DELTA DENTAL®

Vermont Retirement Systems Dental Plan

This chart represents the level of coverage for services performed by dentists who participate in the Delta Dental Premier network. Retirees and their eligible dependents are free to visit *any* dentist, participating or nonparticipating. Visit our Web site 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	**DIAGNOSTIC:** Evaluations - once in a 6- month period X-rays (Complete series or panoramic film) once in a 3-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 **PREVENTIVE:** Cleanings once in a 6-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 lifetime per tooth, for children to age 15	*100%	*100%
Coverage B	**BASIC RESTORATIVE:** Amalgam fillings Composite fillings (anterior teeth only) **ORAL SURGERY:** Surgical and routine extractions **ENDODONTICS:** Root canal therapy **PERIODONTICS:** Periodontal maintenance (cleaning) *Only one cleaning is covered in a 6-month period; this can be routine (Coverage A) or Periodontal (Coverage B), but not both.* Treatment of gum disease Clinical Crown Lengthening once per lifetime per site **DENTURE REPAIR:** Repair of a removable denture to its original condition **EMERGENCY PALLIATIVE TREATMENT**	*50%	*80%
Coverage C	**MAJOR RESTORATIVE:** Removable and fixed partial dentures (bridge); complete dentures Rebase and reline (dentures) Crowns Onlays Implants 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.	*50%	*50%
Calendar Year Maximum for services covered under A, B and C.		$1,000	$1,500
Calendar Year Deductible (Does Not 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 be used to satisfy the deductible for the next plan year.		$100 per person ($300 per family)	$50 per person ($150 per family)
MONTHLY RATES	1/1/12 One Person Two Persons Family	$43.25 $76.64 $119.74	$50.02 $91.23 $146.20

***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.**

Please Note:

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

(Please see Reverse)

Delta Dental Premier Dentist Network
You'll get the best value from your program when you receive your dental care from a Delta Dental Premier participating dentist:

▲ **No balance billing:** Because participating dentists accept Delta Dental's approved amount for service, you will normally pay less when you visit a participating dentist.

▲ **No claim forms:** Participating dentists will prepare and submit claim forms 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 Premier network, call your dentist or visit our web site at ***www.nedelta.com***. Click on Patients, then Find a Dentist, then Local or National Dentist Directory. You can also call our Customer Service Department at 1-800-832-5700 or 603-223-1234.

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 send you an EOB (Explanation of Benefits) detailing what has been processed under your programs coverage. You are responsible to pay any remaining balance directly to the dentist.

Claim Submission Process for Nonparticipating Dentists:
Delta Dental provides coverage regardless of the patients' choice of dentists, participating or not. If you visit a nonparticipating dentist, you may be requested to bring a claim form that is available by calling Northeast Delta Dental or that may be downloaded from **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 nonparticipating dentist will be limited to the lesser of the dentist's actual submitted charge or Delta Dental's allowance for nonparticipating dentists in the geographic area in which services are provided. It will be your responsibility to make full payment to the dentist.

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 or 603-223-1234.

Identification Card
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. This booklet describes the benefits of your program and tells you how to use your plan. Please read it carefully to understand the benefits and provisions of your Northeast Delta Dental program.

Who is Eligible
All eligible retirees and their dependents, defined as: Spouse or Civil Union partner;
Surviving dependent beneficiaries;
Domestic partner of the subscriber who is such at the time of the subscriber's initial enrollment;
Children to age 26, and
Unmarried incapacitated dependent children, regardless of age.
If enrolling one eligible dependent, all eligible dependents must be enrolled unless they are covered elsewhere.

Guarantee Of Service Excellence℠ Program
Northeast Delta Dental is committed to providing extraordinary service to all of its customers. We believe that when our people are inspired to pursue excellence in order to achieve a higher level of customer satisfaction, all of those who share in Northeast Delta Dental will benefit. To emphasize our commitment, we guarantee seven major areas of service to our clients and reinforce them by our comprehensive group refund policy.

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.

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