Outline of Benefits
UNIVERSITY SYSTEM OF NEW HAMPSHIRE
Group Number: 1775
HIGH

For more information on your benefits, please refer to your Dental Plan Description (DPD) or Summary Plan Description (SPD).

Benefit Period: January 1 through December 31

Benefit percentages paid by Northeast Delta Dental after any applicable Copayments:

<table>
<thead>
<tr>
<th>Description</th>
<th>Benefit Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnostic &amp; Preventive (Coverage A)</td>
<td>100%</td>
</tr>
<tr>
<td>Basic (Coverage B) - includes posterior composites, TMJ, Occlusal Guard</td>
<td>80%</td>
</tr>
<tr>
<td>Major (Coverage C) - includes implant services, inlays</td>
<td>50%</td>
</tr>
<tr>
<td>Orthodontics (Coverage D)</td>
<td>50%</td>
</tr>
</tbody>
</table>

Maximum Benefits: $1500 per person per benefit period excluding Orthodontics. Orthodontic benefits have a separate lifetime maximum of $1500 per person.

Deductibles: $25 benefit period deductible per person (applies to Basic and Major benefits only).

Office Visit Copayments: None

Waiting Periods:
Basic Benefits: No waiting period.
Major Benefits: No waiting period.
Orthodontic Benefits: No waiting period.

Dependent Age Limits:
Dependent Children are covered up to age 26.

Double-Up MaxSM:

This Northeast Delta Dental Plan allows you to double your calendar year maximum by earning an additional $250 per year for use in future benefit periods. Here is how it works:

- To qualify for the carryover, you must have a claim paid for either an oral exam or a cleaning during a calendar year (a focus on prevention), and your total paid claims cannot exceed $500 during the same calendar year.
- The carryover will accumulate for each year of qualification up to an amount equal to the plan’s original calendar year maximum. If, for example, the calendar year maximum is $1,000, enrollees can ultimately achieve an annual maximum of $2,000
- This feature does not apply to orthodontic benefits.

To the extent of any provision in this Outline of Benefits conflicts with a provision in the Dental Plan Description or Summary Plan Description, the provision in the Dental Plan Description or Summary Plan Description shall supersede and take precedence.

NHGRP OOB7/13 (7/15)