

The University of Vermont Health Network Group #7407

*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.*

Outline of Coverage		Basic Plan	Core Plan	Buy-Up Plan
Calendar Year Deductible per Person/Family (applies to Coverage B & C only)		\$50 / \$150	\$25 / \$75	\$15 / \$45
Coverage A	DIAGNOSTIC: <ul style="list-style-type: none"> Evaluations - twice per calendar year (includes periodic and comprehensive evaluations) X-Rays (complete series or panoramic) once in a 3-year period Bitewing x-rays twice per calendar year X-Rays of individual teeth as necessary PREVENTIVE: <ul style="list-style-type: none"> Cleanings - 4 times per calendar year; these may be routine or periodontal maintenance (cleaning), or a combination of both. Fluoride treatment twice per calendar year to age 19 Space maintainers to age 19 Sealant application to permanent molars, once in a 3-year period per tooth, for children to age 19 EMERGENCY PALLIATIVE TREATMENT	100%	100%	100%
Coverage B	RESTORATIVE: <ul style="list-style-type: none"> Amalgam (silver) fillings, Composite (white) fillings ORAL SURGERY: <ul style="list-style-type: none"> Routine extractions ENDODONTICS: <ul style="list-style-type: none"> Root canal therapy PERIODONTICS: <ul style="list-style-type: none"> Treatment of gum disease Clinical Crown Lengthening once per lifetime per site DENTURES REPAIR <ul style="list-style-type: none"> Repair of removable denture to its original condition 	80%	80%	80%
Coverage C	PROSTHODONTICS: <ul style="list-style-type: none"> Removable and fixed partial dentures (bridge) Complete dentures Rebase of dentures Crowns and crown repair Onlays and inlays Implants ORAL SURGERY: <ul style="list-style-type: none"> Surgical Extractions 	50%	50%	60%
Coverage D	ORTHODONTICS: <ul style="list-style-type: none"> Correction of crooked teeth for children ONLY on the Basic Plan For adults and children on the Core & Buy Up Plan	50%	50%	65%
Lifetime Orthodontic Maximum (Note: The Basic Plan only covers orthodontia for children up to age 19)		\$1,000 Per child	\$1,500 Per person	\$2,500 Per person
Calendar Year Maximum per Person for services under Coverage A, B and C (excludes orthodontics)		\$1,000	\$1,500 up to \$3,000 with Double-Up Max	\$1,500 up to \$3,000 with Double-Up Max
Health <i>through</i> Oral Wellness® program included on all plans (see reverse for details)				

**Please
Note:**

- The plan selection may not be changed until the next open enrollment.
- The plan selection must be the same for both employee and dependents.
- The Double-Up Max is included on the Core and Buy-Up Plans only. Any accumulated dollars earned toward the Double-up Max on the Core or Buy-Up Plans will be lost if an enrollee moves to the Basic Plan.

(Please see reverse)

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

This feature does not apply to orthodontic benefits costly or extensive treatment plans. Predeterminations helps 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.

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.

Health through Oral WellnessSM (HOW)

A healthy mouth is part of a healthy life, and Northeast Delta Dental's innovative Health through Oral Wellness program [HOW] works with your dental benefits to help you achieve and maintain better oral wellness. HOW is all about YOU because it's based on your specific oral health risk and needs. Best of all, it's secure, confidential, and easy to do. Here's how to get started:



1. REGISTER

Go to www.healththroughoralwellness.com and click on "Register Now"

2. KNOW YOUR SCORE

After you register, please take the free oral health risk assessment by clicking on "Free Assessment" in the Know Your Score section of the website

3. SHARE YOUR SCORE WITH YOUR DENTIST

The next step is to share your results with your dentist at your next dental visit your dentist can discuss your results with you and perform a clinical version of the assessment. Based on your risk, you may be eligible for additional preventive benefits!*

**Additional preventive benefits are subject to the provisions of your Northeast Delta Dental policy.*

Double-Up MaxSM (ONLY on Core & Buy Up Plans)

This Northeast Delta Dental Plan allows enrollees in the Core and Buy Up Plans to double their calendar year maximum by earning an additional \$250 per year that will carryover for use in future benefit periods. Here is how it works:

- To qualify for the carryover, an enrollee must have a claim paid for either an oral exam or a cleaning during a calendar year (a focus on prevention), and their 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. With a \$1500 calendar year maximum is \$1500, enrollees can ultimately achieve a \$3000 maximum.
 - Any carryover dollars accumulated toward the Double-Up MaxSM will be lost if an enrollee moves from the Core or Buy-Up Plan to the Basic Plan.
- This feature does not apply to orthodontic benefit.

Dental Plan Description Booklet

Your Dental Plan Description 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

All eligible employees and their dependents, defined as:

Spouse or Civil Union partner;

Children to age 26;

Incapacitated dependent children, regardless of age.

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

THIS INFORMATION SHOULD BE USED ONLY AS A GUIDELINE. FOR DETAILED INFORMATION ON THE TERMS, CONDITIONS, LIMITATIONS AND EXCLUSIONS, PLEASE REFER TO THE APPROPRIATE DENTAL PLAN DESCRIPTION.