

Northeast Delta Dental

One Delta Drive

PO Box 2002

Concord, NH 03302-2002

Customer Service:

1-800-832-5700

Outline of Benefits

VERNON HOMES

Group Number: 700170-3329

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

Eligibility Period: Determined by the Employer.

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

|  |  |
| --- | --- |
| Diagnostic & Preventive (Coverage A) |  100% |
| Basic (Coverage B) - includes posterior resin restorations |  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 adult and child

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

Office Visit Copayments: $10 (does not apply to orthodontic benefits)

Waiting Periods:

Waiting periods do not apply to eligible enrollees under nineteen (19) years of age, except for orthodontic benefits.

Basic Benefits: No waiting period.
Major Benefits: Coverage begins on the first day of the month following 6 months of continuous coverage.
Orthodontic Benefits: Coverage begins on the first day of the month following 6 months of continuous coverage.

Dependent Age Limits:

Dependent Children are covered up to age 26.

Double-Up MaxSM:

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.