



This chart represents the level of coverage for services performed by dentists who participate in the Delta Dental Premier network. 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. Your Northeast Delta Dental program includes all of the following coverage categories. This chart is provided for summary purposes only; certain benefit limitations may apply. Please refer to your benefit booklet for complete benefit information. 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.

University System of New Hampshire

Group Number: 1775

High Option

Coverage A Diagnostic/Preventive	Coverage B Basic Restorative	Coverage C Major Restorative	Coverage D Orthodontics
Deductible: None	Deductible: \$25 Per Person, Per Calendar Year		Deductible: None
Covered at 100%*	Covered at 80%*	Covered at 50%*	Covered at 50%*
Diagnostic: Evaluations – two visits per calendar year X-rays (Complete series or panoramic film) once in a 3-year period Bitewing x-rays twice each calendar year Preventive: Cleanings two per calendar year Fluoride twice per calendar year under age 18 Sealants one treatment per tooth in any 36-month period for dependent children to age 14	Basic Restorative: Fillings Oral Surgery: Surgical and routine extractions Endodontics: Root canal therapy Periodontics: Periodontal Cleaning (maintenance procedures) Treatment of gum disease Denture Repair: Repair of a removable denture to its original condition Emergency Palliative Treatment	Major Restorative: Removable and fixed partial dentures (bridge); complete dentures Rebase and reline (dentures) Crowns Onlays Implants Note: Coverage for replacement of teeth missing prior to the effective date of a Delta Dental plan	Orthodontics: Correction of crooked teeth for adults and dependent children Note: If Northeast Delta Dental has made an ortho payment for a dependent child under the Basic option, no additional payment will be made under this option.
Calendar Year Maximum: \$1,500 per person (Coverage A, B, and C combined)			Orthodontic Lifetime Maximum: \$1,500 Per Person

* Benefit percentages shown are based upon the actual charge submitted to a maximum of the participating dentist's approved fees, or Delta Dental's allowance for nonparticipating dentists.

Delta Dental Premier Dentist Network

You'll get the best value from your program when you receive your dental care from a Delta Dental Premier participating dentist:

- ▲ No balance billing: Because participating dentists accept Delta Dental's approved amount for service, you will normally pay less when you visit a participating dentist.
- ▲ No claim forms: Participating dentists will prepare and submit claim forms 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 Premier network, call your dentist or visit our web site at www.nedelta.com. Click on Locate a Dentist, then Local or National Dentist Directory. You can also call our Customer Service Department at 1-800-832-5700 or 603-223-1234.

Claim Submission 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 programs 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. (In Maine, the claim payment will go to the subscriber unless a valid assignment of benefits has been received).

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. (In Maine, the claim payment will go to the subscriber unless a valid assignment of benefits has been received).

Predetermination of Benefits

Northeast Delta Dental strongly encourages predetermination of cases involving costly or extensive treatment plans. Although it's not required, predetermination helps avoid any potential confusion regarding Delta Dental's payment and your financial obligation to the dentist.

Coordination of Benefits

When a covered individual under this program has additional group dental coverage, the COB (Coordination of Benefits) provision described in your Summary 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 every one covered under the program.

Summary Plan Description Booklet

You may access a Summary Plan Description booklet on your company intranet or from your HR office. 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 employees and their dependents, defined as:
Spouse;
Unmarried, dependent children to age 19;
Unmarried, full-time dependent students to age 25;
Incapacitated dependent children, regardless of age, and
Domestic partner of same gender.

If enrolling one eligible dependent, all eligible dependents must be enrolled unless they are covered elsewhere.

Guarantee Of Service Excellencesm Program

Northeast Delta Dental is committed to providing extraordinary service to all of its customers. We believe that when our people are inspired to pursue excellence in order to achieve a higher level of customer satisfaction, all of those who share in Northeast Delta Dental will benefit. To emphasize our commitment, we guarantee seven major areas of service to our clients and reinforce them by our comprehensive group refund policy.

Claims Inquiry

If you have further questions, please contact Northeast Delta Dental's 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 Summary Plan Description booklet or consult your employer.