State of New Hampshire

Effective: 1/1/2016
Group Number: 1776

Outline of Coverage
Delta Dental PPO plus Premier Network

DELTA DENTAL

Read Your Policy Carefully—This Outline of Coverage provides a very brief description of the important features of your policy. This is not the insurance contract, and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and your insurance company. It is therefore important that you ***READ YOUR POLICY 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.*

Office Visit Copayment: None			
Diagnostic / Preventive (Coverage A)	**Basic Restorative** (Coverage B)	**Major Restorative** (Coverage C)	**Orthodontics** (Coverage D)
No Deductible	No Deductible	Calendar Year Deductible: $25 per Person*	No Deductible
DIAGNOSTIC: Evaluations twice in a calendar year X-rays (complete series or panoramic film) once in a 3-year period Bitewing x-rays twice in a calendar year X-rays of individual teeth as necessary Brush biopsy once in a 12-month period **PREVENTIVE:** Three cleanings in a calendar year Fluoride twice in a calendar year to age 19 Space maintainers Sealant application to permanent molars, once in a 3-year period per tooth	**RESTORATIVE:** Amalgam (silver) fillings; Composite (white) fillings (for all teeth) **ORAL SURGERY:** Surgical and routine extractions **ENDODONTICS:** Root canal therapy **PERIODONTICS:** Periodontal maintenance (cleaning) **Note:** *Cleanings are limited to three in a calendar year; these may be routine (Coverage A) or periodontal (Coverage B), or a combination of both.* Treatment of gum disease Clinical crown lengthening once in a lifetime per site **DENTURE REPAIR:** Repair of a removable denture to its original condition Rebase and reline (dentures) **EMERGENCY PALLIATIVE TREATMENT**	**PROSTHODONTICS:** Removable and fixed partial dentures (bridge); complete dentures Rebase and reline (dentures) Crowns Onlays Implants *Any expense incurred during the last 3 months of the calendar year which is applied against an individual's deductible will also reduce the deductible for the next calendar year.	**ORTHODONTICS:** Correction of malposed (crooked) teeth for children and adults
Delta Dental Pays: 100% No Waiting Period	**Delta Dental Pays: 80%** No Waiting Period	**Delta Dental Pays: 50%** No Waiting Period	**Delta Dental Pays: 50%** No Waiting Period
Calendar Year Maximum: $2000 per Person			**Lifetime Maximum:** **$1200 per Person**

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**.

Except for services resulting from an accident, Delta Dental is the primary payor for all covered oral surgery procedures for eligible participants in the medical HMO plan. Balances may be sent to the medical carrier for consideration. The medical carrier is the primary payor for all covered oral surgery procedures for eligible participants enrolled in the medical POS plan. Delta Dental will not consider balances for payment when the medical carrier is the primary payor for oral surgery.

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.

Dental Plan Description Booklet

A copy of the Dental Plan Description booklet is posted on the State's Web site. If you do not have access to a computer, please see your Human Resources representative. 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, 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.

Claims Information

All claims must be submitted within two years.

Ask your dentist to submit a pre-treatment estimate to Northeast Delta Dental for any procedure involving costly or extensive treatment plans, this will enable us to help you estimate any out-of-pocket expenses you may incur.

If a claim is denied, you can request an appeal by writing to Northeast Delta Dental within six months of the claim processing. Send appeals to Northeast Delta Dental, PO Box 2002, Concord, NH 03302-2002. Consult your Dental Plan Description Booklet for further details.

Where to Get More Information

If you have further questions, please contact the Northeast Delta Dental Customer Service department at 800.832.5700 or 603.223.1234. This information should be used only as a guideline for your dental benefits program. For detailed information on your group's terms, conditions, limitations, exclusions, and guarantees, please refer to your Dental Plan Description Booklet.

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