DELTA DENTAL®

Plan Year 2027

Welcome! This Northeast Delta Dental plan offered through Maine's Health Insurance Marketplace, CoverMe.Gov, 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 https://dentistsearch.nedelta.com, 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). Claim payments will usually be made to you unless the state in which you received services requires "assignment 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.

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 $450 per Plan Year, up to a maximum of $900 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.

DELTA DENTAL®

Outline of Coverage
Health Insurance Marketplace – Maine
Northeast Delta Dental Pediatric – High Plan

Plan Year 2027

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. 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: $15			Office Visit Copayment: N/A
Diagnostic / Preventive	**Basic Restorative**	**Major Restorative**	**Orthodontics**
No Deductible	**$50 Plan Year Deductible per Person**		**No Deductible**
DIAGNOSTIC: Evaluations once in a 6-month period Comprehensive 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 periodontal maintenance 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**	**RESTORATIVE:** Amalgam (silver) fillings; Resin (white) fillings on anterior (front) teeth and the buccal surface of bicuspids only; placement of interim direct restorations; Recementation of an inlay or crown; Prefabricated stainless steel crowns **PERIODONTICS:** Treatment of gum disease; periodontal maintenance **Note**: Periodontal maintenance 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, intravenous sedation, non-intravenous conscious sedation when performed in con-junction with certain covered procedures	**CROWNS AND ONLAYS**: Restorative crowns and metallic inlays and onlays (Prior Authorization is required for enrollees under the age of 12) **ENDODONTICS:** Root canal therapy, apicoectomy, apexification, root amputation, and hemisection **PERIODONTICS:** Periodontal surgery; clinical crown lengthening **PROSTHODONTICS:** Removable and fixed partial dentures (bridges); complete dentures **DENTAL IMPLANT SERVICES:** Surgical placement of an implant body; certain implant supported prostheses (for enrollees age 16 or older)	**ORTHODONTICS:** Medically necessary correction of malposed (crooked) teeth for dependent children to age 19 **Note**: *All orthodontic cases require Prior Authorization.*
Delta Dental Pays 100% No Waiting Period	**Delta Dental Pays 80%[1]** No Waiting Period	**Delta Dental Pays 50%[1]** No Waiting Period	**Delta Dental Pays 50%[1]** No Waiting Period

Plan Year Maximum Out-of-Pocket for enrollees under age 19: $450 per enrollee up to $900 per family
Only expenses incurred for covered services received from Delta Dental PPO dentists accrue toward the Maximum Out-of-Pocket
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

[1]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.

Discrimination is Against the Law

Northeast Delta Dental complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Northeast Delta Dental does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Northeast Delta Dental:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
    - Qualified sign language interpreters
    - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
    - Qualified interpreters
    - Information written in other languages

If you need these services, contact Neiko Lavery, Associate General Counsel.

If you believe that Northeast Delta Dental has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Neiko Lavery, Associate General Counsel
One Delta Drive
Concord, NH 03301
603-223-1127
TTY: 711
Fax: 603-223-1035
nlavery@nedelta.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Neiko Lavery, Associate General Counsel, is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 1-800-537-7697 (TDD)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

DELTA DENTAL®

Northeast Delta Dental

Language Assistance Services

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-832-5700 (ATS : 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-832-5700 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-832-5700 (TTY: 711).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-832-5700 (TTY: 711).

यान दनु होस:ो्तपाइ ले नेपाल बो नह छ भन तपाइ को िन त भाषा सहायता सवाह नःश क पमा उपल ध छ । फोन गनु होसर् ो्1-800-332-5700 (ट टवाइ: 711) ।

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-238-0075 (رقم هاتف الصم والبكم 117.)

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-800-832-5700 (TTY: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-832-5700 (телетайп: 711).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-832-5700 (TTY: 711).

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-800-832-5700 (TTY: Telefon za osobe sa oštećenim govorom ili sluhom: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-832-5700 (TTY: 711) 번으로 전화해 주십시오.

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-800-832-5700 (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-832-5700 (TTY: 711).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-832-5700 (TTY: 711).

ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតឈ្នួល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1-800-832-5700 (TTY: 711)។