

Vermont Vehicle and Automotive Distributors Association Insurance Trust

Group # 7435

Outline of Coverage		Plan I	Plan II
Coverage A	<p>DIAGNOSTIC:</p> <ul style="list-style-type: none"> - Oral 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 twice in any 12 consecutive month period - X-Rays of individual teeth as necessary <p>PREVENTIVE:</p> <ul style="list-style-type: none"> - Cleanings (including Periodontal Maintenance) four times in a 12-month period - Fluoride twice in a 12-month period to age 19 - Space maintainers through age 15 - Sealant application to permanent molars, once in a three year period per tooth, for children to age 19 	*100%	*100%
Coverage B	<p>RESTORATIVE:</p> <ul style="list-style-type: none"> - Amalgam (silver) fillings - Composite (white) fillings for anterior teeth only <p>ORAL SURGERY:</p> <ul style="list-style-type: none"> - Surgical and routine extractions <p>ENDODONTICS:</p> <ul style="list-style-type: none"> - Root canal therapy <p>PERIODONTICS:</p> <ul style="list-style-type: none"> - Treatment of gum disease <p>EMERGENCY PALLIATIVE TREATMENT</p> <p>DENTURE REPAIR:</p> <ul style="list-style-type: none"> - Repair of removable dentures to its original condition 	*80%	*80%
	<p>DENTURES:</p> <ul style="list-style-type: none"> - Removable partial dentures; complete dentures 	N/A	*80%
Coverage C	<p>PROSTHODONTICS:</p> <ul style="list-style-type: none"> - Fixed partial dentures (bridge) - Crowns - Onlays - Implants 	N/A	*50%
Coverage D	<p>ORTHODONTICS:</p> <ul style="list-style-type: none"> Correction of crooked teeth for adults and children 	N/A	*50%
<p>Calendar Year Maximum for services covered under A, B and C (excluding orthodontics) Your coverage includes a Double-Up Max Carryover Benefit; See reverse for details</p>		\$1,250	\$1,250
<p>Health through Oral Wellness (HOW) program included; See reverse for details</p>		N/A	\$1,000
<p>Lifetime Orthodontics Maximum (per person)</p>		N/A	\$1,000
<p>Calendar Year Deductible</p>		\$50 per Person \$100 per Family	\$50 per Person \$100 per Family

* Benefit percentages shown are based upon the actual charge submitted up to the Maximum Allowable Charge for participating dentists approved fees, or Delta Dental's allowance for nonparticipating dentists.

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 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 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. Any future cards will be issued electronically via our Benefit Lookup site accessible through nedelta.com. You can also use the smartphone app and enjoy access to dentist search, claims and coverage, and your ID card.

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.

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

This Northeast Delta Dental Plan allows enrollees to double their 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, 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. If, for example, the calendar year maximum is \$1250, enrollees can ultimately achieve an annual maximum of \$2500.
- This feature does not apply to orthodontic benefits.

Who is Eligible

You, your spouse or Civil Union Partner, your children up to age 26, regardless of student status, and any incapacitated dependent children, regardless of age. If enrolling one eligible dependent, all of your eligible dependents must be enrolled, unless they are covered under another dental program.

Claims Inquiry

If you have further questions, please contact Northeast Delta Dental's Customer Service department at 1-800-832-5700 or 603-223-1011 or email customerservice@nedelta.com. This information should be used only as a guideline for your dental benefits program. For detailed information on your group's terms, conditions, limitations, exclusions, and guarantees, please refer to your Dental Plan Description booklet or consult your employer.



Northeast Delta Dental
One Delta Drive
P.O. Box 2002
Concord, NH 03302-2002
www.nedelta.com
1-800-832-5700