



Northeast Delta Dental

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### Outline Of Benefits

VLCT  
OPTION II  
GROUP NUMBER 0925

**Contract Year for Benefits** – The period commencing with the effective date of coverage through June 30, and each twelve month period thereafter.

**Eligibility** – Begins on the first day of the month following completion of the eligibility period as selected by each participating city or town. Please check with your employer for details.

**Eligible Persons** – All Full-time employees must participate. Each participating city or town may then choose to have either Employee only, or Employee and Dependents covered. Please check with your employer for details

**Benefit Coverages and Percentages Paid By Northeast Delta Dental -**

Coverage A - Diagnostic & Preventive	- 100%
Coverage B - Basic	- 80%
Coverage C - Major - includes implantology	- 50%
Coverage D - Orthodontics	- N/A

**Maximum Benefit** – The maximum amount which your plan will pay is \$1500 per person per Contract Year for Coverages A, B and C.

**Deductible** – There will be a \$25 deductible per person per Contract Year with a maximum of \$75 per family each Contract Year. This deductible is applied to Coverage B and C.

**Contribution** – Each participating city or town will pay the One Person rate. There may be an employee contribution for dependent coverage. Please check with your employer for details.

**Your benefits include Domestic Partner coverage. Please contact your Human Resources Department for further details.**

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



*Read Your Policy Carefully—This Outline of Coverage provides a very brief description of the important features of your policy. This is not the insurance contract, and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and your insurance company. It is therefore important that you **READ YOUR POLICY CAREFULLY!** Not all time limitations and exclusions are shown herein. Benefit percentages shown are based on the actual charges submitted up to the Maximum Allowable Charge for participating dentists, or Delta Dental's allowance for non-participating dentists.*

Diagnostic / Preventive (Coverage A)	Basic Restorative (Coverage B)	Major Restorative (Coverage C)	Orthodontics (Coverage D)
No Deductible	Contract Year Deductible		No Deductible
<p><b>DIAGNOSTIC:</b> Oral evaluations twice in a 12-month period, this includes periodic, limited, problem-focused, and comprehensive evaluations</p> <p>X-rays (complete series or panoramic film) once in a 5-year period</p> <p>Bitewing x-rays once in a 12-month period</p> <p>X-rays of individual teeth as necessary</p> <p>Brush biopsy once in a 12-month period</p> <p><b>PREVENTIVE:</b> Four cleanings in a 12-month period</p> <p>Fluoride twice in a 12-month period to age 19</p> <p>Space maintainers to age 16</p> <p>Sealant application to permanent molars, once in a 3-year period per tooth, for children to age 19</p>	<p><b>RESTORATIVE:</b> Amalgam (silver) fillings; Composite (white) fillings (on anterior teeth only)</p> <p><b>ORAL SURGERY:</b> Surgical and routine extractions</p> <p><b>ENDODONTICS:</b> Root canal therapy</p> <p><b>PERIODONTICS:</b> Periodontal maintenance (cleaning)</p> <p><b>Note:</b> Cleanings are limited to four in a 12-month period; these may be routine (Coverage A) or periodontal (Coverage B), or a combination of both.</p> <p>Treatment of gum disease</p> <p>Clinical crown lengthening once in a 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>PROSTHODONTICS:</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>ORTHODONTICS:</b> Correction of malposed (crooked) teeth for dependent children to age 19. Adult orthodontic also available.</p> <p><b>Note:</b> Orthodontic coverage is available as a rider to municipalities using plans 1, 2, 3 or 7 and is only available to those with ten or more enrolled employees.</p>
<p align="center"><b>Contract Year Maximum per Person</b> Health through Oral Wellness® program included (please see reverse for details)</p>			<p align="center"><b>Lifetime Orthodontic Maximum</b> per Person</p>