

This chart represents the level of coverage for services performed by dentists who participate in the Delta Dental PPO and Delta Dental Premier networks. 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.

Saint Anselm College

Group Number: 1468

Diagnostic/Preventive Coverage A	Basic Coverage B	Major Coverage C
Deductible: None	Deductible: \$50 Per Person, Per Year (\$150 Per Family)	
Waiting Period: None	Waiting Period: None	Waiting Period: 12 Months
Covered at *100%	Covered at *80%	Covered at *50%
<p>Diagnostic: Evaluations - once in a 6-month period</p> <p>X-rays (Complete series or panoramic film) once in a 3-year period</p> <p>Bitewing x-rays once in a 12-month period</p> <p>X-rays of individual teeth as necessary</p> <p>Oral cancer screening once in a 12 – month period</p> <p>Preventive: Cleanings once in a 6 - month period</p> <p>Fluoride once in a 12- month period to age 19</p> <p>Space maintainers to age 16</p> <p>Sealant application to permanent molars, once in a lifetime per tooth for children to age 15</p>	<p>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 maintenance (cleaning)</p> <p><i>Only one cleaning is covered in a 6-month period; this can be routine (Coverage A) or Periodontal (Coverage B), but not both.</i></p> <p>Treatment of gum disease</p> <p>Denture Repair: Repair of a removable denture to its original condition</p> <p>Clinical Crown Lengthening once per lifetime per site</p> <p>Emergency Palliative Treatment</p>	<p>Prosthodontics: Removable and fixed partial dentures (bridge); complete dentures</p> <p>Rebase and reline (dentures)</p> <p>Crowns</p> <p>Onlays</p> <p>Implants</p>

Calendar Year Maximum: \$2,000 per person (Coverages A, B and C combined)

*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 plus Premier Networks

You will get the best value from your Delta Dental Plan when you receive your dental care from one of Delta Dental's PPO or Premier network participating dentists:

- ▲ **No Balance Billing:** Because participating dentists accept Northeast Delta Dental allowed fees for services, you will typically pay less when you visit a participating dentist.
- ▲ **No Claims Paperwork:** Participating dentists will prepare and submit claim forms 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 with us, call your dentist, visit our website at www.nedelta.com or call our Customer Service at 800-832-5700.

Claim Process for Participating Dentists

Present your ID card to the dentist at the time of your visit. 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 send you an Explanation of Benefits (E.O.B.) detailing what has been processed under your plan's coverage. You are responsible to pay any outstanding balance directly to the dentist.

Non-Participating/Out of Network Dentists

If you visit a non-participating dentist, you may be requested to bring a claim form (available by calling Northeast Delta Dental or by visiting www.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 an assignment on the claim form before payment for benefits is made. Payment for treatment performed by 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 will be your responsibility to make full payment to the dentist. When there is not sufficient fee information available for a specific dental procedure, Northeast Delta Dental will determine an appropriate payment amount.

Predetermination of Benefits

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



Northeast Delta Dental
One Delta Drive
PO Box 2002
Concord, NH 03302-2002
www.nedelta.com

Coordination of Benefits (COB)

When a covered individual under this program has additional group dental coverage, the other coverage will be taken into consideration, which may mean a reduction in the program payment. In this event, the combined benefits of this program, whether primary or secondary, will not be greater than what the allowable payment would have been if this program was primary. If you have any questions about COB, please contact our Customer Service department at 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

Your Dental Plan Description booklet can be found on your company intranet. 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:

- (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.

Guarantee Of Service Excellencesm Program

Northeast Delta Dental is committed to providing extraordinary service to all its customers. We believe that when our people are inspired to pursue excellence in order to achieve a higher level of customer satisfaction, all 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 800-832-5700 or 603-223-1234.

Email inquiry: customerservice@nedelta.com