

**W**elcome! Northeast Delta Dental is pleased to offer stand-alone dental plans to individuals, families, and eligible businesses through the Health Insurance Marketplace (HIX) in New Hampshire.

The Northeast Delta Dental–HIX dental plans are designed to meet the Pediatric Dental Benefit included as one of the ten Essential Health Benefits under the Patient Protection and Affordable Care Act. Dental coverage provided for Pediatric Enrollees must meet certain criteria established by the State of New Hampshire. The Pediatric Enrollee benefits presented herein meet these criteria.

Unlike traditional dental plans that have an annual benefit maximum for each enrollee, the Northeast Delta Dental–HIX dental plans have an annual benefit maximum for Adult Enrollees only. Pediatric Enrollees have, instead, an out-of-pocket maximum (see “Key Definitions”). Only expenses incurred for covered services received from Delta Dental PPO network dentists are reimbursable and accrue toward the Pediatric Enrollee out-of-pocket maximum. Once the out-of-pocket maximum is reached by a Pediatric Enrollee at any point during a plan year, all covered dental services received for the remainder of that plan year will be covered by Northeast Delta Dental at 100%. Coverage levels will automatically reset to their regular levels on the first day of the following plan year.

### Delta Dental PPO

The Northeast Delta Dental–HIX dental plans utilize Delta Dental’s PPO network of participating dentists. To receive benefits under this policy you must receive your dental care from a participating PPO dentist.

- ✓ **No Balance Billing:** Participating PPO dentists accept Northeast Delta Dental’s allowed fees for services.
- ✓ **No Claims Paperwork:** Participating PPO dentists will prepare and submit claims for you.
- ✓ **Direct Payment:** Northeast Delta Dental pays participating PPO dentists directly, so you don’t have to pay the covered amount up front and wait for payment.

To find out if your dentist participates in our PPO network, try the following: 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.

### Claim Process for Participating PPO Dentists

Present your ID card to your dentist at the time of your visit. 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 send you an Explanation of Benefits (E.O.B.) detailing what has been processed under your plan’s coverage. You are responsible to pay any outstanding balance directly 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. Certain specified procedures expressly require Prior Authorization, as defined below.

### Who’s Eligible?

You, your spouse (or domestic partner), your children up to age 26, regardless of student status, and any incapacitated dependent children, regardless of age. Coverage differs based on the option chosen and whether the enrollee is considered a Pediatric Enrollee or an Adult Enrollee, as follows:

**Pediatric Enrollee:** 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.

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

### Key Definitions

**Deductible:** The portion of the charge for covered services which you or the Enrollee must pay before Delta Dental’s payment responsibility begins.

**Office Visit Co-pay (OVCP):** With a few exceptions, each time you, or a person covered under this dental plan, visits a dentist to receive covered services, you must pay an Office Visit Co-pay. The OVCP will be applied after any applicable Deductible and Coinsurance Percentage.

**Out-of-Pocket Maximum (OOPM):** The maximum amount you are required to pay for deductibles, copayments, and coinsurance for covered services on behalf of each Pediatric Enrollee. The Out-of-Pocket Maximum is \$700 per Plan Year per Pediatric Enrollee, up to a maximum of \$1400 per family. The Out-of-Pocket Maximum does not apply to Adult Enrollees.

**Plan Year:** The time period commencing with the effective date set forth in the Contract Application and continuing for the twelve (12) month period thereafter.

**Plan Year Maximum:** The maximum dollar amount Northeast Delta Dental will pay for each Adult Enrollee within any Plan Year for covered benefits. All benefits paid, including benefits for Diagnostic and Preventive services, are counted toward an Adult Enrollee’s 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. **THIS POLICY PROVIDES NO OUT-OF-NETWORK BENEFITS.**

**Prior Authorization:** A required administrative procedure by which the dentist submits a proposed treatment plan to Northeast Delta Dental in advance of performing certain specified procedures of dental care for approval based upon standardized and valid risk assessment tools or a Northeast Delta Dental consultant’s review.

**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 EPO – Family Low Plan



*Read Your Certificate of Insurance 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 CERTIFICATE OF INSURANCE 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. **THIS POLICY PROVIDES NO OUT-OF-NETWORK BENEFITS.***

Office Visit Co-pay: \$30			Office Visit Copayment: N/A
Diagnostic / Preventive	Basic Restorative	Major Restorative	Orthodontics
No Deductible	<b>\$150 Plan Year Deductible per Person</b>		No Deductible
<p><b>DIAGNOSTIC:</b> Evaluations once in a 6-month period Complete series/panoramic x-rays once in a 5-year period; bitewing x-rays once in a 12-month period; x-rays of individual teeth as necessary</p> <p><b>PREVENTIVE:</b> Cleanings once in a 6-month period</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 through age 14</p> <p><b>DENTURE REPAIR:</b> Denture repair, adjustment, rebase &amp; reline</p> <p><b>ORAL SURGERY:</b> Extractions and covered surgical procedures</p> <p><b>ENDODONTICS:</b> Pulpotomy; pulpal therapy through age 10</p> <p><b>PERIODONTICS:</b> Treatment of gum disease; Periodontal cleaning (maintenance procedures)</p> <p><b>Anesthesia:</b> General anesthesia or intravenous sedation (and non-intravenous sedation and nitrous oxide to age 19) 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>PROSTHODONTICS:</b> Removable and fixed partial dentures (bridges); complete dentures</p> <p><b>ENDODONTICS:</b> Root canal therapy, apicoectomy, apexification, root amputation, and hemisection</p> <p><b>PERIODONTICS:</b> Full mouth debridement once in a lifetime</p> <p><b>DENTAL IMPLANT SERVICES:</b> Surgical placement of an endosteal implant body; certain implant supported prostheses (for enrollees age 16 or older)</p> <p><b>CROWN LENGTHENING:</b> Clinical crown lengthening once in a 3-year period</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> After a 3-Month Waiting Period for enrollees over the age of 19 <sup>2</sup>	Delta Dental Pays 50% <sup>1</sup> After a 6-Month Waiting Period for enrollees over the age of 19 <sup>2</sup>	Delta Dental Pays 50% <sup>1</sup> After a 24-Month Waiting Period for enrollees under the age of 19 <sup>2</sup>
<b>Plan year maximum for enrollees age 19 or older: \$1,000</b>			<b>N/A</b>
<b>Plan Year Out-of-Pocket Maximum for enrollees under age 19: \$700 per enrollee up to \$1,400 per family</b>			
<b>Only expenses incurred for covered services received from Delta Dental PPO dentists accrue toward the out-of-pocket maximum</b>			
<b>All covered services containing a frequency limitation are available for more frequent treatment only with Prior Authorization for enrollees under age 19</b>			

<sup>1</sup>Coinsurances shown will automatically convert to 100% for an enrollee under the age of 19 once the Plan Year Out-of-Pocket Maximum for such enrollee is reached, or when the family Plan Year Out-of-Pocket Maximum 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 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.