



Northeast Delta Dental  
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PO Box 2002  
Concord, NH 03302-2002  
Customer Service:  
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Outline of Benefits  
CHAMBER BENEFITS INC DBA VACE INSURANCE PROGRAM  
Group Number: 71170

For more information on your benefits, please refer to your Dental Plan Description (DPD) or Summary Plan Description (SPD).

Benefit Period: January 1 through December 31

Benefit percentages paid by Northeast Delta Dental after any applicable Waiting Periods and/or Copayments:

Diagnostic & Preventive (Coverage A)	100%
Basic (Coverage B)	80%
Major (Coverage C)	50%
Orthodontics (Coverage D)	50%

Maximum Benefits: \$2,000 per person per benefit period excluding Orthodontics.  
Orthodontic benefits have a separate lifetime maximum of \$1,500 per person.

Deductibles: \$100/\$300 lifetime deductible per person/family (applies to Basic and Major benefits only).

Office Visit Copayments: None

Waiting Periods:

Basic Benefits: Coverage begins on the first day of the month following 6 months of continuous coverage.

Major Benefits: Coverage begins on the first day of the month following 12 months of continuous coverage.

Orthodontic Benefits: Coverage begins on the first day of the month following 12 months of continuous coverage.

Effective January 1, 2021 waiting periods do not apply to eligible enrollees under nineteen (19) years of age except for orthodontic benefits.

Dependent Age Limits:

Dependent Children are covered up to age 26.

Your benefits include Domestic Partner Coverage. Please contact your employer for more details.

Double-Up Max<sup>SM</sup>:

This Northeast Delta Dental Plan allows you to double your 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, you must have a claim paid for either an oral exam or a cleaning during a calendar year (a focus on prevention), and your 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 \$1,000, enrollees can ultimately achieve an annual maximum of \$2,000

- This feature does not apply to orthodontic benefits.

Please note: Groups first effective during July – December will begin qualifying for the carryover the following calendar year for benefit dollars that can be used in the subsequent year.

To the extent of any provision in this Outline of Benefits conflicts with a provision in the Dental Plan Description or Summary Plan Description, the provision in the Dental Plan Description or Summary Plan Description shall supersede and take precedence.