

## Delta Dental PPO & Premier Networks

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](http://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 Summary Plan Description (SPD) 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 SPD will prevail.

### University System of New Hampshire Basic Option Group Number: 1775

Diagnostic/Preventive Coverage A	Basic Restorative Coverage B	Major Restorative Coverage C	Orthodontics Coverage D
<b>Deductible:</b> None	<b>Deductible:</b> \$25 Per Person Per Calendar Year, applied to Basic & Major services		<b>Deductible:</b> None
<b>Covered at 60% **</b>	<b>Covered at 50% **</b>	<b>Covered at 40% **</b>	<b>Covered at 50% **</b>
<p><b>Diagnostic:</b> Evaluations – four visits per calendar year</p> <p>X-rays (Complete series or panoramic film) - once in 3 consecutive years; bitewing x-rays twice in a calendar year</p> <p>Oral cancer screening – once per 12 month period</p> <p><b>Preventive:</b> Cleanings – (routine) four per calendar year</p> <p>Fluoride twice per calendar year under age 19</p> <p>Sealant application to permanent molars, once per 3 consecutive year period per tooth for children to age 19</p> <p>Space maintainers for children to age 16</p>	<p><b>Basic Restorative:</b> Amalgam (silver) fillings Composite (white) fillings (anterior and posterior 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 cleaning (maintenance procedures) Treatment of gum disease</p> <p>Clinical crown lengthening – once per lifetime per site</p> <p><b>Denture Repair:</b> Repair of a removable denture to its original condition</p> <p><b>Emergency Palliative Treatment</b></p> <p><b>Occlusal guards/adjustments</b></p>	<p><b>Major Restorative:</b> Removable and fixed partial dentures (bridge)</p> <p>Complete dentures</p> <p>Rebase &amp; reline (dentures)</p> <p>Crowns</p> <p>Onlays</p> <p>Implants</p>	<p><b>Orthodontics:</b> Correction of crooked (malposed) teeth for children who are age 19 or less on the date the treatment begins</p> <p>Note: If Northeast Delta Dental has made an ortho payment for a participant under the High option, no additional payment will be made under this option.</p>
<p><b>Calendar Year Maximum:</b> \$1,000 per person (Diagnostic, Basic &amp; Major combined) Your plan also includes a Carryover Benefit feature; please refer to the Carryover Benefit flyer, posted on the USNH web site at <a href="http://usnhhr.unh.edu/">http://usnhhr.unh.edu/</a></p>			<p><b>Orthodontic Lifetime Maximum:</b> \$1,000 Per Person</p>

\*\* 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 non-participating and 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](http://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.

## 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 everyone covered under the program.

## Summary Plan Description Booklet

A copy of the Summary Plan Description is posted on your company's intranet. If you do not have access to the intranet, 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 your Delta Dental program. If you have any questions, please contact our Customer Service department at 800-832-5700 or 603-223-1234.

## Who is Eligible

Consult your Human Resources representative for specific information on eligibility guidelines.

## 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 Dental Plan Description booklet or consult your employer.



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