



This chart represents the level of coverage for services performed by dentists who participate in the Northeast Delta Dental network. Employees and their dependents are free to visit *any* dentist, participating or non-participating. Visit our Web site at www.nedelta.com for an updated list of participating dentists. Certain benefit limitations may apply. Your Northeast Delta Dental program includes all of the following coverage categories. Please refer to your benefit booklet for complete information. This chart is provided for summary purposes only; in the event of a conflict or discrepancy between the chart and either the group contract or the benefit booklet, the contract or benefit booklet will prevail.

Diagnostic/Preventive (Coverage A)	Basic (Coverage B)	Major (Coverage C)
NO DEDUCTIBLE	NO DEDUCTIBLE	\$25 Deductible Per Person Per Calendar Year**
Northeast Delta Dental Pays 100%* With No Waiting Period	Northeast Delta Dental Pays 80%* After a 6-Month Waiting Period For Late Entrants	Northeast Delta Dental Pays 50%* After a 12-Month Waiting Period For Late Entrants
<p>Diagnostic: Evaluations - twice in a 12-month period</p> <p>Oral cancer screening / brush biopsy - once in a 12-month period, no age limit</p> <p>X-rays: Complete series or panoramic film, once in a 5-year period; Bitewings, once in a 12-month period; X-rays of individual teeth as needed</p> <p>Preventive: Cleanings twice in a 12-month period</p> <p>Fluoride twice in a 12-month period to age 19</p> <p>Space maintainers to age 16</p> <p>Sealant application to permanent molar, once in a three-year period per tooth, for children to age 19</p> <p>Note: Only two cleanings are covered in a 12-month period. This can be routine (Coverage A), or Periodontal (Coverage B), but not both.</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)</p> <p>Treatment of gum disease</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 three 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>
CALENDAR YEAR MAXIMUM: \$1,200 Per Person		

MONTHLY RATES:

One Person:	\$61.72
Two Person:	\$116.00
Three or More Persons:	\$156.02

(Rates are guaranteed through December 31, 2015)

Late Entrant waiting periods apply unless enrollment occurs immediately following COBRA participation.
Enrollment/Billing Information: 1-800-537-1715
Customer Service/Claim Inquiry:
1-800-832-5700 or 603-223-1234

*Benefit percentages 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.

Participants who enroll in the Health through Oral Wellness® (HOWSM) program may be eligible for enhanced benefits. Please refer to the HOW insert for more details.

Participating Dentists' Network

You'll get the best value from your program when you receive your dental care from one of Northeast Delta Dental's Participating Dentists:

- ▲ **No Balance Billing:** Because participating dentists accept their usual filed fees for service, you will normally pay less when you visit a participating dentist.
- ▲ **No claims processing:** 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 Northeast Delta Dental network, call your dentist or visit our web site at www.nedelta.com. You can also call our Customer Service Department at 1-800-832-5700 or 603-223-1234.

Claim Process for Participating 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 a NOB (Notification of Benefits) detailing what has been processed under your plan's coverage. You are responsible to pay any remaining balance directly to the dentist.

Claim Submission Process for Nonparticipating Dentists

Delta Dental provides coverage regardless of the patients' choice of dentists, participating or not. When visiting a nonparticipating dentist within the Northeast Delta Dental operating area of Maine, New Hampshire, and Vermont, payment for services rendered will be based on the lesser of the dentist's actual submitted charge or the Plan's allowance for nonparticipating dentists. The patient may be required to submit the claim directly and pay for the services at the time they are provided. The Notification of Benefits and the claim payment will go to the subscriber; the patient will be responsible for any remaining balance.

When visiting a nonparticipating dentist outside the Northeast Delta Dental operating area, payment for services rendered will be based on the lesser of the dentist's actual submitted charge or an amount equal to a selected percentile of a nationally-recognized database for the area in which the services were provided. The patient may be required to submit the claim directly and pay for the services at the time they are provided; the patient will be responsible for any remaining balance. The Notification of Benefits will go to the subscriber. The claim payment will go to the dentist unless the claim is marked "paid," otherwise it will be sent to the subscriber.

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.

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 everyone covered under the program.

Dental Plan Description Booklet

You will receive a Dental Plan Description booklet shortly after your enrollment. 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 your Northeast Delta Dental program.

Who is Eligible?

All eligible Retirees and their dependents, defined as:

- (a) the spouse to whom the Subscriber is legally married; and/or
- (b) a child of the Subscriber or of the spouse of the Subscriber, by natural birth or legal adoption or a child in the process of adoption or guardianship, a foster child legally placed by order of a court or agency having competent jurisdiction and/or a stepchild, provided such child is under the age of twenty-six (26).

Qualified children are eligible regardless of student status and coverage will terminate when a child reaches the age of twenty-six (26). Children incapable of self-support because of physical or mental disability are eligible regardless of age; supporting documentation from a health-care provider may be requested.

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 (31) 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.

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 the terms, conditions, limitations, exclusions and guarantees, please refer to your Dental Plan Description booklet.