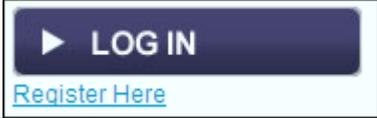
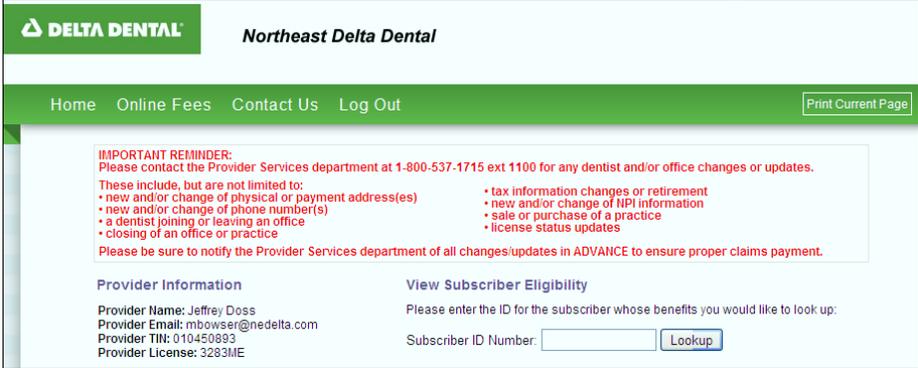


## Navigating Northeast Delta Dental's Web Benefit for Dental Offices

Follow these instructions to obtain subscriber eligibility and benefit information.

Step	Action
1	Go to our web page <i>www.nedelta.com</i> .
2	Select <i>Providers</i> on top green ribbon.
3	Select the purple <i>Log In</i> button on the bottom left side of the page. This will bring you to the log in page. 
4	First time visitors must select <i>Register Here</i> under the Log In button and complete the requested information to view benefits. 
5	Enter <i>Username</i> and <i>Password</i> to get into the secured website for your dentists. 
6	Enter the subscriber ID number in the box below to the right of the <i>Subscriber ID Number</i> . 
7	If the subscriber is active with us then you will see the patient's information on the page.

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If the subscriber ID number doesn't match our information a red message will state "Subscriber ID: XXXXXXXX entered is invalid." (Verify the ID# entered)

**View Subscriber Eligibility**

Please enter the ID for the subscriber whose benefits you would like to look up:

Subscriber ID Number:

Subscriber ID: 11122333444 entered is invalid. Please refer to the subscriber's Delta Dental card or contact Customer Service at 1-800-832-5700 for further information.

Once you have verified the correct ID# and it still does not work, you will see this message "Please call Customer Service...."

**View Subscriber Eligibility**

Please enter the ID for the subscriber whose benefits you would like to look up:

Subscriber ID Number:

Please call Customer Service at 1-800-832-5700 for information on this subscriber.

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**Navigating Northeast Delta Dental's Web Benefits Description**

The Northeast Delta Dental web page was created to give quick access to individual benefits for our dentists. See plan type, who is eligible and Exceptions for this plan?

**DELTA DENTAL** Northeast Delta Dental

Home Online Fees Contact Us Log Out Print Current Page

In order to review benefits for another subscriber, click on Home.

Subscriber ID: 330000 **Subscriber: CATHERINE**

Address:   
 Group #: 000000309-00004106-0000   
 Group Name: DELTA DENTAL PLAN OF NEW HAMPSHIRE

Northeast Delta Dental   
 Product: Delta Dental PPO plus Premier   
 Customer Service: 1-800-832-5700   
 Report Date: 6/7/2013 11:49:15 AM

Select	Name	Birthdate	Effective	Terminated
Select	CATHERINE		01/01/2011	Active
Select	TIMOTHY		01/01/2011	Active
Select	MEGAN		01/01/2011	Active
Select	ARIEL		01/01/2011	Active

**Exceptions For Your Plan**

- Diagnostic and Preventive benefits: Sealants are covered once in a 3-year period on permanent molars for children through age 18.
- Diagnostic and Preventive benefits: Oral evaluations are covered twice per calendar year. Bitewing images (x-rays) are covered once per calendar year. Fluoride treatments are covered twice per calendar year through age 18. Cleanings are covered twice per calendar year. The cleaning may be routine, covered under Diagnostic and Preventive or periodontal, covered under Basic.
- This group has a Carryover Benefit. Contact Customer Service for full details.
- Under this group the following dental procedures are part of our Health through Oral Wellness, Patient Centered Oral Health program based on risk for dental disease. Please contact Customer Service for details. Additional procedures may include: Prophylaxis (Cleaning), Evaluation, Fluoride Varnish (children & adults), Caries Susceptibility Test, Sealants (children & adults), Periodontal Maintenance.
- Under this group's contract, dependents are covered until the end of the month of their 26th birthday.
- Athletic mouth guards (9941) are covered under this plan once in a 12-month period. They are paid at 50%, not subject to a deductible, and have an annual maximum of \$100 per person.

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**HOW:** When a group adopts the HOW program, the information will display in the “Exceptions For Your Plan” and there will be a statement below in the Limitations & Frequencies Tab. If the patient you selected is eligible for HOW benefits, you will see this statement “This individual has additional benefits through the Health through Oral Wellness (HOW) program”

- UNDER THIS GROUP THE FOLLOWING DENTAL PROCEDURES ARE PART OF OUR HEALTH THROUGH ORAL WELLNESS. PATIENT CENTER ORAL HEALTH PROGRAM BASED ON RISK FOR DENTAL DISEASE. PLEASE CONTACT CUSTOMER SERVICE FOR DETAILS. ADDITIONAL PROCEDURES MAY INCLUDE: PROPHYLAXIS (CLEANING), EVALUATION, FLUORIDE VARNISH (CHILDREN & ADULTS), CARIES SUSCEPTIBILITY TEST, SEALANTS (CHILDREN & ADULTS), PERIODONTAL MAINTENANCE.
- Under this group's contract, dependents are covered until the end of the month of their 26th birthday.
- Athletic mouth guards (9941) are covered under this plan once in a 12-month period. They are paid at 50%, not subject to a deductible, and have an maximum of \$100 per person.



Maximums & Deductibles | **Limitations & Frequencies** | Claims | Pre-Determinations | Recent Treatment Summary

**Benefit Classes** (Select underlined benefit class to see covered ADA procedure codes.)

- \* For coordination of benefits contact Customer Service
- \*\* This group participates in the Health through Oral Wellness (HOW) program
- \*\* This individual has additional benefits through the Health through Oral Wellness (HOW) program

Sample below has HOW, but the patient is not enrolled or eligible for HOW-

**Benefit Classes** (Select underlined benefit class to see covered ADA procedure codes.)

- \* For coordination of benefits contact Customer Service
- \*\* This group participates in the Health through Oral Wellness (HOW) program

This is the message you would see when the group has adopted the HOW program, but the individual you have selected is not enrolled in the HOW program.

Sample below has the group not adopting the HOW program.

This sample, the group has not adopted the HOW program

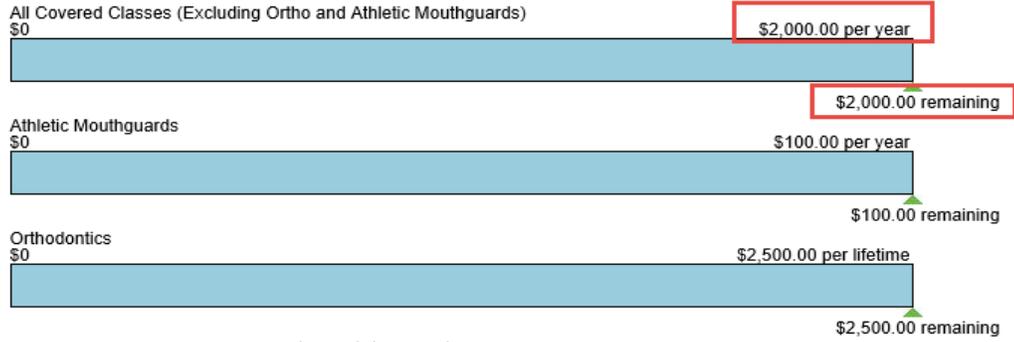
**Maximums & Deductibles Tab:** The benefit page begins by identifying the subscriber, covered individuals; benefit year maximums, remaining individual benefit year maximum balance, plan deductibles and the status of the deductible. Select the member you are interested in and see monies remaining per selected individual covered on the plan. Deductible works the same, select member and view the deductible and remaining deductible per individual or family.

Maximums & Deductibles | Limitations & Frequencies | Claims | Pre-Determinations | Recent Treatment Summary

Benefit Period: January 1, 2015 - December 31, 2015

**Benefit Balance per Individual:**

**Par and Non-Par**



**Deductible per Individual:** Sample used does not have deductibles

**No Deductibles**

Deductible per

Deductible per

If the group has deductibles, the individuals deductible will display. Select the drop down arrow for the "Family" deductibles.

Deductible per

sample of a deductible

**Par and Non-Par**

All Covered Classes (Excluding Ortho)	\$100.00 per lifetime	\$0.00 remaining
---------------------------------------	-----------------------	------------------

**Limitations & Frequencies Tab:** This tab identifies covered procedures by [Benefit Classes](#), common procedure time frequencies, plan co-pay percentages, deductibles, waiting periods and covered procedure codes. The subscriber and dentist can select the underlined [Benefit Classes](#) to view covered procedure codes. Please note that the “Exceptions For Your Plan” section lists benefit information specific to your dental plan.

Maximums & Deductibles	Limitations & Frequencies	Claims	Pre-Determinations	Recent Treatment Summary
<p><b>Benefit Classes</b> (Select underlined benefit class to see covered ADA procedure codes.)                      * For coordination of benefits contact Customer Service</p>				
<b>Diagnostic &amp; Preventive</b>				
 <b>Network Participation</b>	<b>% Plan Pays</b>	<b>Deductible</b>	<b>Waiting Period</b> ⓘ	
Par and Non-Par	100%	NO	NONE	
<b>Benefits</b>			<b>Frequency</b>	
Evaluations (periodic or comprehensive) are covered			2 in a 12 month period	
Prophylaxis under Preventive or Periodontal Maintenance under Basic (deductible may apply) is covered up to			2 in a 12 month period	
Fluoride treatments are covered			1 in a 12 month period	
Bitewing images (x-rays) are covered			2 in a 12 month period	
Complete series or panoramic images are covered			1 in a 5 year period	
Sealant application, per tooth, to unrestored permanent molars is covered			1 in a 3 year period	
<b>Basic</b>				
 <b>Network Participation</b>	<b>% Plan Pays</b>	<b>Deductible</b>	<b>Waiting Period</b> ⓘ	
Par and Non-Par	80%	YES	NONE	
<b>Benefits</b>			<b>Frequency</b>	
Periodontal Maintenance under Basic (deductible may apply) or Prophylaxis under Preventive is covered up to			2 in a 12 month period	
Root canal therapy, per tooth, is covered			1 in a 3 year period	
<b>Major</b>				
 <b>Network Participation</b>	<b>% Plan Pays</b>	<b>Deductible</b>	<b>Waiting Period</b> ⓘ	
Par and Non-Par	50%	YES	NONE	
<b>Benefits</b>			<b>Frequency</b>	
Crowns, per tooth, under Major Restorative are covered			1 in a 5 year period	
Onlays, per tooth, under Major Restorative are covered			1 in a 5 year period	
<b>Orthodontic</b>				
 <b>Network Participation</b>	<b>% Plan Pays</b>	<b>Deductible</b>	<b>Waiting Period</b> ⓘ	
Par and Non-Par	50%	YES	NONE	
Orthodontic to Age: 99				
<b>Implants</b>				
 <b>Network Participation</b>	<b>% Plan Pays</b>	<b>Deductible</b>	<b>Waiting Period</b> ⓘ	
Par and Non-Par	50%	YES	NONE	
<b>Benefits</b>			<b>Frequency</b>	
Implants, per tooth, are covered			1 in a lifetime	

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**Covered ADA Procedure Codes:** on the Limitations & Frequencies tab, you can open all the Benefit Classes by selecting the underlined [benefit class](#) to see the covered ADA procedure codes for the patient selected.

Click to view procedures covered in each class.

**Diagnostic & Preventive**

Maximums & Deductibles | Lim

**Benefit Classes** (Select underlined)  
 \* For coordination of benefits contact Cu:  
 \*\* This group participates in the Health t

**Diagnostic & Preventive**

**Network Participation**  
Par and Non-Par

**Benefits**  
Prophylaxis under Preventive or Bitewing images (x-rays) are cov  
All evaluations (Comprehensive Fluoride treatments are covered Complete series or panoramic in Sealant application, per tooth, to

**Basic**

**Network Participation**  
Par and Non-Par

**Benefits**

**Procedure Coverage Details - Diagnostic & Preventive**  
Text appearing in blue indicates that the % Delta Pays for the procedure is not the same as the % Delta Pays for the benefit class.

Procedure Number	Procedure Description	% Delta		
		Pays	Minimum Age	Maximum Age
D0120	Periodic oral eval	100%	--	--
D0140	Ltd orl eval prob focus	100%	--	--
D0145	Orl eval pts under 3	100%	--	2
D0150	Comprehen oral eval	100%	--	--
D0170	Re-eval ltd	100%	--	--
D0180	Comp perio eval	100%	--	--
D0210	Complete series	100%	--	--
D0220	Periapical first image	100%	--	--
D0230	Periapical addl image	100%	--	--

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**Navigating Northeast Delta Dental's Web Claim Description**

**Claims Tab:** This tab shows details for claims received by Northeast Delta Dental for the subscriber and covered dependents. The dentist must select the covered member at the top of the page to view claims for a specific patient. Please note that the dentist can view patient claims submitted by them only. By selecting "View", it will open that particular claim.

**Claims by Individual** (based on individual selected above)

	Claim #	Date of Service
<a href="#">View</a>	20140	01-17-2014
<a href="#">View</a>	2014	01-17-2014
<a href="#">View</a>	2014	08-13-2014

Select "View" to open the claim you would like to view.

**Claims by Individual** (based on individual selected above)

	Claim #	Date of Service	Patient	Status	Dentist Name
<a href="#">View</a>	2014	01-27-2014	CATHERINE	Processed	AN
<a href="#">View</a>	20142	07-28-2014	CATHERINE	Processed	AN

<< Previous Year | **Current Year** | Next Year >>

**Claim Status Report**

Benefits described in this document are not a guarantee of payment. Specific information regarding general exclusions and limitations to include waiting periods are noted in the Dental Plan Description booklet. We mail Notification of Benefits to our subscribers and participating dentists. If you have any questions, please email our Customer Service Department at nedelta@nedelta.com or call our Customer Service Department at 1-800-832-5700 Monday through Friday from 8:00am to 4:45pm (ET).

Please click on the processing policy number/text icon when available below to view additional information related to the procedure performed.

**General Claim Information:**

Claim #:	2014	Patient Name:	CATHERINE
Provider Name:	AN	Patient DOB:	12-30-1961
Subscriber ID:	330000	Subscriber Name:	CATHERINE
Delta Payment	\$151.00	Patient Responsibility	\$0.00
COB	\$0.00	Deductible	\$0.00
Claim Received	01-28-2014	Claim Status	Processed
		Paid Date	01-29-2014
		Paid To	PROVIDER
		Check Number	7275579

**Treatment Information:**

<u>Tth</u>	<u>Surf</u>	<u>Proc</u>	<u>DOS</u>	<u>Subm</u>	<u>Apprv</u>	<u>Allow</u>	<u>Patient Resp</u>	<u>Ded</u>	<u>Delta Paid</u>	<u>PP1</u>	<u>PP2</u>	<u>PP3</u>
		D0120	01-27-2014	\$54.00	\$54.00	\$54.00	\$0.00	\$0.00	\$54.00			
		D1110	01-27-2014	\$97.00	\$97.00	\$97.00	\$0.00	\$0.00	\$97.00			

**Claim Options**

- Annual Claim Summary
- Family Ortho Claim Report

\*Each underlined heading or procedure code will open when selected and give a description. Sample:

[Close](#)

**Approved**

For participating providers, the fee the provider has agreed to accept for this service, otherwise it is the submitted fee.

Treatment Information				
Amount Approved	Amount Allowed	Applied to Deduct.	Plan Co-Pay %	C
\$39.00	\$39.00	\$0.00	100	
\$80.00	\$80.00	\$0.00	100	

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**Pre-Determinations Tab:** This tab shows the Pre-Determinations of Benefits that Northeast Delta Dental received for the subscriber and covered dependents. The dentist must select the covered member at the top of the page to view the Pre-Determinations for a specific patient. Please note the dentist can view patient Pre-Determinations submitted by them only and not Pre-Determinations sent by other dentists.

**Claims by Individual** (based on individual selected above)

View	Claim #	Date of Service	Patient	Status	Dentist Name
	201		ST	Pre-Determination	

**Claim Status Report**

Predeterminations are calculated based on current available benefits and patient's eligibility. Payment will be based on remaining benefits available, eligibility which applies at the time services are rendered, and coordination of benefits.

Please click on the processing policy number/text icon  when available below to view additional information related to the procedure performed.

**General Claim Information:**

Claim #:	201	Patient Name:	S
Provider Name:		Patient DOB:	10-2 -19
Subscriber ID:	330000	Subscriber Name:	S
Delta Payment	\$403.00	Patient Responsibility	\$4.00
COB	\$ .00	Deductible	\$ .00
Claim Received	02-04-2015	Claim Status	Pre-Determination
		Paid Date	0
		Paid To	PROVIDER
		Check Number	

**Treatment Information:**

Th	Surf	Proc	DOS	Subm	Apprv	Allow	Patient Resp	Ded	Delta Paid	PP1	PP2	PP3
		D0120		\$48.00	\$48.00	\$48.00	\$ .00	\$ .00	\$48.00			
		D0180		\$139.00	\$139.00	\$135.00	\$4.00	\$ .00	\$135.00			
		D0210		\$125.00	\$125.00	\$125.00	\$ .00	\$ .00	\$125.00			
		D1110		\$95.00	\$95.00	\$95.00	\$ .00	\$ .00	\$95.00			

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**Recent Treatment Summary Tab:** This tab displays the last **paid** treatment dates for evaluations, prophylaxis (cleaning), periodontal maintenance (periodontal cleaning), bitewing images (x-rays), fluoride treatments and complete series or panoramic image (x-ray). The dentist must select the patient from the list of covered members at the top of the page to view procedures paid for a specific patient.

**Recent Treatment Summary**

Refer to the Limitations & Frequencies tab and the Exceptions For Your Plan to determine eligibility for these services.

Procedure	Procedure Codes	Last Performed (Paid)
Evaluation	D0120, D0150, D0180, D0140	10/28/2014, 02/13/2014, 09/26/2013, 03/11/
Prophylaxis	D1110, D1120	10/28/2014, 02/13/2014, 09/26/2013, 03/11/
Periodontal Maintenance	D4910	NONE
Bitewing(s) images or Vertical bitewings (x-rays)	D0270, D0272, D0273, D0274, D0277	04/17/2014, 09/10/2012
Fluoride	D1203, D1204, D1206, D1208	10/28/2014, 02/13/2014, 09/26/2013
Complete Series or Panoramic image (x-rays)	D0210, D0330	09/10/2012

\*\* The date reads from the most current backwards\*\*

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You can view fees by selecting "MAC fees" in the top green ribbon:

The screenshot shows the Delta Dental website interface for viewing MAC fees. At the top left is the Delta Dental logo and the text "Northeast Delta Den". A green navigation ribbon contains "Home", "MAC Fees", "Contact Us", and "Log Out". A "Print Current Page" link is in the top right. The main form area includes a "Provider" field with a "Select your address" annotation, a "Dr." field, a "Location" dropdown menu with a "Select..." option, a "Premier/PPO" dropdown menu with a "Premier" option and an information icon, and a "Date of Service" field with a calendar icon and a "Select your date of service in the calendar" annotation. A "Lookup" button is on the right, with an annotation "To populate and get fees, select Lookup button." pointing to it. A "View our Privacy Policy" link is at the bottom. A note at the bottom left states "Export to Excel option not available when using the Firefox browser". A text box at the top right explains: "If provider is Premier and clients plan is Premier only, select Premier. If you are a PPO provider and treating a PPO or Premier/PPO plan, select PPO from the drop down."

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On the Home page, you will see many helpful documents including the 2015 Northeast Delta Dental's Dentist Handbook. (Page 70 in this document goes over all ADA codes and the National Processing Policies tied to that code)

The screenshot shows the Delta Dental website home page. At the top left is the Delta Dental logo and the text "Northeast Delta Dental". A green navigation ribbon contains "Home", "MAC Fees", "Contact Us", and "Log Out". Below the ribbon is a "Documents" section with a list of links: "Foreign Claim Instructions", "DDPA Dentist Handbook", "Claim Form", "Martin's Point Generations Advantage Acknowledgement and Financial Responsibility Statement", "Premier Reimbursement Change FAQs", "Northeast Delta Dental's 2015 Dentist Handbook", "Tri-State Dental Educational Webinar - August 5, 2014", and "Summary of Questions from Tri-State Webinar - August 5, 2014". A grey arrow points to the "Northeast Delta Dental's 2015 Dentist Handbook" link.

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Don't forget that the **Log In page** is full of useful information

**DELTA DENTAL** Northeast Delta Dental

Follow Us: [Social Media Icons]

PATIENTS EMPLOYERS PROVIDERS PRODUCERS ABOUT US CONTACT US

You Are Here: Home » Providers

**Providers**

What's New  
Consultant's Corner  
Dividends for Dentists  
Preferred Provider Perks  
Electronic Claims Submission  
New Orthodontic Information on Our Web Page  
Clinical Documentation Requirements  
Dentistry and the ACA  
EyeMed Discounts  
Forms for Providers  
The Incisor  
Tools & Resources  
P.A.N.D.A. Program  
Health Care Reform Resources

Log in to Benefit Lookup  
**▶ LOG IN**  
[Register Here](#)

**Providers**

Just like shoes, when it comes to dental care, **one size does not fit all.**

Northeast Delta Dental introduces

**HOW HEALTH through ORAL WELLNESS**

At Northeast Delta Dental, we understand that some patients need more dental care than others. That's why we're introducing HOW®, our industry-leading Health through Oral Wellness® program that provides additional benefits at no additional cost to at-risk patients from participating employer groups with HOW plan designs. All they need is a little help from YOU.

Through the use of a simple risk evaluation tool (provided to you at no charge), you can help your at-risk patients receive the care they really need. HOW can help you improve patient acceptance of treatment, their oral and overall health, and your bottom line.

To learn more about Health through Oral Wellness®, please contact Northeast Delta Dental's Professional Relations team at 1-800-537-1715.

Latest News | Plan Options | Oral Health

[Foundation Supports Dental Clinic -> in Presque Isle](#) | 1/6/2015  
On behalf of the Northeast Delta Dental Foundation, Eleanor Wien presented Dr. Norma Desjardins a donation of \$1,000.00 for the St. Apollonia Dental Clinic in Presque Isle, Maine.

[Northeast Delta Dental Now Offers EFT and ERA](#) | 11/17/2014  
Northeast Delta Dental has selected Emdeon as its electronic payment vendor. There is no cost to you to use Emdeon Dental ePayment, and enrollment is free!

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Our Customer Service department is available to answer any questions not found on our web page via email at [CustomerService@nedelta.com](mailto:CustomerService@nedelta.com) or call us at 800-832-5700 Monday through Friday 8 AM. to 4:45 PM (ET).

Revised 02/16/2015