Predetermination of Benefits: We recommend that you ask your dentist to submit a pre-treatment estimate for any costly or extensive dental work. Predetermination is free and it helps you estimate any out-of-pocket expenses you may have. Some procedures require Prior Authorization for children. Please see your Certificate of Insurance for details.

Who's Eligible? You, your spouse (or Domestic Partner), your children up to age 26, and any incapacitated dependent children, regardless of age. Coverage differs based on the age of the enrollee.

Pediatric Enrollee: The Subscriber if under the age of nineteen (19) on the effective date of your dental plan, and any enrolled Eligible Dependent under the age of nineteen (19) on the effective date of your dental plan.

Adult Enrollee: The Subscriber if nineteen (19) years of age or older on the effective date of your dental plan, and any enrolled Eligible Dependent who is nineteen (19) years of age or older on the effective date of your dental plan.

Renewability: Your plan will automatically renew for a new twelve (12) month Plan Year if the premium continues to be paid. Premiums are subject to change annually in accordance with advance notice. You or Northeast Delta Dental may choose not to renew this plan upon advance notice. The plan will not be renewed if this dental program is no longer available.

Key Definitions:

Deductible: The portion of the charge for covered services that must be paid before Delta Dental’s payment is made.

Maximum Out-of-Pocket: The maximum amount you will pay for covered services for Pediatric Enrollee(s) in any Plan Year. The Maximum Out-of-Pocket for each Pediatric Enrollee under this plan is $350 per Plan Year, up to a maximum of $700 per family. The Maximum Out-of-Pocket does not apply to Adult Enrollees.

Plan Year: The time period from your effective date through the end of the calendar year.

Plan Year Maximum: The maximum dollar amount Delta Dental will pay for each Adult Enrollee in any Plan Year. All benefits paid, including benefits for Diagnostic and Preventive services, are counted toward the Plan Year Maximum. The Plan Year Maximum does not apply to Pediatric Enrollees.

PPO: Preferred Provider Organization made up of dentists who have signed an agreement to participate as members of the Delta Dental PPO network.

Prior Authorization: Some procedures require Prior Authorization for children. Please see your Certificate of Insurance for details. Your dentist must submit a proposed treatment plan to us to determine if coverage for the procedures will be authorized based on a dental consultant’s review.

Non-Discrimination. Northeast Delta Dental does not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation, or health status in the administration of the plan, including enrollment and benefit determinations.

THIS INFORMATION SHOULD BE USED ONLY AS A GUIDELINE. FOR DETAILED INFORMATION ON THE TERMS, CONDITIONS, LIMITATIONS AND EXCLUSIONS, PLEASE REFER TO THE APPROPRIATE CERTIFICATE OF INSURANCE.
Read Your Insurance 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 INSURANCE POLICY CAREFULLY. Benefit percentages are based on the actual charges submitted up to the maximum amount allowed Delta Dental PPO dentists. This plan has different features based on an enrollee’s age. Specifically, enrollees under the age of 19 receive certain features that are different than enrollees age 19 or older. Not all time limitations and exclusions are shown herein.

<table>
<thead>
<tr>
<th>Diagnostic / Preventive</th>
<th>Major Restorative</th>
<th>Orthodontics</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Deductible</td>
<td>$150 Plan Year Deductible per Person</td>
<td>No Deductible</td>
</tr>
</tbody>
</table>

**DIAGNOSTIC:**
- Evaluations once in a 6-month period
- Complete series/panoramic x-rays once in a 5-year period; bitewing x-rays once in a 6-month period; x-rays of individual teeth as necessary

**PREVENTIVE:**
- Cleanings once in a 6-month period

**PERIODONTICS:**
- Full mouth debridement once in a lifetime and, when performed, is counted toward the prophylaxis benefit.

**Note:** Only one cleaning is covered in a 6-month period and may be either a routine cleaning under Diagnostic and Preventive or a periodontal cleaning under Basic Restorative.

- Fluoride twice in a 12-month period to age 19; Sealant application to permanent molars, once in a 3-year period per tooth, for children to age 19; Space maintainers to age 19

**EMERGENCY PALLIATIVE TREATMENT**
- Delta Dental Pays 100%

**RESTORATIVE:**
- Amalgam (silver) fillings; resin (white) fillings on anterior (front) teeth only; protective restorations; recementation of an inlay or crown; prefabricated stainless steel crowns

**PERIODONTICS:**
- Treatment of gum disease; periodontal maintenance

**Note:** A periodontal maintenance procedure is a covered benefit after active periodontal therapy four (4) times in a twelve (12) month period and when performed, is counted toward the prophylaxis benefit.

**ENDODONTICS:**
- Pulpotomy; pulpal therapy

**ORAL SURGERY:**
- Extractions and covered surgical procedures

**DENTURE REPAIR:**
- Denture repair, adjustment, rebase & reline

**ANESTHESIA:**
- General anesthesia or intravenous sedation when performed in conjunction with certain covered procedures

<table>
<thead>
<tr>
<th>Delta Dental Pays 60%¹</th>
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</tr>
</thead>
<tbody>
<tr>
<td>After a 3-Month Waiting Period for enrollees over the age of 19²</td>
<td>After a 6-Month Waiting Period for enrollees over the age of 19²</td>
<td></td>
</tr>
</tbody>
</table>

1°Coinsurancs shown will automatically convert to 100% for an enrollee under the age of 19 once the Plan Year Maximum Out-of-Pocket for such enrollee is reached, or when the family Plan Year Maximum Out-of-Pocket is reached. Coinsurancs will reset to those shown above on the first day of each new Plan Year. If this plan is replacing an existing dental plan that covers the services to which a waiting period applies, the waiting period will be waived, where applicable, for enrollees whose effective date of coverage coincides with the original effective date of this plan.

Form No. NHHIX-INDIVIDUAL-FAMILY-LOW-OOC 0416