitted up to the Maximum Allowable Charge for

participating dentists, or Delta Dental's allowance for nonparticipating dentists.

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 to pay 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 calling Northeast Delta Dental or visiting nedelta.com. Payment will be made to you, the Subscriber, unless the state in which the services are rendered requires that assignments 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 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. Predeterminations helps avoid any potential confusion and enable 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

Two identification cards will be produced and distributed shortly after your initial enrollment. Both cards are issued in your name but can be used by any family member covered under your plan. Any future cards will be issued electronically via our Benefit Lookup site accessible through nedelta.com. You can also use our smartphone app and enjoy access to dentist search, claims and coverage, and your ID card. Simply scan the QR code to the right.



Form No. OOCFF2015

Health through Oral Wellness[®] (HOWSM)

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:

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 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. This benefit 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.



