

## VACEplus Insurance Program Group #7151

*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 POLICY 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.*

Outline of Coverage		Plan 1 - PPO Plus Premier Network	Plan 2 - PPO Network	Plan 3 - PPO Plus Premier Network
<b>Coverage A</b>	<b>DIAGNOSTIC:</b> Evaluations twice in a 12-month period X-rays (complete series or panoramic) once in a 5-year period Bitewing X-rays once in a 12-month period X-rays of individual teeth as necessary <b>PREVENTIVE:</b> Cleanings twice 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	100%	100%	100%
<b>Coverage B</b>	<b>BASIC RESTORATIVE:</b> Amalgam (silver) fillings Resin/Composite (white) fillings (on anterior teeth only) <b>ORAL SURGERY:</b> Surgical and routine extractions <b>ENDODONTICS:</b> Root canal therapy <b>PERIODONTICS:</b> Periodontal maintenance (cleaning). Note: <i>Cleanings are limited to two in a 12-month period. These can be routine (Coverage A) or periodontal (Coverage B) or one of each.</i> Treatment of gum disease Clinical Crown Lengthening once per tooth per lifetime <b>DENTURE REPAIR:</b> Repair of a removable denture to its original condition <b>EMERGENCY PALLIATIVE TREATMENT</b>	80%	60%	50%
<b>Coverage C</b>	<b>MAJOR RESTORATIVE:</b> Removable and fixed partial dentures (bridge); complete dentures Rebase and reline (dentures) Crowns Onlays Implants	50%	60%	N/A
<b>Coverage D</b>	<b>ORTHODONTICS:</b> Correction of crooked teeth for adults and children	After a 12-Month Waiting Period	After a 6-Month Waiting Period*	After a 6-Month Waiting Period*
<b>Calendar Year Maximum</b> for Coverage A, B, & C (excludes orthodontics)		\$2,000	\$1,200	\$1,000
<b>Health through Oral Wellness® program</b> included (please see page 2)		up to \$4,000 with Double-Up Max <sup>SM</sup>	up to \$2,400 with Double-Up Max <sup>SM</sup>	
<b>Orthodontic Lifetime Maximum</b> (per person)		\$1,500	\$1,200	N/A
<b>Lifetime Deductible</b> Applies to Coverages B and C		\$100 per patient \$300 per family	\$100 per patient \$300 per family	\$50 per patient \$150 per family
<b>Rates</b> Effective 1/1/23 - 12/31/23		Single \$50.00 2-Person \$91.00 Family \$152.00	Single \$42.00 2-Person \$73.00 Family \$116.00	Single \$31.00 2-Person \$52.00 Family \$94.00

**Please Note:** - The plan selection may not be changed until the next open enrollment.  
 - The plan selection must be the same for both employee and dependents.

*\*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](http://nedelta.com), or call Customer Service at 1-800-832-5700.

## Claim Process for Participating Dentists

Your participating dentist will submit your claim to Northeast Delta Dental (claims for any of your covered dependents should be submitted under *your* Subscriber ID number). Northeast Delta Dental will produce an Explanation of Benefits (available through our Benefit Lookup site at [nedelta.com](http://nedelta.com)) detailing what has been processed under your plan's coverage. You are responsible to pay any outstanding balance directly to the dentist.

## Non-Participating Dentists

If you visit a non-participating dentist, you may be required to submit your own claim and pay for services at the time they are provided. Claim forms are available by calling Northeast Delta Dental or visiting [nedelta.com](http://nedelta.com). Payment will be made to you, the Subscriber, unless the state in which the services are rendered requires that assignments of benefits be honored and Northeast Delta Dental receives written notice of such assignment. Payment for treatment performed by a non-participating dentist will be limited to the lesser of the dentist's actual submitted charge or Delta Dental's allowance for non-participating dentists in the geographic area in which services are provided. It is your responsibility to make full payment to the dentist.

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

## Coordination of Benefits

When an individual covered under this plan has additional group coverage, the Coordination of Benefits (COB) provision described in your Dental Plan Description booklet will determine the sequence and extent of payment. If you have any questions about COB, please contact our Customer Service Department at 1-800-832-5700.

## Identification Cards

Two identification cards from Delta Dental will be produced and distributed shortly after your enrollment. Both cards are issued in the subscriber's name, but can be used by everyone covered under the program.

## Health through Oral Wellness<sup>SM</sup> (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, confidential, and easy to do. Here's how to get started:



### 1. REGISTER

Go to [www.healththroughoralwellness.com](http://www.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 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<sup>SM</sup>

Plan 1 and Plan 2 enrollees can 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.
- This feature is not included in Plan Option 3.

## Dental Plan Description Booklet

Your Dental Plan Description 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, Domestic Partners, 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.**