Outline of Coverage
Delta Dental PPO Network

Read Your Dental Plan Description Carefully—This Outline of Coverage provides a very brief description of the important features of your dental benefits plan. This is not the insurance contract, and only the actual policy provisions will control. The Dental Plan Description itself sets forth in detail the rights and obligations of both you and your insurance company. It is therefore important that you READ YOUR Dental Plan Description CAREFULLY! Not all time limitations and exclusions are shown herein. Benefit percentages shown are based on the actual charges submitted up to the Maximum Allowable Charge for participating dentists, or Delta Dental’s allowance for non-participating dentists.

<table>
<thead>
<tr>
<th>Diagnostic / Preventive (Coverage A)</th>
<th>Basic Restorative (Coverage B)</th>
<th>Major Restorative (Coverage C)</th>
<th>Orthodontics (Coverage D)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Deductible</td>
<td>Lifetime Deductible per Person/Family: $100/$300</td>
<td>No Deductible</td>
<td>No Deductible</td>
</tr>
</tbody>
</table>

**DIAGNOSTIC:**
- Evaluations twice in a 12-month period; this includes periodic, limited, problem-focused, and comprehensive evaluations.
- X-rays (complete series or panoramic film) once in a 5-year period
- Bitewing x-rays once in a 12-month period
- X-rays of individual teeth as necessary
- Brush biopsy once in a 12-month period

**PREVENTIVE:**
- Two cleanings in a 12-month period
- Fluoride once in a 12-month period to age 19
- Space maintainers to age 16
- Sealant application to permanent molars, once in a 3-year period per tooth, for children to age 19

**RESTORATIVE:**
- Amalgam (silver) fillings;
- Resin/composite (white) fillings (on anterior only)

**ORAL SURGERY:**
- Surgical and routine extractions

**ENDODONTICS:**
- Root canal therapy

**PERIODONTICS:**
- Periodontal maintenance (cleaning)
  - Note: Cleanings are limited to two in a 12-month period; these may be routine (Coverage A) or periodontal (Coverage B), or a combination of both.
  - Treatment of gum disease
  - Clinical crown lengthening once per tooth per lifetime

**DENTURE REPAIR:**
- Repair of a removable denture to its original condition

**EMERGENCY PALLIATIVE TREATMENT**

<table>
<thead>
<tr>
<th>Delta Dental Pays: 100%</th>
<th>Delta Dental Pays: 60%</th>
<th>Delta Dental Pays: 60%</th>
<th>Delta Dental Pays: 60%</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Waiting Period</td>
<td>After a 6-Month Waiting Period</td>
<td>After a 12-Month Waiting Period</td>
<td>After a 12-Month Waiting Period</td>
</tr>
<tr>
<td>Calendar Year Maximum:</td>
<td>$1,200 up to $2,400 per Person with Double-Up Max™</td>
<td>Health through Oral Wellness* program included (please see reverse for details)</td>
<td>Lifetime Maximum: $1,200 per Person</td>
</tr>
</tbody>
</table>

**PROSTHODONTICS:**
- Removable and fixed partial dentures (bridge); complete dentures
- Rebase and reline (dentures)
- Crowns
- Onlays
- Implants

**ORTHODONTICS:**
- Correction of malposed (crooked) teeth for dependent children and adults

**RATES Effective 1/1/20-12/31/20:**
- Single $40.00
- Two Person: $70.00
- Family: $111.00
Health through Oral Wellness® (HOW®)

A healthy mouth is part of a healthy life, and Northeast Delta Dental's innovative Health through Oral Wellness program (HOW) works with your dental benefits to help you achieve and maintain better oral wellness. HOW is all about YOU because it's based on your specific oral health risk and needs. Best of all, it's secure and confidential. Here's how to get started:

1. REGISTER
Go to healththroughoralwellness.com and click on “Register Now.”

2. KNOW YOUR SCORE
After you register, please take the free oral health risk assessment by clicking on “Free Assessment” in the Know Your Score section of the website.

3. SHARE YOUR SCORE WITH YOUR DENTIST
The next step is to share your results with your dentist at your next dental visit. Your dentist can discuss your results with you and perform a clinical version of the risk assessment. Based on your risk, you may be eligible for additional preventive benefits.*

*Additional preventive benefits are subject to the provisions of your Northeast Delta Dental policy.

Double-Up Max℠

This Northeast Delta Dental Plan allows enrollees to double their calendar year maximum by earning an additional $250 per year for use in future benefit periods. Here is how it works:

- To qualify for the carryover, an enrollee must have a claim paid for either an oral exam or a cleaning during a calendar year (a focus on prevention), and their total paid claims cannot exceed $500 during the same calendar year.
- The carryover will accumulate for each year of qualification up to an amount equal to the plan's original calendar year maximum. If, for example, the calendar year maximum is $1200, enrollees can ultimately achieve an annual maximum of $2400.
- This feature does not apply to orthodontic benefits.

Dental Plan Description Booklet

You will receive a Dental Plan Description booklet shortly after your enrollment. This benefit booklet describes your dental benefits and explains how to use them. Please read it carefully to understand the benefits and provisions of your Northeast Delta Dental plan.

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. Predeterminations help avoid any potential confusion and enable us to help you estimate any out-of-pocket expenses you may incur.

Identification Cards

Two identification cards will be produced and distributed shortly after your initial enrollment. Both cards are issued in your name but can be used by any family member covered under your plan. Any future cards will be issued electronically via our Benefit Lookup site accessible through nedelta.com. You can also use our smartphone app and enjoy access to dentist search, claims and coverage, and your ID card. Simply scan the QR code to the right.