

This chart represents the level of coverage for services performed by dentists who participate in the Delta Dental Premier network. Employees and their eligible dependents are free to visit any dentist, participating or nonparticipating. Visit our Web site at [www.nedelta.com](http://www.nedelta.com) for an updated list of participating dentists. Your Northeast Delta Dental program includes all of the following coverage categories. This chart is provided for summary purposes only; certain benefit limitations may apply. Please refer to your benefit booklet for complete benefit information. In the event of a conflict or discrepancy between the chart and either the group contract or the benefit booklet, the contract or benefit booklet will prevail.

## University System of New Hampshire

Group Number: 1775

Basic Option

Diagnostic/Preventive	Basic Restorative	Major Restorative	Orthodontics
<b>Deductible:</b> None	<b>Deductible:</b> \$25 Per Person, Per Calendar Year		<b>Deductible:</b> None
<b>Covered at the actual charge to a maximum of the Contract Allowance*</b>	<b>Covered at the actual charge to a maximum of the Contract Allowance*</b>	<b>Covered at the actual charge to a maximum of the Contract Allowance*</b>	<b>Covered at 50%**</b>
<p><b>Diagnostic:</b> Evaluations – four visits per calendar year</p> <p><b>X-rays:</b> Complete series or panoramic film – once in a 3-year period; Bitewings – twice in a calendar year; X-rays of individual teeth as needed</p> <p>Oral cancer screening – once in a 12-month period</p> <p><b>Preventive:</b> Cleanings – four per calendar year</p> <p>Fluoride – twice per calendar year under age 19</p> <p>Sealants – one treatment per tooth in any 36-month period for dependent children to age 19</p>	<p><b>Basic Restorative:</b> Amalgam (silver) fillings; Composite (white) fillings</p> <p><b>Oral Surgery:</b> Surgical and routine extractions</p> <p><b>Endodontics:</b> Root canal therapy</p> <p><b>Periodontics:</b> Periodontal Cleaning (maintenance procedures) Treatment of gum disease</p> <p>Clinical crown lengthening – once per lifetime per site</p> <p><b>Denture Repair:</b> Repair of a removable denture to its original condition</p> <p><b>Emergency Palliative Treatment</b></p>	<p><b>Major Restorative:</b> Removable and fixed partial dentures (bridge); complete dentures</p> <p>Rebase and reline (dentures)</p> <p>Crowns</p> <p>Onlays</p> <p>Implants</p> <p><b>Note:</b> Coverage for replacement of teeth missing prior to the effective date of a Delta Dental plan.</p>	<p><b>Orthodontics:</b> Correction of crooked teeth for dependent children who are age 19 or less on the date the treatment begins</p> <p><b>Note:</b> If Northeast Delta Dental has made an ortho payment for a dependent child under the Basic option, no additional payment will be made under the High option.</p>
<p><b>Calendar Year Maximum:</b> \$1,000 per person (Diagnostic, Basic, and Major combined) Your coverage includes a Carryover Benefit feature; please refer to the Carryover information on the reverse side of this summary.</p>			<p><b>Orthodontic Lifetime Maximum:</b> \$1,000 Per Person</p>

\*\*Benefit percentages shown are based upon the actual charge submitted to a maximum of the participating dentist's approved fees, or Delta Dental's allowance for nonparticipating dentists.

\*A complete listing of Contract Allowances can be found on the USNH Web site at <http://usnhhr.unh.edu/>



## USNH

Group Number: 1775

Option: Basic

### Rewarding You for Good Oral Health Behavior

#### Promoting Regular Care

It is an undisputed fact that oral health contributes to the health of the whole body. We encourage subscribers and their dependents (enrollees) to have regular dental checkups, including oral exams and dental cleanings, which help reduce the incidence and severity of gum disease and tooth decay. Most people who visit their dentist routinely rarely need the maximum benefits provided by their dental plan. But someday they may need more, and that's why USNH and Northeast Delta Dental are introducing a carryover benefit to provide additional benefits if they do. With this feature, enrollees may accumulate \$250 in additional annual benefits for use in future coverage periods. When a dental procedure is needed that costs more than the annual maximum allows, accrued carryover benefit dollars can help make up the difference.

#### To Qualify

- An enrollee must have a **paid** claim for either an oral exam or a cleaning during a Calendar Year. If enrollees don't receive one of these services, they will not be eligible to accumulate dollars for future use.
- An enrollee's **paid** claims during the Calendar Year cannot exceed a threshold of \$500.

#### Guidelines

- Your dental plan must have an annual maximum based on a Calendar Year (January through December).
- Accumulated amounts may only be used after the current Calendar Year annual maximum has been exhausted.
- Carryover benefit amounts cannot be used toward lifetime orthodontic benefits.
- The total amount accumulated for the life of the carryover benefit cannot exceed the amount of your current Calendar Year annual maximum for your plan.
- Your group is effective in the carryover program on January 1, 2009. Enrollees will be eligible to begin qualifying immediately for carryover benefit dollars to be used in the following year (2010).
- The carryover feature does not prevent enrollees from seeing any dentist, participating or not. However, they may have lower out-of-pocket costs by visiting a Delta Dental participating dentist. Visit the Northeast Delta Dental Web site at [www.nedelta.com](http://www.nedelta.com) to find a Delta Dental Premier dentist.

#### Here's How it Works:

This new feature will allow individuals to accumulate additional benefit amounts to use toward future dental expenses. The following is an example of how it would work for an individual with the assumed claims shown:

	Year 1	Year 2	Year 3	Year 4	Year 5
Annual maximum amount	\$1,000	\$1,000	\$1,000	\$1,000**	\$1,000
Carryover benefit amount from previous years	\$0	\$250	\$250	\$500	\$100
Benefit dollars available	\$1,000	\$1,250	\$1,250	\$1,500	\$1,100
Enrollee's total claims paid*	\$300 (less than \$500)*	\$750 (over \$500)*	\$200 (less than \$500)*	\$1,400 (over \$500)*	\$425 (less than \$500)*
Oral exam or cleaning during year	Yes	Yes	Yes	Yes	Yes
Carryover benefit amount allowed in next Calendar Year	\$250	\$0	\$250	\$0	\$250
Accumulated carryover dollars available in next Calendar Year	\$250	\$250	\$500	\$100	\$350
Accumulated carryover dollars used	\$0	\$0	\$0	\$400**	\$0

\*In order to receive carryover benefit dollars in the next Calendar Year, paid claims during the current Calendar Year cannot exceed a \$500 threshold.

\*\*In year 4, total claims paid were greater than \$1,000, therefore \$100 out of the \$500 accumulated dollars available was used.