DELTA DENTAL

VERMONT HEALTH CONNECT
Find the plan that's right for you.

Plan Year 2027

Welcome! This Northeast Delta Dental–Vermont Health Connect dental plan meets the standards for Pediatric Dental Benefits (for children under the age of 21) as required under the Patient Protection and Affordable Care Act and as established by the Department of Vermont Health Access.

This dental plan has an annual benefit limit for Adult Enrollees (those over the age of 21). Children under the age of 21 have no annual limit but do have a maximum out-of-pocket (see "Key Definitions"). Only costs for covered services from Delta Dental PPO network dentists count toward the out-of-pocket limit. 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 will reset to 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 1-866-848-2608.

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

Who's Eligible? You, your spouse (or Civil Union Partner), your children up to age 26, and any incapacitated dependent children, regardless of age. Coverage differs based on the age of the enrollee.

Pediatric Enrollees. The Subscriber if under the age of twenty-one (21) on the effective date of your plan, and any enrolled Eligible Dependent under the age of twenty-one (21) on the effective date of your plan.

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

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 per Plan Year. The Maximum Out-of-Pocket does not apply to Adult Enrollees.

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

Plan Year Maximum. The maximum dollar amount Delta Dental will pay for each Adult Enrollee in any Plan Year. 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. 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 YOUR CERTIFICATE OF INSURANCE.

You may return this policy at any time within ten (10) days after its receipt by delivering it or mailing it back to Delta Dental and requesting the return of your initial premium payment. If you accept the terms and conditions of the policy, continue paying the premium to denote acceptance.

DELTA DENTAL

Outline of Coverage
Northeast Delta Dental – Vermont Health Connect
Dental with Pediatric High Option

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Plan Year 2027

*This outline provides a 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 here.*

Diagnostic & Preventive[1]	Basic Restorative[1]	Major Restorative[1]	Orthodontics[1]
No Deductible	**Plan Year Deductible per Enrollee: $50 (regardless of age)**		**No Deductible**
DIAGNOSTIC Evaluations once in a 6-month period. Comprehensive series/panoramic image once in a 3-year period. Bitewings once in a 12-month period. Images of individual teeth as necessary. **PREVENTIVE** Cleanings once in a 6-month period. **Note:** *Only one cleaning is covered in a 6-month period. A cleaning may be either a routine cleaning under Diagnostic and Preventive or a periodontal cleaning under Basic Restorative.* Fluoride once in a 6-month period to age 21. Sealant application to permanent molars and primary second molars and bicuspids, once in a 3-year period per tooth, for children to age 21. Space maintainers once in a 2-year period to age 21.	**RESTORATIVE** Amalgam (silver) fillings. Resin (white) fillings. Prefabricated stainless steel crowns to age 21. **DENTURE REPAIR** Denture repair and adjustment. **ORAL SURGERY** Extractions and covered surgical procedures. **ENDODONTICS** Root canal therapy. **PERIODONTICS** Treatment of gum disease. Periodontal cleaning (maintenance procedures). **CROWN LENGTHENING** Clinical crown lengthening once in a lifetime per tooth. **ANESTHESIA & PALLIATIVE TREATMENT** General anesthesia or intravenous sedation (and non-intravenous sedation and nitrous oxide to age 21) when performed in conjunction with certain covered procedures.	**CROWNS AND ONLAYS** Restorative crowns and onlays (crowns and onlays for enrollees age 12 and older. Stainless steel, porcelain/ceramic or resin prefabricated crowns on permanent teeth for adult enrollees only). Recementation of an inlay or crown. **PROSTHODONTICS** Removable and fixed partial dentures (bridges). Complete dentures. Rebase and reline of dentures. **DENTAL IMPLANT SERVICES** Surgical placement of an endosteal implant body. Certain implant supported prostheses (for enrollees age 16 and older). **Note:** *Certain services require Prior Authorization for enrollees under the age of 21. Please see your Certificate of Insurance.*	**ORTHODONTICS** Medically necessary correction of malposed (crooked) teeth for enrollees under age 21. **Note:** *All orthodontic cases require Prior Authorization.*
Delta Dental Pays 100% No Waiting Period	**Delta Dental Pays 70%[2]** No Waiting Period	**Delta Dental Pays 50%[2]** After a 6-Month Waiting Period for enrollees over the age of 21[3]	**Delta Dental Pays 50%[2]** No Waiting Period
Plan year maximum for each enrollee age 21 or older: $1,500			**N/A**

Plan Year Maximum Out-of-Pocket for each enrollee under age 21: $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.
Expenses incurred for covered services received from Delta Dental Premier dentists do not accrue toward the Maximum Out-of-Pocket.
All covered services with a frequency limitation are available for more frequent treatment only with Prior Authorization for enrollees under age 21.

[1]Delta Dental's liability is based upon the Coinsurance Percentage of the "allowed charge" as described in this policy. [2]Coinsurances shown will automatically convert to 100% for an enrollee under the age of 21 when 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. [3]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.

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)។