



**W**elcome! Northeast Delta Dental is pleased to offer stand-alone dental plans to individuals, families, and eligible businesses through the Vermont Health Connect health benefits exchange.

The Northeast Delta Dental–Vermont Health Connect 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 Department of Vermont Health Access. 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–Vermont Health Connect dental plans have an annual benefit maximum for Adult Enrollees only. Pediatric Enrollees have, instead, a maximum out-of-pocket (see “Key Definitions”). Only expenses incurred for covered services received from Delta Dental PPO network dentists accrue toward the Pediatric Enrollee maximum out-of-pocket. Once the maximum out-of-pocket 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–Vermont Health Connect dental plans utilize Delta Dental’s PPO network of participating dentists. You will get the best value from your Delta Dental Plan when you receive your dental care from a PPO dentist:

- ✓ **No Balance Billing:** Because participating PPO dentists accept Northeast Delta Dental’s allowed fees for services, you will typically pay less when you visit a participating PPO 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 payment.

To find out if your dentist participates with us, try the following: call your dentist, visit our website at [www.nedelta.com/LocalDentistSearch](http://www.nedelta.com/LocalDentistSearch), or call Customer Service at 1-866-848-2608.

**Premier Dentists:** If you visit a dentist who participates with Delta Dental as a Premier dentist, but not as a PPO dentist, the participating Premier dentist will prepare and submit claims to Northeast Delta Dental on your behalf. Payment will be made directly to the dentist and will be based on the lesser of the dentist’s actual submitted charge or Delta Dental’s allowance for PPO Providers. Unlike a PPO Provider, a Premier provider may balance bill you up to the Premier Provider’s allowed fee.

**Claim Process for Participating Dentists:** Present your ID card or other means of verifying Delta Dental coverage 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). An Explanation of Benefits (E.O.B.) will be sent or accessible to you 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 requested to bring a claim form (available by calling Northeast Delta Dental or by visiting [www.nedelta.com](http://www.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 an assignment on the claim form before payment for benefits is made. 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 will be your responsibility to make full payment to the dentist. When there is not sufficient fee information available for a specific dental procedure, Northeast Delta Dental will determine an appropriate payment amount.

**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. Predetermination helps avoid any potential confusion and enables us to help you estimate any out-of-pocket expenses you may incur. Certain specified procedures expressly require Prior Authorization, as identified in your Certificate of Insurance.

**Who’s 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. 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 twenty-one (21) on the effective date of your dental benefit plan, and any enrolled Eligible Dependent under the age of twenty-one (21) on the effective date of your dental benefit plan.

**Adult Enrollee:** The Subscriber if twenty-one (21) years of age or older on the effective date of your dental benefit plan, and any enrolled Eligible Dependent who is twenty-one (21) 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.

**Maximum Out-of-Pocket:** The maximum amount you are required to pay for deductibles and coinsurance for covered services on behalf of each Pediatric Enrollee. The Maximum Out-of-Pocket for each Pediatric Enrollee under this dental benefits 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 commencing with enrollment through the end of the calendar year.

**Plan Year Maximum:** The Maximum dollar amount 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.

**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  
 Northeast Delta Dental – Vermont Health Connect  
 Dental with Pediatric High Option



*This outline 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 shown 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 21 receive certain features that are different than enrollees age 21 or older. Not all time limitations and exclusions are shown herein.*

Diagnostic & Preventive <sup>1</sup>	Basic Restorative <sup>1</sup>	Major Restorative <sup>1</sup>	Orthodontics <sup>1</sup>
No Deductible	Plan Year Deductible per Enrollee: \$50 (regardless of age)		No Deductible
<p><b>DIAGNOSTIC:</b> Evaluations once in a 6-month period</p> <p>Complete series/panoramic image once in a 3-year period; bitewings once in a 12-month period; images 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 once in a 6-month period to age 21; sealant application to permanent molars and primary second molars and bicuspid, once in a 3-year period per tooth, for children to age 21; space maintainers once in a 2-year period to age 21</p>	<p><b>RESTORATIVE:</b> Amalgam (silver) fillings; resin (white) fillings; recementation of an inlay or crown; prefabricated stainless steel crowns to age 21</p> <p><b>DENTURE REPAIR:</b> Denture repair and adjustment</p> <p><b>ORAL SURGERY:</b> Extractions and covered surgical procedures</p> <p><b>ENDODONTICS:</b> Root canal therapy</p> <p><b>PERIODONTICS:</b> Treatment of gum disease; periodontal cleaning (maintenance procedures)</p> <p><b>CROWN LENGTHENING:</b> Clinical crown lengthening once in a lifetime per tooth</p> <p><b>ANESTHESIA &amp; PALLIATIVE TREATMENT:</b> General anesthesia or intravenous sedation (and non-intravenous sedation and nitrous oxide to age 21) when performed in conjunction with certain covered procedures</p>	<p><b>CROWNS AND ONLAYS:</b> Restorative crowns and onlays (crowns and onlays for enrollees age 12 and older and stainless steel crowns for adult enrollees only)</p> <p><b>PROSTHODONTICS:</b> Removable and fixed partial dentures (bridges); complete dentures; rebase and relines</p> <p><b>DENTAL IMPLANT SERVICES:</b> Surgical placement of an endosteal implant body; certain implant supported prostheses (for enrollees age 16 and older )</p> <p><b>Note:</b> Certain services require Prior Authorization for enrollees under the age of 21. Please see your Certificate of Insurance.</p>	<p><b>ORTHODONTICS:</b> Medically necessary correction of malposed (crooked) teeth for enrollees under age 21</p> <p><b>Note:</b> All orthodontic cases require Prior Authorization.</p>
Delta Dental Pays 100% No Waiting Period	Delta Dental Pays 70% <sup>2</sup> No Waiting Period	Delta Dental Pays 50% <sup>2</sup> After a 6-Month Waiting Period for enrollees over the age of 21 <sup>3</sup>	Delta Dental Pays 50% <sup>2</sup> No Waiting Period
Plan year maximum for each enrollee age 21 or older: \$1,500			N/A
<p><b>Plan Year Maximum Out-of-Pocket for each enrollee under age 21: \$350 per enrollee, up to \$700 per family.</b></p> <p><b>Only expenses incurred for covered services received from Delta Dental PPO dentists accrue toward the Maximum Out-of-Pocket.</b></p> <p><b>All covered services with a frequency limitation are available for more frequent treatment only with Prior Authorization for enrollees under age 21</b></p>			

<sup>1</sup>Delta Dental's liability is based upon the Coinsurance Percentage of the "allowed Charge" as described in this policy. <sup>2</sup>Coinsurances shown will automatically convert to 100% for an enrollee under the age of 21 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>3</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 for enrollees over the age of 21 whose effective date of coverage coincides with the original effective date of this plan. The waiting period does not apply to enrollees under the age of 21.