

Vermont Retirement Systems Dental Plan

This chart represents the level of coverage for services performed by dentists who participate in the Delta Dental PPO and Delta Dental Premier national networks. Employees and their eligible dependents are free to visit *any* dentist, participating or nonparticipating. Visit our website at 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.

Outline of Covered Services		Plan A	Plan B
Coverage A	<p>DIAGNOSTIC: Evaluations twice in a 12-month period X-rays (Complete series or panoramic film) once in a 5-year period Bitewing x-rays once in a 12-month period X-rays of individual teeth as necessary Oral Cancer screening once in a 12-month period</p> <p>PREVENTIVE: 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 per tooth in a 3-year period, for children to age 19</p>	*100%	*100%
Coverage B	<p>BASIC RESTORATIVE: Amalgam fillings Composite fillings (anterior teeth only)</p> <p>ORAL SURGERY: Surgical and routine extractions</p> <p>ENDODONTICS: Root canal therapy</p> <p>PERIODONTICS: Periodontal maintenance (cleaning) <i>Only one cleaning is covered in a 6-month period; this can be routine (Coverage A) or Periodontal (Coverage B), but not both.</i> Treatment of gum disease Clinical Crown Lengthening once per lifetime per site</p> <p>DENTURE REPAIR: Repair of a removable denture to its original condition</p> <p>EMERGENCY PALLIATIVE TREATMENT</p>	*50%	*80%
Coverage C	<p>MAJOR RESTORATIVE: Removable and fixed partial dentures (bridge); complete dentures Rebase and reline (dentures) Crowns Onlays Implants</p> <p>Note: Teeth missing prior to the effective date of a Northeast Delta Dental plan are not considered a pre-existing condition. Full contract benefits are provided.</p>	*50%	*50%
Calendar Year Maximum for services covered under A, B and C.		\$1,000	\$1,500
Calendar Year Deductible (Does <u>Not</u> Apply to Coverage A. Applies only to Coverages B and C) Any covered dental expenses incurred during October, November or December that are used to meet a deductible for the plan year ending December 31 will also satisfy the deductible for the next plan year.		\$100 per person (\$300 per family)	\$50 per person (\$150 per family)
Health through Oral Wellness® program included (please see reverse for details)			
MONTHLY RATES			
	1/1/16 One Person	\$43.25	\$50.02
	Two Persons	\$76.64	\$91.23
	Family	\$119.74	\$146.20

*Benefit percentages shown are based upon the actual charge submitted up to the Maximum Allowable Charge for participating dentists or Delta Dental's allowance for nonparticipating dentists.

Please Note:

- The plan selection must be the same for both retiree and eligible dependents.

Delta Dental PPO plus Premier Dentist Network

You will get the best value from your Delta Dental Plan when you receive your dental care from a Delta Dental PPO network dentist. Delta Dental PPO dentists generally accept lower fees for services. You may also choose to visit a dentist who participates in the larger, Delta Dental Premier network and still enjoy savings. Over 80% of dentists in the country participate in the Delta Dental Premier network.

The benefits of seeing a participating provider include:

- ▲ **No Balance Billing:** Because participating dentists accept Delta Dental's allowed fees for service, 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 the dentist 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 is part of the Delta Dental PPO or Delta Dental Premier network, call your dentist or visit our website at www.nedelta.com and click on Patients, then Find a Dentist. You can also call our Customer Service department at 1-800-832-5700.

Claim Submission Process for Participating Dentists

- ▲ Present your ID card to the dentist at the time of your visit.
- ▲ The dentist will submit your claim to Northeast Delta Dental.
- ▲ Northeast Delta Dental will produce an Explanation of Benefits (EOB) detailing what has been processed under your program's coverage. You are responsible to pay any remaining balance directly to the dentist.

Claim Submission Process for Non-Participating Dentists or Other Dental Providers:

If you visit a non-participating dentist, you may be requested to bring a claim form (available by calling Northeast Delta Dental or by visiting www.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 an assignment on the claim form before payment for benefits is made. 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 will be your responsibility to make full payment to the dentist. When there is not sufficient fee information available for a specific dental procedure, Northeast Delta Dental will determine an appropriate payment amount.

Predetermination of Benefits

Northeast Delta Dental strongly encourages predetermination of cases involving costly or extensive treatment plans. Although it's not required, predetermination helps avoid any potential confusion regarding Delta Dental's payment and your financial obligation to the dentist.

Coordination of Benefits

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

Health through Oral WellnessSM (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 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.*

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.

Dental Plan Description Booklet

You will receive a Dental Plan Description Booklet shortly after your enrollment. The booklet describes the benefits of your program and tell you how to use your dental plan. Please read it carefully to understand the benefits and provisions of your Delta Dental program.

Who is Eligible

You, your spouse or Civil Union Partner, 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.

Claims Inquiry

If you have further questions, please contact Northeast Delta Dental's Customer Service department at 1-800-832-5700 or 603-223-1234. This information should be used only as a guideline for your dental benefits program. For detailed information on your group's terms, conditions, limitations, exclusions and guarantees, please refer to your Dental Plan Description booklet or consult your employer.

Email inquiry: customerservice@nedelta.com



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