

This chart represents the level of coverage for services performed by dentists who participate in the Delta Dental PPO and Delta Dental Premier National Networks. Employees and their eligible dependents are free to visit *any* dentist, participating or nonparticipating. Visit our Web site at www.nedelta.com for an updated list of participating dentists. This chart is provided for summary purposes only; certain benefit limitations may apply. Please refer to your Dental Plan Description (DPD) booklet for complete benefit information. In the event of a conflict or discrepancy between this benefit chart and either the Group Contract or the DPD, the Group Contract or DPD will prevail.

State of New Hampshire #1776 Plan A

Diagnostic/Preventive Coverage A	Basic Restorative Coverage B	Major Restorative Coverage C	Orthodontics Coverage D
Deductible: None		Deductible: \$25 Per Person/Calendar Year**	Deductible: None
*Covered at 100%	*Covered at 80%	*Covered at 50%	*Covered at 50%
<p>Diagnostic: Evaluations – twice in a calendar year</p> <p>X-rays: Complete series or panoramic film, once in a 3-year period; bitewings, twice in a calendar year; x-rays of individual teeth as needed</p> <p>Oral cancer screening- once in a 12-month period</p> <p>Preventive: Cleanings – three times in a calendar year</p> <p>Fluoride twice in a calendar year to age 19</p> <p>Space maintainers to age 16</p> <p>Sealant application to carries-free permanent molar, once in a three year period per tooth for children to age 20</p>	<p>Basic Restorative: Amalgam (silver) fillings; Composite (white) fillings (anterior teeth only)</p> <p>Oral Surgery: Surgical and routine extractions</p> <p>Endodontics: Root canal therapy</p> <p>Periodontics: Periodontal cleaning (maintenance procedures) Note: Three cleanings are covered in a calendar year. This can be routine, (Preventive) or Periodontal (Basic) but not both.</p> <p>Treatment of gum disease</p> <p>Clinical crown lengthening – once per lifetime per site</p> <p>Denture Repair: Repair of a removable denture to its original condition</p> <p>Rebase and reline (dentures)</p> <p>Emergency Palliative Treatment</p>	<p>Major Restorative: Removable and fixed partial dentures (bridge)</p> <p>Complete dentures</p> <p>Restorative Crowns</p> <p>Onlays</p> <p>Implants</p> <p>**Any expense incurred during the last 3 months of a calendar year which is applied against an individual’s deductible will also reduce his/her deductible for the next calendar year.</p>	<p>Orthodontics: Correction of (crooked) teeth for adults and eligible children</p>
Calendar Year Maximum: \$1,500 per person (Coverages A, B, and C combined)			Lifetime Maximum: \$1,200

*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.

Delta Dental PPO and Delta Dental Premier National Network Dentists

You'll get the best dollar value from your program when you receive your dental care from a Delta Dental PPO participating dentist. Delta Dental PPO dentists generally accept lower fees for services. You may also choose to visit a dentist who participates in the larger, Delta Dental Premier network and still enjoy savings. Nearly 3 out of 4 dentists in the country participate in the Delta Dental Premier network.

The benefits of seeing a participating provider include:

- ▲ **No Balance Billing:** Because participating dentists accept Delta Dental's maximum allowable amount for service, you will normally pay less when you visit a participating dentist.
- ▲ **Less Paperwork:** Participating dentists will prepare and submit claims for you.
- ▲ **Direct payment:** Northeast Delta Dental pays the dentist 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 is part of the Delta Dental PPO and Delta Dental Premier national network, call your dentist or visit our Web site at www.nedelta.com and click on National Dentist Directory. You can also call our Customer Service department at 800-832-5700 or 603-223-1234.

Claim Process for Delta Dental Premier and Delta Dental PPO Dentists

- ▲ Present your ID card to the dentist at the time of your visit.
- ▲ The dentist will submit your claim to Northeast Delta Dental.
- ▲ Northeast Delta Dental will send you an Explanation of Benefits detailing what has been processed under your program coverage. You are responsible to pay any remaining balance directly to the dentist as defined by the plan.

Non-Participating/Out of Network Dentists

Your dental plan also provides coverage for care received from providers who do not participate in a Delta Dental network; however, your out-of-pocket costs may be more. Delta Dental makes payment to non-participating dentists at their actual fee to Delta Dental's maximum allowable payment. If you utilize the services of a non-participating dentist whose fees are higher than the allowable fees, you will be responsible for the difference between what Delta Dental allows and what your non-participating dentist charges. The Explanation of Benefits and claim payment will go directly to you, unless the state in which the treatment was performed recognizes assignment of benefit. In this case the payment can be directed to the dentist.

Coordination of Benefits

When a covered individual is covered under another healthcare program, the Coordination of Benefits provision described in your Dental Plan Description booklet will determine the sequence and

extent of payment. If you have any questions, please contact our Customer Service department at 1-800-832-5700 or 603-223-1234.

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 Card

Two identification cards from Delta Dental will be produced and distributed shortly after your enrollment. Both cards are issued in the subscriber's name, but can be used by every one covered under the program.

Dental Plan Description Booklet

A copy of the Dental Plan Description booklet is posted on the State's website. If you do not have access to a computer, please see your Human Resources representative. This booklet describes the benefits of your program and tells you how to use your plan. Please read it carefully to understand the benefits and provisions of our Northeast Delta Dental program. If you have any questions, please contact Northeast Delta Dental's Customer Service department.

Who is Eligible?

All eligible employees and their dependents, defined as: Spouse (and their eligible dependents): dependent children to age 26.

Claims Information

- ▲ All claims must be submitted within two years.
- ▲ Ask your dentist to submit a pre-treatment estimate to 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 Delta Dental within six months of receiving your Notification of Benefits form. 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 1-800-832-5700 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.



 **DELTA DENTAL**

Northeast Delta Dental
One Delta Drive
P.O. Box 2002
Concord, NH 03302-2002
www.nedelta.com