

University of New England  
 High Option  
 Group Number: 6392-5004  
 Effective January 1, 2024

## Outline of Coverage Delta Dental PPO Plus Premier Network



**Northeast Delta Dental**

*Read Your Dental Plan Description Carefully—This Outline of Coverage provides a very brief description of the important features of your dental benefits plan. This is not the insurance contract, and only the actual policy provisions will control. The Dental Plan Description itself sets forth in detail the rights and obligations of both you and your insurance company. It is therefore important that you READ YOUR Dental Plan Description 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.*

Diagnostic / Preventive (Coverage A)	Basic Restorative (Coverage B)	Major Restorative (Coverage C)
No Deductible  <b>DIAGNOSTIC</b> Evaluations twice in a 12-month period; this includes periodic, limited, problem-focused, and comprehensive evaluations.  X-rays (complete series or panoramic film) once in a 5-year period  Bitewing x-rays once in a 12-month period  X-rays of individual teeth as necessary  Brush biopsy once in a 12-month period  <b>PREVENTIVE</b> Two cleanings in a 12-month period  Fluoride once in a 12-month period to age 19  Space maintainers to age 16  Sealant application to permanent molars, once in a 3-year period per tooth, for children to age 19	Calendar Year Deductible per Person/Family: \$25/\$75  <b>RESTORATIVE</b> Amalgam (silver) fillings; Resin restorations (white)  <b>ORAL SURGERY</b> Surgical ansigl an molars, once in a 3mngs;	Delta Dental Pays: 50% No Waiting Period
Calendar Year Maximum: \$1,500 up to \$3,000 per Person with Double-Up Max Health through Oral Wellness® program included (please see reverse for details)		

