State of New Hampshire
Effective: 1/1/2017
Group Number: 1776

Outline of Coverage
Delta Dental PPO plus Premier Network

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

<table>
<thead>
<tr>
<th>Diagnostic / Preventive  (Coverage A)</th>
<th>Basic Restorative  (Coverage B)</th>
<th>Major Restorative  (Coverage C)</th>
<th>Orthodontics  (Coverage D)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Deductible</td>
<td>No Deductible</td>
<td>Calendar Year Deductible: $25 per Person*</td>
<td>No Deductible</td>
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<tr>
<td>DIAGONOSTIC:</td>
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<tr>
<td>Evaluations twice in a calendar year</td>
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<tr>
<td>X-rays (complete series or panoramic film) once in a 3-year period</td>
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<tr>
<td>Bitewing x-rays twice in a calendar year</td>
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<tr>
<td>X-rays of individual teeth as necessary</td>
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<tr>
<td>Brush biopsy once in a 12-month period</td>
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<tr>
<td>PREVENTIVE:</td>
<td></td>
<td></td>
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<tr>
<td>Three cleanings in a calendar year</td>
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<tr>
<td>Fluoride twice in a calendar year to age 19</td>
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<tr>
<td>Space maintainers</td>
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<tr>
<td>Sealant application to permanent molars, once in a 3-year period per tooth</td>
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<tr>
<td>RESTORATIVE:</td>
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<tr>
<td>Amalgam (silver) fillings;</td>
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<tr>
<td>Composite (white) fillings (for all teeth)</td>
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<tr>
<td>ORAL SURGERY:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surgical and routine extractions</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>ENCODONTICS:</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Root canal therapy</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>PERIODONTICS:</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Periodontal maintenance (cleaning)</td>
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<tr>
<td>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.</td>
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<tr>
<td>Treatment of gum disease</td>
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<tr>
<td>Clinical crown lengthening once in a lifetime per site</td>
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<tr>
<td>DENTURE REPAIR:</td>
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<tr>
<td>Repair of a removable denture to its original condition</td>
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<tr>
<td>Rebase and reline (dentures)</td>
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<tr>
<td>EMERGENCY PALLIATIVE TREATMENT</td>
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</tr>
<tr>
<td>Delta Dental Pays: 100%</td>
<td>Delta Dental Pays: 80%</td>
<td>Delta Dental Pays: 50%</td>
<td>Delta Dental Pays: 50%</td>
</tr>
<tr>
<td>No Waiting Period</td>
<td>No Waiting Period</td>
<td>No Waiting Period</td>
<td>No Waiting Period</td>
</tr>
<tr>
<td>Calendar Year Maximum: $2000 per Person</td>
<td>Minor Restorative (Coverage D)</td>
<td>Minor Restorative (Coverage D)</td>
<td>Minor Restorative (Coverage D)</td>
</tr>
</tbody>
</table>

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

Rev. 9/19/2016
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 help 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.
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
ssarahia@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](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)

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協助服務。請致電 1-800-832-5700 (TTY: 1-800-332-5905)。


ملحوظة: إذا كنت تتحدث اللغة، فإن خدمات المساعدة اللغوية تتوفر لك بالمناج. اتصل برقم 1-800-08-08-38-23-075.

VНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-832-5700 (телетайп: 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。


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


