### Outline of Coverage

**Delta Dental PPO plus Premier Network**

**VACEPlus Insurance Program**

**Plan Option 1**

**Group Number:** 7151-91001

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**Plan Description: Carefully Read Your Dental Plan Description Carefully**

This Outline of Coverage provides a very brief description of the important features of your dental benefits plan. It 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.

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<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><strong>No Deductible</strong></td>
<td><strong>Lifetime Deductible per Person/Family: $100/$300</strong></td>
<td><strong>Delta Dental Pays: 100%</strong></td>
<td><strong>No Deductible</strong></td>
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<tr>
<td><strong>DIAGNOSTIC:</strong></td>
<td></td>
<td><strong>Delta Dental Pays: 100%</strong></td>
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<tr>
<td>Evaluations twice in a 12-month period; this includes periodic, limited, problem-focused, and comprehensive evaluations.</td>
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<td><strong>Delta Dental Pays: 80%</strong></td>
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<tr>
<td>X-rays (complete series or panoramic film) once in a 5-year period</td>
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<td><strong>Delta Dental Pays: 50%</strong></td>
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<tr>
<td>Bitewing x-rays once in a 12-month period</td>
<td></td>
<td>After a 6-Month Waiting Period*</td>
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<tr>
<td>X-rays of individual teeth as necessary</td>
<td></td>
<td>After a 12-Month Waiting Period*</td>
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<tr>
<td>Brush biopsy once in a 12-month period</td>
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<td><strong>Delta Dental Pays: 50%</strong></td>
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<tr>
<td><strong>PREVENTIVE:</strong></td>
<td></td>
<td>After a 12-Month Waiting Period*</td>
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<tr>
<td>Two cleanings in a 12-month period</td>
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<td><strong>Delta Dental Pays: 50%</strong></td>
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<tr>
<td>Fluoride once in a 12-month period to age 19</td>
<td></td>
<td>After a 12-Month Waiting Period*</td>
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<tr>
<td>Space maintainers to age 16</td>
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<td><strong>Delta Dental Pays: 50%</strong></td>
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<tr>
<td>Sealant application to permanent molars, once in a 3-year period per tooth, for children to age 19</td>
<td></td>
<td>After a 12-Month Waiting Period*</td>
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<tr>
<td><strong>RESTORATIVE:</strong></td>
<td></td>
<td><strong>PROSTHODONTICS:</strong> Removable and fixed partial dentures (bridge); complete dentures</td>
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<tr>
<td>Amalgam (silver) fillings; Resin/composite (white) fillings (on anterior teeth only)</td>
<td></td>
<td>Rebase and reline (dentures)</td>
<td></td>
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<tr>
<td><strong>ORAL SURGERY:</strong></td>
<td></td>
<td>Crowns</td>
<td></td>
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<tr>
<td>Surgical and routine extractions</td>
<td></td>
<td>Onlays</td>
<td></td>
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<tr>
<td><strong>ENDODONTICS:</strong></td>
<td></td>
<td>Implants</td>
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<tr>
<td>Root canal therapy</td>
<td></td>
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<tr>
<td><strong>PERIODONTICS:</strong></td>
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<td></td>
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<tr>
<td>Periodontal maintenance (cleaning)</td>
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<tr>
<td><strong>Note:</strong> 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.</td>
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<tr>
<td><strong>DENTURE REPAIR:</strong></td>
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<tr>
<td>Repair of a removable denture to its original condition</td>
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<tr>
<td><strong>EMERGENCY PALLIATIVE TREATMENT</strong></td>
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<tr>
<td>Calendar Year Maximum: $2,000 up to $4,000 per Person with Double-Up Max™ Health through Oral Wellness* program included (please see reverse for details)</td>
<td><strong>Lifetime Maximum:</strong> $1,500 per Person</td>
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</tbody>
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**RATES Effective 1/1/22-12/31/22**

- **Single:** $50.00
- **Two Person:** $91.00
- **Family:** $152.00

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*Any applicable waiting period is waived for employees and dependents covered immediately prior to the original effective date of this plan when this plan is replacing an existing group dental policy that includes the services to which the waiting period applies. New enrollees, effective after the group’s original effective date, are subject to waiting periods, unless moving from one Northeast Delta Dental plan to this Northeast Delta Dental plan with no more than one month gap in coverage. Waiting periods do not apply to eligible enrollees under nineteen (19) years of age except for orthodontic benefits.
Delta Dental PPO and PPO plus Premier Networks
You will get the best value from your Delta Dental Plan when you receive your dental care from one of our PPO (greatest savings) or Premier network participating dentists:

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

To find out if your dentist participates in our PPO or Premier network, you can: call your dentist, visit our website at nedelta.com, or call Customer Service at 1-800-832-5700.

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 $1500, enrollees can ultimately achieve an annual maximum of $3000.
- 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.

Who is Eligible?
You, your spouse or Civil Union Partner or Domestic Partner, your children up to age 26, regardless of student status, and any incapacitated dependent children, regardless of age. If enrolling one eligible dependent, all of your eligible dependents must be enrolled, unless they are covered under another dental program.

Renewability
Your plan will automatically renew for a new twelve (12) month Plan Year if the premium continues to be paid. Premiums are subject to change annually in accordance with advance notice. You or Northeast Delta Dental may choose not to renew this plan upon advance notice. The plan will not be renewed if this dental program is no longer available.

THIS INFORMATION SHOULD BE USED ONLY AS A GUIDELINE. FOR DETAILED INFORMATION ON THE TERMS, CONDITIONS, LIMITATIONS AND EXCLUSIONS, PLEASE REFER TO THE APPROPRIATE DENTAL PLAN DESCRIPTION.