Language Assistance Services

ATTENTION: linguistique vous sont proposés gratuitement. Appelez le 1- -[illegible]5700 (ATS : 1- -332-5905).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1- -[illegible]5700 (TTY: 1- -332-5905).

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Welcome

Health through Oral Wellness ®(HOW ®) program : A healthy mouth is part of a healthy life, and Northeast Delta Dental's innovative Health through Oral Wellness (HOW) program works with your dental benefits to help you achieve and maintain better oral wellness. Here's how to participate in the HOW program.

- x REGISTER

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

- x 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.

- x SHARE YOUR SCORE WITH YOUR DENTIST

I. De nitions

1. Agreement : the contract ual relationship between your group and Delta Dental to provide dental bene ts to Eligible Persons, including this document, the contract application, the g roup contract, and the Outline of Bene ts.

2. Co-insurance : the amount of the Dental Care cost which you are required to pay after application of Co -insurance Percentages.

3. Co-insurance Percentage : the percentage specified in your Outline of Benefits as the amount covered by this dental benefits s (n)0.6cuMw 1. /T1 Td ( )Tjs.ntehifr a(t)-6.7 ((e)0.6 (t)-6.6 r)-5.7 arfge stti.nnage.

15. Dependent :

(a) The spouse or Domestic Partner of the Subscriber.

(b) A child of the Subscriber or of the spouse, or Domestic Partner of the Subscriber, by natural birth or legal adoption or a child in the process of adoption or guardianship and in the custody of the Subscriber, or the spouse, or Domestic Partner of the Subscriber, 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).

Quali ed 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 documen tation from a health -care provider may be requested.

A newborn child is automatically covered for the rst thirty- one (31) days following birth. Coverage will continue if the child is formally enrolled within the rst sixty (60) days following birth or th e child may be enrolled thereafter at any open enrollment or as of the rst day of the month following the month of the child's first birthday.

16. Disallowed : if the fee for a procedure or service is Disallowed, it is not payable by Northeast Dem(m)-4.8 .2 (f)4.5-17.6hlo5.048 -1.2050ftr sen(l)-3 (o)-17.7 (e)0.7 h.1 (o5.04b)-17.7 (]TJ -0o)-17.6(o)-5.6 (c)3.7

II. How to File a Claim

To Use Your Plan, Follow These Steps:

Please read this Dental Plan Description carefully to familiarize yourself with the benefits and provisions of your dental benefits plan.

Ask your Dentist if he/she participates with Delta Dental, visit Northeast Delta Dental's website at www.nedelta.com, refer to your Northeast Delta Dental Participating Dentist Directory, or call Northeast Delta Dental for information.

When you visit your dental office, inform them that you are covered under a Northeast Delta Dental program and show your identification card or other means of verifying Northeast Delta Dental coverage. Your Dentist will perform an evaluation and plan the course of treatment. When the treatment has been completed, the claim form will be sent to Northeast Delta Dental for payment for covered services.

Participating Dentists: Participating Dentists will have claim forms available in their offices. A Participating Dentist will not charge at the time of treatment for covered services, but may request payment for non-covered services, Deductibles, or Co-payments. Northeast Delta Dental will pay the Participating Dentists based on the lesser of the submitted charge or Delta Dental's allowance for Participating Dentists in the geographic area in which the services were provided. An Explanation of Benefits (EOB) will be sent or accessible to you that will indicate the amount you should pay, if any, to your Dentist. -

III. Bene ts

PLEASE NOTE : Eligible Persons will only be entitled to those bene t cov erages selected by the Contract Holde r. See your Outline of Bene ts for the coverages selected. Section III describes the bene t coverages which may be selected.

Diagnostic & Preventive Bene ts (Coverage A)

Diagnostic : Oral evaluations – two (2) times in a period of twelve (12) months.

Radiographic images – a complete series or a panoramic image once in a period of ve (5) years; bitewings once in a period of twelve (12) months; images of individual teeth as necessar y.

Brush biops y.

Preventive : Prophylaxis (cleaning) – two (2) times in a period of twelve (12) months (child cleaning through age thirteen (13), adult cleaning thereafter). This can be a routine cleaning or scaling and root planing.

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3.

Basic Bene ts (Coverage B)

Restorative : Amalgam (silver) restorations (fillings) .

Resin restorations are a covered benefit on anterior teeth and the buccal surface of bicuspids only.

Oral Surgery :

4. Resin restorations in posterior teeth (white llings in bicuspids and molars) are not c overed unless speci ed as a covered bene t in the Outline of Bene ts. If a resin restoration is performed on posterior teeth, other than the buccal surface of bicuspids, an allowance will be paid equal to an amalgam (silver) restoration, and the Eligible Person will be responsible for any additional fee.

5. Protective restorations are Disallowed if performed on the same date of service as a de nitive restoration or palliative treatment by the same Dentist/dental of ce.

6. Prefabricated stainless steel crowns , are a covered bene t once in a period of two (2) years . The fee for replacement of a stainless steel crown by the same Dentist/dental of ce within twenty -four (24) months is included in the initial crown placement and is Disallowed.

7. Payment is made for o ne (1) restoration in each tooth surface irrespective of the number of combinations of restorations placed. A Northeast Delta Dental Participating Dentist agrees not to charge a separate fee.

8. Removal of coronal remnants of a primary tooth is considered part of any other (more comprehensive) surgical procedure in the same surgical area, same date by the same Dentist/dental office and the fees are Disallowed.

9. Routine post -operative visits are considered part of, and included in the fee for, the total procedu re. A Northeast Delta Dental Participating Dentist agrees not to charge a separate fee.

10. Exploratory surgical services are not a covered benefit. The Eligible Person is financially responsible.

11. Periodontal scaling and root planing is a covered bene t per quadrant (maximum of two (2) quadrants per office visit) once in a period of twenty- four (24) months . Fees are Disallowed for twenty -four (24) months after the initial therapy if the retreatment is performed by the same Dentist/dental of ce. The fee for periodontal scaling and root planing is Disallowed if performed within four (4) weeks of periodontal surgery by the same Dentist/dental of ce , or if more than two (2) quadrants are treated in one office visit.

12. Fees for periodontal maintenance, when billed within three (3) months of periodontal therapy by the same D entist/dental of ce, are Disallowed.

13. Recementation of a space maintainer is a covered benefit once in a lifetime per appliance.

14. Periodontal surgical procedures include all necessary postoperative care, nishing procec9 0 Tw 0.137 0.Tw 33.759 0 Td7 (e)0.6313 0 Td [(c)3.7 (e)0.6 0 Td7 (e)0.6313 0 Td [(c)(n)0.6 (i)-15.1 2w

35. General anesthesia is a covered bene t only when administered by a properly licensed Dentist in a dental of ce in conjunction with covered oral surgical procedures or when necessary due to concurrent medical conditions. Otherwise, the fee for general anesthesia is Denied.

36. Local anesthesia in conjunction with any procedure by the same Dentist/dental of ce is considered part of the overall procedure and fees are Disallowed.

37. Fees for repairs of complete or partial dentures, if performed within six (6) months of initial placement by the same Dentist/dental o f ce are Disallowed.

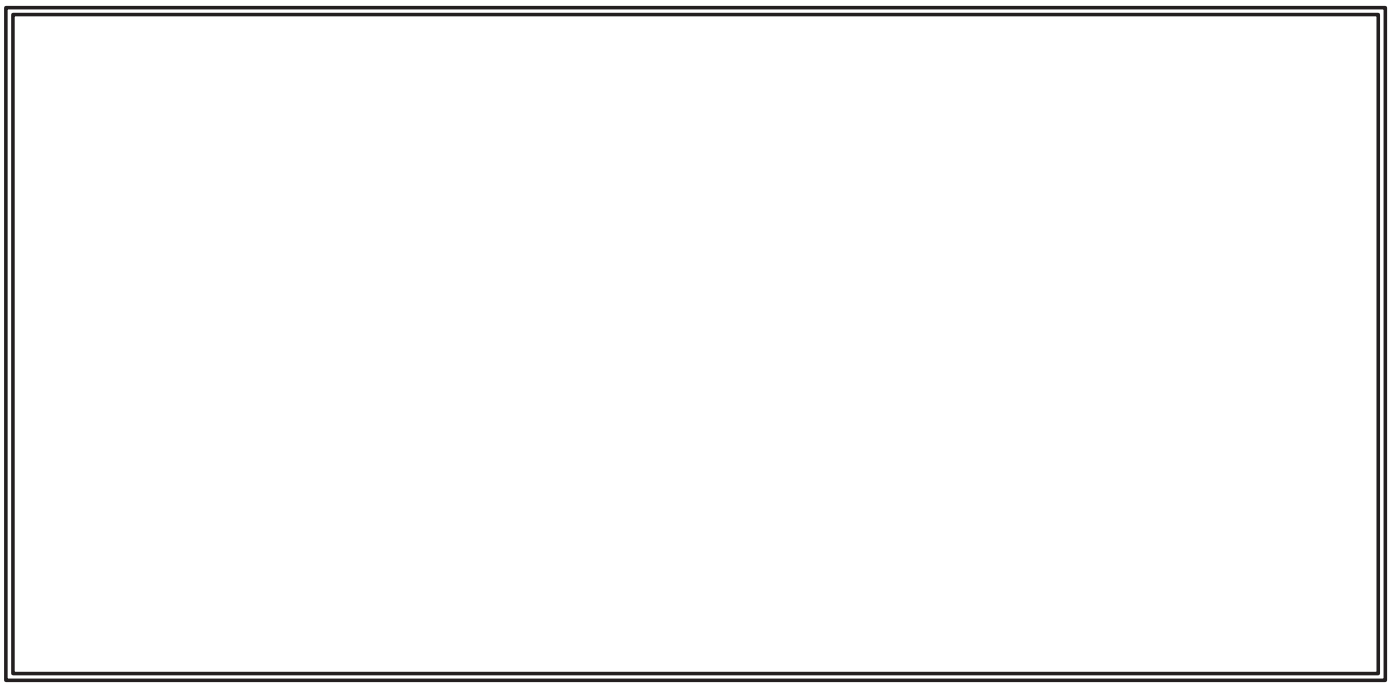
38. Pin retention is a covered bene t once per tooth in a period of twenty- four (24) months in conjunction with all restorations. Additional pins in the same tooth are Disallowed. Pin retention is Disallowed when billed in conjunction wi th a core buildup.

39. An apexi cation o r an apicoectomy is a covered bene t once per tooth in a period of three (3) years. Retreatment by the same Dentist/dental of ce within twenty -four (24) months is Disallowed.

40. An internal root repair is a covered bene t once in a lifetime on permanent teeth only. IIAs(nane a -5.6

50. Osseous surgery is a covered benefit per quadrant (maximum of two (2) quadrants per office visit) once in a period of three (3) years. Fees are Disallowed for surgical re -entry by the same Dentist/dental office within a three (3) year period, and/or if more than two quadran ts are treated in one office visit.

51. Interim caries arresting medicament application is not a covered benefit.yr2-6.7 (5)-11.4-fLed.



21.

Orthodontic Bene ts (Coverage D)

Orthodontics : Necessary treatment and procedures required for the correction of malposed (crooked) teeth for Dependent children until the end of the mo nth of their nineteenth (19) birthday or as speci ed in the Outline of Bene ts.

Placement of device to facilitate eruption of an impacted tooth.

Exposure of an un -erupted tooth.

NOTE: Time limitations are measured from the date the service s were most recently performed.

Only those coverage classifications selected by the Contract Holder shall appl y as shown on the OOB .

Coverage D Exclusions and Limitations :

x If the fee for a procedure or service is "Disallowed," it is not payable by the plan, nor collectable from the Eligible Person by a participating dentist. Participating D entists agree not to charge a separate fee.

x If the fee for a procedure or service is "Denied," it is not payable by the plan, but is chargeable to the Eligible Person as the procedure or service is not a benefit under the plan.

1. For groups with orthodontic benefits, limitations include:

   (a) Orthodontic bene ts are provided until the end of the month of the Eligible Dependents nineteenth (19) birthday. Subscribers, spouses and Eligible Dependents aged nineteen (19) and over shall not be eligible for orthodontic bene ts unless adult coverage i s speci ed in the Outline of Bene ts.

   (b) For treatment commenced while a n Eligible Person is eligible for orthodontic bene ts, Northeast Delta Dental will initiate payment of its liability once bands or orthodontic devices are placed. Northeast Delta Dental will complete payment of its liability (up to the orthodontic Maximum specified in the Outline of Benefits) in accordance with paragraph 3 below.

   (c) For Eligible Person s who become eligible after orthodontic treatment has commenced, Northeast Delta Dental wil l pro -rate its liability based on the number of remaining months of active treatment compared to the total number of months of active treatment.

   (d) Active treatment includes procedures undertaken and appliances used with those procedures for the purpose of b ringing teeth into proper position and alignment. Active treatment does not include space maintainers, palate expanders or other devices used to prepare the Eligible Person for services to position and align teeth.

2. For groups with orthodontic benefits, c lear orthodontic appliances are included in orthodontic bene ts provided that upon the consulting Dentist's review of pretreatment radiographic images it is indicated that the Eligible Person has full adult dentition.

   Clear appliances are subject to all ort hodontic limitations and conditions and are subject to review by a consulting Dentist. The Eligible Person is responsible for any difference between the cost of the clear orthodontic treatment and the cost of conventional orthodontic procedures.

   Orthodont ic treatment must be provided by a licensed dentist. Self -administered (or any type of 'do -it -yourself') orthodontics is Denied.

3. Northeast Delta Dental's payment for orthodontic bene ts , when covered, shall be limited to the lifetime Maximum per Eligible Person speci ed in the Outline of Bene ts. Northeast Delta Dental will make one (1) payment at the start of treatment followed by monthly payments throughout the length of treatment up to a maximum of twenty- four (24) months for its total liability provid ed that the Eligible Person maintains coverage throughout the payment period.

IV. Waiting Periods and General Exclusions and Limitations

1. Waiting periods will apply to all new subscribers and their covered dependents. There are certain circumstances when waiting periods may be credited for eligible enrollees.

   Waiting periods will be credited to the extent met for eligible enrollees if they have previously been enrolled in another Northeast Delta Dental plan and began coverage under this plan no more than one month following the loss of the other Northeast Delta Dental plan.

   For subscribers who were enrolled in dental coverage under another carrier with the current employer group, waiting periods will only apply for the coverage categories (Basic, Major or Orthodontic benefits) that the previous plan did not include. Waiting periods will only be waived for subscribers, spouses, and dependents who were enrolled in the employer's prior dental plan. Proof of prior coverage must be provided by your employer.

2. Unless otherwise specified in the Outline of Benefits, the dental benefits provided by Northeast Delta Dental shall not include the following:

   (a) Services for injuries or conditions compensable under worker's compensation or employer's liability laws.

   (b) Services that are determined by Northeast Delta Dental to be rendered for cosmetic reasons, such as bleaching or whitening of teeth, placement of veneers, correction of congenital malformations, or cosmetic surgery. (This exclusion is not intended to exclude services provided to newborn children for congenital defects or birth abnormalities.)

   (c) Services including, but not limited to, endodontics and prosthodontics (including restorative crowns and onlays) completed prior to the date the Subscriber or Eligible Dependent became eligible under the Agreement.

   (d) Services not provided by a Dentist, an independent practice dental hygienist, a dental hygiene therapist, or under the supervision of a Dentist, or that are not within the scope of the license of the Dentist, the independent practice dental hygienist, a dental hygiene therapist, or the person supervised by the Dentist, unless otherwise required by law.

   (e) Prescription drugs, premedications, and/or relative analgesia, or the application of anti-microbial agents.

   (f) Charges for: (i) hospitalization; (ii) general anesthesia or intravenous sedation for restorative dentistry (except as noted in Section III., Coverage B Benefits); (iii) provisional splinting; (iv) myofunctional therapy; (v) treatment of temporomandibular joint (TMJ) dysfunction; and related diagnostic procedures; (vi) equilibration; and (vii) gnathological reporting.

   (g) Charges for failure to keep a scheduled visit with the Dentist.

   (h) Charges for completion of forms. Such charges shall not be made to a Subscriber or Eligible Dependent by Participating Dentists.

   (i) Dental Care which is not necessary and customary, as determined by generally accepted dental practice standards.

   (j) Dental Care or supplies which are not within the classification of benefits defined in the Agreement.

   (k) Appliances, procedures, or restorations for: (i) increasing vertical dimension; (ii) analyzing, altering, restoring, or maintaining occlusion; (iii) replacing tooth structure i-9-28.145 --5.

(m) Charges for Dental Care or supplies for which no charge would have been made in the absence of dental bene ts.

(n) Charges for Dental Care or supplies received as a result of dental disease, defect, or injury due to an act of war, declared or undeclared.

(o) All services, includi ng evaluations and radiograp hs, performed for orthodontic purposes where the group does not have O rthodontic Benefits (Coverage D). If services are rendered , they should be done so with the agreement of the Eligible Person to assume t he additional cost.

(p) Temporary services or incomplete treatment.

(q) A consultation unless performed by a Dentist who is not performing further services .

(r) Consultation with medical health care professional and dental case management for addressing appointment compliance barriers and care coordination are part of the overall Eligible Person management and the fees are Disallowed. Dental case management for m otivational interviewing and Eligible Person education are not a covered benefit. If services are provided on the same day by the same Dentist/dental office as nutritional or tobacco counseling or oral hygiene instruction, fees for dental case management for motivational interviewing and Eligible Person education are Disallowed.

(s) Case presentation and treatment planning .

(t) Athletic mouthguards and occlusal guards (nightguards).

(u) The fees for transmitting data via teledentistry are considered inclusive in the overall dental procedure(s) being performed and separate fees are Disallowed.

3. Unless otherwise speci ed in the Outline of Bene ts, the dental bene ts provided by Northeast Delta Dental shall be limited as follows:

(a) Unless otherwise required by law, Dental care rendered by anyone other than a Dentist shall not be a covered bene t, except that scaling or cleaning of teeth and topical application of uoride and such other treatment performed by a licensed dental hygieni st shall be a bene t, so long as either:

(i) The treatment is provided under the supervision and guidan ce of a D entist, in accordance with generally accepted dental practice standards .

(e) When services for Dental Care in progress are interrupted and completed thereafter by another Dentist, Northeast Delta Dental will review the claim to deter mine the payment, if an y, due each Dentist.

(f) Maximum Payment:

(i) The Maximum amount payable in any Coverage Period, or any portion thereof, shall be limited to the amount speci ed in the Outline of Bene ts.

(ii) Northeast Delta Dental 's payment shall be reduced by any applicable Deductible and Co -payments .

(g) Specialized techniques including, but not limited to, precision attachments; overdentures and procedures associated therewith; and personalizations or characterization are excluded. The Eligible Person will be responsible for part of or the entire fee for t hese services.

(h) Diagnostic casts (study models) and/or photographs are a covered bene t as part of the total orthodontic case fee. Subsequent diagnostic casts and/or photographs are Disallowed.

(i) Bene ts are paid for amalgam (silver) or resin (white) restorations for the treatment of caries. Resin (white) restorations of posterior teeth are not a covered bene t unless elected by the Contract Holder. (See your Outline of Bene ts for selected cove rages.) If a resin restoration is performed, an allowance of the cost of an amalgam restoration will be paid towards the resin restoration and the Eligible Person will be responsible for payment of the balance. If a tooth can be restored with amalgam or r esin, use of gold, an onlay or a crown is at the option of the Eligible Person and the Eligible Person will be responsible for any additional cost.

(j) Written notice of sickness or of injury must be given to Delta Dental within thirty (30) days after the date when such sickness or injury occurred or as soon thereafter as reasonably possible. Failure to give notice within such time shall not invalidate nor reduce any claim, if it shall be shown not to have been reasonably possible to give such notice and t hat notice was given as soon as was reasonably possible.

(k) A completed claim (or satisfactory written proof acceptable to Delta Dental) must be furnished to Delta D

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5. The order of payment for the claims of a Dependent child of divorced or legally separated parents will be as follows:

   (a) The plan of the parent with cust ody .

   (b) The plan of the spouse of the parent with custody (step- parent) .

   (c) The plan of the parent without custody .

   (d) If the parents have joint legal custody, paragraph 3 above will apply.

   However, when the parents are separated or divorced and there is a court decree which establishes nancial responsibility with respect to the child, the bene ts of the plan which cover the child as a Dependent of the parent with nancial responsibility pur suant to the decree shall be determined before the bene ts of any other plan which covers the child as a Dependent.

6. When Northeast Delta Dental is the rst to determine its bene ts under the foregoing, bene ts hereunder shall be paid without regard to C overage under any other plan. When Northeast Delta Dental is not the rst to determine its bene ts and there are remaining expenses of the type allowable, Northeast Delta Dental will pay only the amount by which its bene ts exceed the amount of bene ts pa yable under the other plan up to the amount Northeast Delta Dental would have paid without regard to the payment by the other plan or the amount of such remaining expenses, whichever is less. In other words, the combined payment of both plans will not exc eed the total cost of the service.

   Northeast Delta Dental may use reasonable e fforts to dete rmine the existence of other bene t programs but shall be under no obligation to do so. The Eligible Person is required to furnish Northeast Delta Dental with information relative to any other health care program in order to determine liabilit y.

7. For the purposes of determining the applicability and impl ementing the terms of this provision in the Agreement, Northeast Delta Dental may release or obtain from an y third part y, without consent or notice, any information which it deems to be necessary to determine its liabilit y. Northeast Delta Dental shall be free from any liability that might arise in relation to such ac tion.

8. Multiple Coverage: When bene ts are coordinated with another Northeast Delta Dental plan, o

In addition, or as an alternative to the written request, you may request a hearing from the Review Committee to consider matters raised in your appeal. At the he aring, you are entitled to representation by a lawyer or other representative, to request a stenographer to transcribe the hearing, to present evidence, to request the testimony of witn esses, and to cross -examine witnesses. You or your representative may re4 (s)3 (t)-6.6 (-0.6 (on)-12.5 (es))3 (o)-5.6 (L (e)0. -0.004 Tc 0.[(o)-5.6 (r)-5..6 (L (e)0. -0

your family, and what you need to do to protect your right to get it . When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can beco me available to you and other members of your family when group dental coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review this policy or contact the Plan Administrat or.

You may have other options available to you when you lose group dental coverage . For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in2o,aal (r)-5.6 (c).8 (n)0.5 (s-001 TwTd [(O)-6.4 (m)an)-11.5 (c)3.7li8or w.2.7 (ue)3 (a)-.96 -0 0 9.96 529.8 627 T7 (h)0.6 (l)0n4.3 (l)-3 (a)5.7 (t)-6 (e)0.6 (i)-Tc 0.002 Tw -42.964 -1.2.5 (i)-3 (s)-9.1 (e)0.7 (n)0.5 (r

When is COBRA continuation coverage available?

Qualified beneficiaries will be offered COBRA continuation only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment .
- Death of the employee.
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you mus t notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to your employer.

How is COBRA continuation coverage provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation cov

Doctor - Patient Relationship:

The Eligible Person has the freedom to choose any Dentist or ODP . Dentists and ODPs rendering service under the Agreement are independent contractors and will maintain the traditional doctor - patient relationship. The Dentist or ODP will be solely responsible to the patient for dental advice and treatment and any resulting liability.

Loss of Eligibility During Treatment:

If an Eligible Dependent loses eligibility m 0 Td [(( )Ta (-)Twr)-5.7 (e)-r. (i).4 (in)-3.5 (g)-0.7 (T)-2.5 (r)6bw 15.61-3.5 (g)-0.7

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