

# Outline of Coverage

## Delta Dental PPO plus Premier Network



State of New Hampshire

Group Number: 1776

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.*

**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
<p><b>DIAGNOSTIC:</b> Evaluations twice in a calendar year.</p> <p>X-rays (complete series or panoramic film) once in a 3-year period</p> <p>Bitewing x-rays twice in a calendar year</p> <p>X-rays of individual teeth as necessary</p> <p>Brush biopsy once in a 12-month period</p> <p><b>PREVENTIVE:</b> Three cleanings in a calendar year</p> <p>Fluoride twice in a calendar year to age 19</p> <p>Space maintainers</p> <p>Sealant application to permanent molars, once in a 3-year period per tooth</p>	<p><b>RESTORATIVE:</b> Amalgam (silver) fillings;</p> <p>Composite (white) fillings (for all teeth)</p> <p><b>ORAL SURGERY:</b> Surgical and routine extractions</p> <p><b>ENDODONTICS:</b> Root canal therapy</p> <p><b>PERIODONTICS:</b> Periodontal maintenance (cleaning)</p> <p><b>Note:</b> <i>Cleanings are limited to three in a calendar year; these may be routine (Coverage A) or periodontal (Coverage B), or a combination of both.</i></p> <p>Treatment of gum disease</p> <p>Clinical crown lengthening once per tooth per lifetime</p> <p><b>DENTURE REPAIR:</b> Repair of a removable denture to its original condition</p> <p>Rebase and reline (dentures)</p> <p><b>EMERGENCY PALLIATIVE TREATMENT</b></p>	<p><b>PROSTHODONTICS:</b> Removable and fixed partial dentures (bridge); complete dentures</p> <p>Crowns</p> <p>Onlays</p> <p>Implants</p> <p>*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.</p>	<p><b>ORTHODONTICS:</b> Correction of malposed (crooked) teeth for children and adults</p>
<b>Delta Dental Pays: 100%</b> No Waiting Period	<b>Delta Dental Pays: 80%</b> No Waiting Period	<b>Delta Dental Pays: 50%</b> No Waiting Period	<b>Delta Dental Pays: 50%</b> No Waiting Period
<b>Calendar Year Maximum: \$2000 per Person</b>			<b>Lifetime Maximum:</b> \$1,200 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](http://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](http://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 visiting [nedelta.com](http://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 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 **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](http://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

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, 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.

**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.**



## Discrimination is Against the Law

Northeast Delta Dental complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Northeast Delta Dental does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

### Northeast Delta Dental:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Sheila Sarabia, Compliance Manager.

If you believe that Northeast Delta Dental has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Sheila Sarabia, Compliance Manager  
One Delta Drive  
Concord, NH 03301  
603-223-1127  
TTY: 1-800-332-5905  
Fax: 603-223-1035  
[ssarabia@nedelta.com](mailto:ssarabia@nedelta.com)

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance Sheila Sarabia, Compliance Manager, is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 1-800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

### Language Assistance Services

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-832-5700 (ATS : 1-800-332-5905).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-832-5700 (TTY: 1-800-332-5905).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-832-5700 (TTY: 1-800-332-5905)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-832-5700 (TTY: 1-800-332-5905).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-832-5700 (رقم هاتف الصم والبكم: 1-800-332-5905).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-832-5700 (телефайп: 1-800-332-5905).

ध्यान दनु होसः तपाइ ले नेपाल बोल्नहन्छ भन तपाइ को निम्त भाषा सहायता सवाहरु नः शल्क रूपमा उपलब्ध छ । फोन गर्नु होसर् 1-800-332-5700 (ट टवाइ : 1-800-332-5905) ।

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-832-5700 (TTY: 1-800-332-5905).

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-832-5700 (TTY: 1-800-332-5905) まで、お電話にてご連絡ください。

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-800-832-5700 (TTY: 1-800-332-5905).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-832-5700 (TTY: 1-800-332-5905) 번으로 전화해 주십시오.

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-832-5700 (TTY: 1-800-332-5905).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-832-5700 (TTY: 1-800-332-5905).

OBAVJEŠTENJE: Ako govorište srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-800-832-5700 (TTY: Telefon za osobe sa oštećenim govorom ili sluhom: 1-800-332-5905).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-832-5700 (TTY: 1-800-332-5905).