



Delta Dental Plan of Maine

Northeast Delta Dental  
One Delta Drive  
PO Box 2002  
Concord, NH 03302-2002  
Customer Service:  
800-832-5700

**Outline of Benefits**  
**University of New England**  
**CORE**  
**Group Number: 6392-5000**

**Calendar Year for Benefits** – January 1 through December 31.

**Eligibility Period** – Determined by the Employer.

**Waiting Periods:** None

**Eligible Persons** - Subject to the “Eligibility” provision above, employees and their dependents may be enrolled. Your employer pays a portion of the cost for all persons enrolled. If enrolling dependents, all dependents must be enrolled for the term of the Agreement. A newborn child is automatically covered for the first thirty-one (31) days following birth. Coverage will continue if the child is formally enrolled within the first thirty-one days following birth or the child may be enrolled thereafter at any open enrollment or as of the first day of the month following the month of the child’s second birthday.

**Benefit Coverages and Percentages Paid by Northeast Delta Dental -**

Diagnostic & Preventive	80%
Basic*	50%
Major -includes implant services	50%

\* Posterior resin restorations are a covered benefit and are not subject to amalgam allowance.

**Benefit percentages shown are based upon the actual charge submitted to a maximum of the Participating Dentist's approved fees or Northeast Delta Dental's allowance for Non-Participating Dentists.**

**Maximum Benefit** - The maximum amount which your plan will pay is \$1000 per person per Calendar Year for Diagnostic & Preventive, Basic and Major benefits.

**Deductible** - There is a \$25 deductible per person per Calendar Year with a family deductible maximum of \$75 per Calendar Year. This deductible is applied to Basic and Major benefits.

Your benefits include Domestic Partner Coverage. Please contact your Human Resources department for further details.

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