

## Northeast Delta Dental

**Welcome!** This Northeast Delta Dental-Health Insurance Marketplace (FFM) dental plan meets the Pediatric Dental Benefits included as one of the ten Essential Health Benefits under the Patient Protection and Affordable Care Act.

This dental plan has a Plan Year Maximum Out-of-Pocket (see “Key Definitions”) for pediatric enrollees. Only costs for covered services from Delta Dental PPO network dentists count toward the Pediatric Enrollee Maximum Out-of-Pocket. Once the limit is reached, all covered dental services for the rest of the plan year will be paid by Delta Dental at 100%. Coverage levels will reset to their regular levels on the first day of the following plan year and a new Maximum-Out-of-Pocket will apply.

**Delta Dental PPO:** This dental plan uses Delta Dental’s PPO network of dentists. You will get the best value from your Plan when you receive care from a PPO dentist.

**No Balance Billing:** PPO dentists accept Delta Dental’s fees for services, meaning you will typically pay less when you visit a PPO dentist.

**No Claims Paperwork:** PPO dentists will submit your claims for you.

**Direct Payment:** Delta Dental pays PPO dentists directly.

To find out if your dentist is in the PPO network, you can call your dentist, visit our website at [www.nedelta.com/LocalDentistSearch](http://www.nedelta.com/LocalDentistSearch), or call Customer Service at 1-800-832-5700.

**Delta Dental Premier.** If you see a dentist who participates with Delta Dental as a Premier dentist but not in the PPO network, claim payments will be sent directly to the dentist. Payments will be based on the dentist’s charge or Delta Dental’s allowance for PPO dentist, whichever is less. Unlike a PPO dentist, a Premier dentist may bill you the difference between Delta Dental’s payment and the Premier dentist’s allowed fee.

**Claims for Delta Dental Dentists:** Show your ID card to your dentist and he or she will send your claim to Delta Dental for you and any of your covered family members under the ID number on your ID card. After your visit, an Explanation of Benefits (EOB) will be available to you. The EOB shows you how your claim was processed and will tell you if you owe anything to your dentist.

**Claims for Other Dentists:** If you visit a dentist who does not participate with Delta Dental, you may be asked to bring a claim form (available by calling us or by visiting [www.nedelta.com](http://www.nedelta.com)). Claim payments will usually be made to you unless the state in which you received services requires “assignments of

benefits”. In that case, we will send the payment to the dentist. Payments for services from dentists who do not participate with Delta Dental will be based on the dentist’s charge or Delta Dental’s allowance for non-participating dentists, whichever is less. Again, the EOB shows you how your claim was processed and whether you owe anything to your dentist.

**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. Please see your Certificate of Insurance for details.

**Who’s Eligible?** You, the Subscriber if under the age of nineteen (19) on the effective date of your dental benefit plan, and any enrolled Eligible Dependent under the age of nineteen (19) on the effective date of your dental benefit plan. All such enrollees are considered Pediatric Enrollees.

**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.

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

**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.**



Outline of Coverage  
 Health Insurance Marketplace – New Hampshire  
 Northeast Delta Dental Pediatric – Low Plan



**Northeast Delta Dental**

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. Not all time limitations and exclusions are shown herein. **THIS POLICY PROVIDES DENTAL BENEFITS ONLY FOR ENROLLEES UNDER THE AGE OF 19.**

Office Visit Co-pay: \$30		Office Visit Copayment: N/A	
Diagnostic / Preventive	Basic Restorative	Major Restorative	Orthodontics
No Deductible	\$150 Plan Year Deductible per Person		No Deductible
<p><b>DIAGNOSTIC:</b> Evaluations once in a 6-month period</p> <p>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</p> <p><b>PREVENTIVE:</b> Cleanings once in a 6-month period</p> <p><b>PERIODONTICS:</b> Full mouth debridement once in a lifetime and, when performed, is counted toward the prophylaxis benefit.</p> <p><b>Note:</b> 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.</p> <p>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</p> <p><b>EMERGENCY PALLIATIVE TREATMENT</b></p>	<p><b>RESTORATIVE:</b> Amalgam (silver) fillings; resin (white) fillings on anterior (front) teeth only; protective restorations; recementation of an inlay or crown; prefabricated stainless steel crowns</p> <p><b>PERIODONTICS:</b> Treatment of gum disease; periodontal maintenance</p> <p><b>Note:</b> 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.</p> <p><b>ENDODONTICS:</b> Pulpotomy; pulpal therapy</p> <p><b>ORAL SURGERY:</b> Extractions and covered surgical procedures</p> <p><b>DENTURE REPAIR:</b> Denture repair, adjustment, rebase &amp; reline</p> <p><b>ANESTHESIA:</b> General anesthesia, intravenous sedation, non-intravenous conscious sedation when performed in conjunction with certain covered procedures</p>	<p><b>CROWNS AND ONLAYS:</b> Restorative crowns and metallic inlays and onlays (Prior Authorization is required for enrollees under the age of 12)</p> <p><b>ENDODONTICS:</b> Root canal therapy, apicoectomy, apexification, root amputation, and hemisection</p> <p><b>PERIODONTICS:</b> Periodontal surgery; clinical crown lengthening</p> <p><b>PROSTHODONTICS:</b> Removable and fixed partial dentures (bridges); complete dentures</p> <p><b>DENTAL IMPLANT SERVICES:</b> Surgical placement of an implant body; certain implant supported prostheses (for enrollees age 16 or older)</p>	<p><b>ORTHODONTICS:</b> Medically necessary correction of malposed (crooked) teeth for dependent children to age 19</p> <p><b>Note:</b> All orthodontic cases require Prior Authorization.</p>
Delta Dental Pays 100% No Waiting Period	Delta Dental Pays 60% <sup>1</sup> No Waiting Period	Delta Dental Pays 50% <sup>1</sup> No Waiting Period	Delta Dental Pays 50% <sup>1</sup>
<p><b>Plan Year Maximum Out-of-Pocket for enrollees under age 19: \$350 per enrollee up to \$700 per family</b>  <b>Only expenses incurred for covered services received from Delta Dental PPO dentists accrue toward the Maximum Out-of-Pocket</b>  <b>All covered services containing an age or frequency limitation are available for age exception or more frequent treatment only with Prior Authorization for enrollees under age 19</b></p>			

<sup>1</sup>Coinsurances 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. Coinsurances will reset to those shown above on the first day of each new Plan Year. <sup>2</sup>If this plan is replacing an existing dental plan that covers the services to which the 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.