VACEPlus

Dental Overview





Important Information

- ▲ New enrollees will receive two ID cards in the employee's name
 - Cards are issued at initial enrollment only, and not re-issued every year
 - Replacement cards can be printed from the website; or available on the mobile app
- ▲ Customer Service: 8:00am − 8:00pm EST: 1-800-832-5700, Option 2
- ▲ View claims and benefits on our secure Patient Benefit Lookup portal www.nedelta.com/Patients or email customerservice@nedelta.com
- All claims should be filed with:
 Northeast Delta Dental
 One Delta Drive
 PO Box 2002
 Concord, NH 03302-2002



Outline of Coverage Delta Dental PPO Plus Premier Network

VACEPlus Insurance Program

Group Number: 71170

△ DELTA DENTAL

Northeast Delta Dental

Read Your Dental Plan Description Carefully—This Outline of Coverage provides a very brief description of the important features of your dental benefits plan. This is not the insurance contract, and only the actual policy provisions will control. The Dental Plan Description itself sets forth in detail the rights and obligations of both you and your insurance company. It is therefore important that you READ YOUR Dental Plan Description 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	Basic Restorative	Major Restorative	Orthodontics
(Coverage A)	(Coverage B)	(Coverage C)	(Coverage D)
No Deductible	Lifetime Deductible per Person/Family: \$100/\$300		No Deductible
DIAGNOSTIC: Evaluations twice in a 12-month period; this includes periodic, limited, problem- focused, and comprehensive evaluations. 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 Brush biopsy once in a 12-month period PREVENTIVE: Two cleanings in a 12-month period to age 19 Space maintainers to age 16	RESTORATIVE: Amalgam (silver) fillings; Resin/composite (white) fillings (on anterior teeth only) ORAL SURGERY: Surgical and routine extractions ENDODONTICS: Root canal therapy PERIODONTICS: Periodontal maintenance (cleaning) Note: Cleanings are limited to two in a 12-month period; these may be routine (Coverage A) or periodontal (Coverage B), or a combination of both. Treatment of gum disease	PROSTHODONTICS: Removable and fixed partial dentures (bridge); complete dentures Rebase and reline (dentures) Crowns Onlays Implants	ORTHODONTICS: Correction of malposed (crooked) teeth for dependent children and adults
Sealant application to permanent molars, once in a 3- year period per tooth, for children to age 19	Clinical crown lengthening once per tooth per lifetime DENTURE REPAIR: Repair of a removable denture to its original condition EMERGENCY PALLIATIVE TREATMENT		
Delta Dental Pays: 100%	Delta Dental Pays: 80%	Delta Dental Pays: 50%	Delta Dental Pays: 50%
No Waiting Period	No Waiting Period	After a 6-Month Waiting Period*	After a 6-Month Waiting Period
Calendar Year Maxi	Lifetime Maximum:		
Health through Oral	\$1,500 per Person		

^{*}Any applicable waiting period is waived for employees and dependents covered immediately prior to the original effective date of this plan when this plan is replacing an existing group dental policy that includes the services to which the waiting period applies. New enrollees, effective after the group's original effective date, are subject to waiting periods, unless moving from one Northeast Delta Dental plan to this Northeast Delta Dental plan with no more than one month gap in coverage. Waiting periods do not apply to eligible enrollees under nineteen (19) years of age except for orthodontic benefits.

Delta Dental PPO plus Premier Network

Two provider networks The largest locally and nationally

- Patients can see any dentist
- Delta Dental Network Dentists = Convenience + Savings
- Advantages of Network (Premier or PPO)
 Providers:
 - ✓ No Balance Billing
 - ✓ No Claim Paperwork
 - No Upfront Payment for Covered Services
- Delta Dental PPO providers offer the Best Value
 - ✓ Lower out-of pocket expenses
 - ✓ Stretching your annual maximum dollars further
- www.nedelta.com Find a dentist

Claim Example

Full charge of procedure \$1,000*

	ALLOWED	PAYMENT
Greatest Savings		Delta Dental pays \$400
In-Network Delta Dental PPO™	\$800	You pay \$400
50% benefit Coverage		You save \$200
		Delta Dental pays \$450
In-Network Delta Dental Premier® 50% benefit Coverage	\$900	You pay \$450
		You save \$100
		Delta Dental pays \$360
Out-of-Network 50% benefit Coverage Potential balance billing charge	\$720	You pay \$640 Includes \$280 balance billing (\$1,000-\$360 = \$640)
		You save \$0

Employee Network Communication Pieces

Stretch your annual maximum dollars!

Find a Northeast Delta Dental PPO Dentist Today



If you are looking for ways to save money on your dental care and lower your out-of-pocket dental expenses, consider looking for a Northeast Delta Dental PPO dentist for your care. The Delta Dental Preferred Provider Organization (PPO) Network saves you real money—without compromising the quality of your dental care.

In challenging economic times, some patients defer treatment, possibly compromising their overall health. Others research and compare dental office fees.

Patients now have the option of switching to a PPO dentist to get the best value from their dental benefits. Visit https://portal1.nedelta.com/DentistSearch to find a PPO dentist. Get the same quality care while

ou atratale these manipular dellars!

Stretch your annual maximum dollars! Find a Northeast Delta Dental PPO Dentist Today



If you are looking for ways to save money on your dental care and lower your out-of-pocket dental expenses, consider looking for a Northeast Delta Dental PPO dentist for your care. The Delta Dental Preferred Provider Organization (PPO) Network saves you real money—without compromising the quality of your dental care.

In challenging economic times, some patients defer treatment, possibly compromising their overall health. Others research and compare dental office fees

Patients now have the option of switching to a PPO dentist to get the best value from their dental benefits. Visit https://portall.nedelta.com/DentistSearch to find a PPO dentist. Get the same quality care while you stretch those maximum dollars!

△ DELTA DENTAL

Northeast Delta Dental One Delta Drive Concord, NH 03302-2002 △ DELTA DENTAL

Network Cost Savings Example

Here is an example of how the Delta Dental PPO Plus Premier™ network saves you money:

How much will you save and how much will you pay out-of-pocket?*

Full charge of procedure \$1,000*

	ALLOWED	PAYMENT
Greatest Savings		Delta Dental pays \$400
In-Network Delta Dental PPO™	\$800	You pay \$400
50% benefit Coverage		You save \$200
		Delta Dental pays \$450
In-Network Delta Dental Premier*	\$900	You pay \$450
50% benefit Coverage		You save \$100
		Delta Dental pays \$360
Out-of-Network 50% benefit Coverage Potential balance billing charge	\$720	You pay \$640 Includes \$280 balance billing (\$1,000-\$360 = \$640)
		You save \$0

The Delta Dental PPO Plus Premier network arrangement offers access to the nation's largest Premier network of dentists while simultaneously offering access to PPO providers who have agreed to accept even lower fees for Delta Dental patients.

Because Delta Dental network dentists have agreed to accept a lower reimbursement for services, subscribers experience lower out-of-pocket costs and the plan maximum will cover more care. This means real cost savings.

*Please note: this example is for illustrative purposes only and assumes any member deductible has been met. Benefit percentage and out-of-network reimbursement may vary by plans, procedures and contract setup. Please check your outline of coverage for exact

Double-Up MaxSM Carryover Benefit

How to qualify:



Northeast Delta Dental must pay a claim for either an oral evaluation or cleaning during the Calendar Year.

An enrollee's paid claims during the Calendar Year cannot exceed \$500. The \$250 will be available the next year, or any year the patient needs it in the future.

- ▲ Each year a member qualifies, an additional \$250 will carryover.
- ▲ Members can accumulate up to Double the Maximum.

Health through Oral Wellness® HOW®

Based on the concept of patient-centered oral health, HOW® provides additional preventive benefits to members who are at risk for oral disease, thereby helping them achieve better oral and overall health.

HOW[®] it Works

- Dental office performs a clinical risk assessment, which is instantly submitted electronically to Northeast Delta Dental.
- Patients that score a 3-5 on a 5-point risk scale for being at risk for oral disease qualify for additional preventive care benefits.
- The additional preventive benefits can be applied immediately at that dental visit. (Ex: fluoride treatment for adults at-risk for tooth decay).
- Any additional benefits that a member receives do apply toward annual maximum.



Summary of Enhanced Benefits

Oral Health Condition	Benefits	Frequency
Caries (Tooth Decay)	Caries Susceptibility Test Child or Adult Cleaning Fluoride Varnish or Topical Fluoride Nutritional Counseling or Oral Hygiene Instruction Sealants (children and adults)	Once per 12 months Combination up to 4 per 12 months Combination up to 4 per 12 months Once per 12 months Once per 12 months Once per 3 years ²
Periodontal (Gum) Disease	Adult Cleaning Nutritional Counseling or Tobacco Cessation Counseling or Oral Hygiene Instruction Full Mouth Debridement Periodontal Maintenance	Up to 4 per 12 months ³ Once per 12 months ⁴ Once per 12 months ⁴ Once per 12 months ⁴ Once in a lifetime ³ Up to 4 per 12 months ³







Welcome to Health through Oral Wellness® (HOW®)

Extra Benefits—No Additional Charge—For Those Who Need Them

Your Northeast Delta Dental plan includes our industry-leading Health through Oral Wellness* (HOW*) program at no additional charge in premium. HOW* provides additional preventive benefits to members who are at risk for oral disease, helping them to achieve better oral health.

Simple and free, HOW* works like this:



The dentist or hygienist performs a clinical oral health risk assessment and submits it to Northeast Delta Dental electronically and receives a score.



Members scoring between 3 and 5 on a five-point scale are immediately eligible for enhanced benefits.*



Everyone deserves a healthy smile. For tips on oral wellness and to take a free risk assessment, please visit HealthThroughOralWellness.com.

*Additional preventive benefits apply toward the annual maximum and are subject to the provisions of your Northeast Delta Dental policy. Only the clinical risk assessment performed in your dental office can determine your eligibility for additional preventive benefits.

Additional Benefits May Include:

- Extra cleanings
- · Fluoride varnish or topical fluoride
- · Oral hygiene instruction
- Sealants
- · Nutritional counseling
- Tobacco cessation counseling



Form No. HOW-SDEEL_Sales Rev. 11522

See reverse side for program details to share with your dentist.





△ DELTA DENTAL

FOR YOUR DENTIST

Extra Benefits-No Additional Charge-For Your At-Risk Patients

Dear Dental Colleague,

Many of your Northeast Delta Dental patients who are at risk for caries and/or periodontal disease may be eligible for additional preventive benefits at no additional charge to them through the Health through Oral Wellness* (HOW*) program.* (See these benefits below.) To assess their risk level, they need your help! Please complete an oral health risk assessment using the PreViser* clinical risk assessment tool. It is provided to you by Northeast Delta Dental at no charge.

Getting started is guick and easy—you can perform this assessment on your patients immediately. To create your free PreViser* account, please visit my.previser.com/start. If you have any questions please call Northeast Delta Dental's Provider Services department at 1-800-537-1715, extension 1100, and/or view a training video at previser.com/free.



STEP 1:

The dentist or hygienist performs a clinical oral health risk assessment and submits it to Northeast Delta Dental electronically and receives a score.



Members scoring between 3 and 5 on a five-point scale are immediately eligible for enhanced benefits.*

*Additional preventive benefits are subject to the provision of your patient's Northeast Delta Dental policy. Only the clinical risk assessment performed by you can determine your patient's eligibility for additional preventive benefits.

Oral Health Condition	Benefits	Frequency
Carles (Tooth Decay)	Carles Susceptibility Test Child or Adult Cleaning Fluoride Varnish or Topical Fluoride Nutritional Counseling or Oral Hyglene Instruction Sealants	Once per 12 months Combination up to 4 per 12 months ¹ Combination up to 4 per 12 months Once per 12 months ¹ Once per 12 months ¹ Once per 3 years ²
Periodontal (Gum) Disease	Adult Cleaning and Periodontal Maintenance Nutritional Counseling or Tobacco Cessation Counseling or Oral Hygiene Instruction	Up to 4 per 12 months ⁵ Once per 12 months ⁴ Once per 12 months ⁴ Once per 12 months ⁴

*Enhanced benefits are subject to change and are subject to standard policy provisions, including, but not limited to, coinsurance percentages, copayments, and plan maximums. As with all benefits, eligibility confirmation should be obtained via Northeast Delta Dental at www.nedelta.com or from customer service at 1:800-483-501.

- Either one nutritional counseling or one oral hygiene instruction is covered in a 12-month period.
 3 Sealants are a covered benefit based on caries risk assessment for unrestored primary molars and for unrestored permanent premolars, and molars—one sealant per tooth every three years.
 6 Combination of prophytaxis, periodontal maintenance, or full mouth debridement (once in a lifetime benefit) not to exceed four in a 12-month period.
 8 Either one nutritional counseling, or one oral hygiene instruction, or one tobacco cessation counseling is covered in a 12-month period.

Vision and Hearing Discount Program*

- Free to all Northeast Delta Dental subscribers and dependents
- Great Savings Up to 35% off eyewear and 40% of hearing exams!
- Discounts on glasses, contacts, hearing aids and LASIK
- EyeMed Vision Care offers access to over 71,000 vision care providers nationwide.
- Hearing Care Program offered through Amplifon the nation's largest independent hearing care network.











VISION AND HEARING DISCOUNT PROGRAM

Great Savings -Up to 35% off eyewear and 40% off hearing exams!

△ DELTA DENTAL[®]

This vision and hearing discount program is available free to all Northeast Delta Dental subscribers and their dependents



It is very important to take care of both our hearing and our vision. Vision and hearing both play a very significant role in enabling us to form and maintain social connections, which impacts our health and happiness in many ways.1 And because Northeast Delta Dental cares about your total health and wellness, we are proud to partner with EyeMed Vision Care to include discount programs to help our members enjoy all of life's sights and sounds

- . EyeMed Vision Care offers access to over 71,000 vision care providers nationwide
- · Hearing Care Program offered through Amplifon the nation's largest independent hearing care network.

Hearing Wellness

Hearing loss is more common than you might think. It affects 1 in 9 Americans² and can come on so gradually you may not even notice it. But the good news is 95% of hearing loss can be easily treated with hearing aids.





Discounted, set pricing on thousands of hearing aids and convenient locations!



AND MORE: For more details about the discount program, visit nedelta.com/ Patients/EveMed-Discount

To find a hearing care provider near you visit amplifonusa.com/find-a-hearing-aid



Your Group Number:

Your Group Name:

To locate the nearest EyeMed "Access Network" provider, visit our website at **nedelta.com** or

PLEASE BRING THIS ID CARD AND FLYER TO YOUR PARTICIPATING EYEMED PROVIDER

's easy! Simply present this ID card or flyer when you arrive at the location. The provider will do

Vision Wellness

Regular eye examinations play a crucial role in ensuring healthy vision and overall health

- vision problems, but also detect the earl stages of serious health problems such as diabetes and hypertension
- One in four children has an undetected vision problem that can interfere with learning according to the Vision Council
- Undetected eye diseases can lead to worsening eyesight and, in some cases, irreversible vision loss

Your EveMed Vision Care includes · Discounts on exams, lenses, frames, and

· Access to optometrists, ophthalmologists, opticians, and the nation's leading







For details of the Vision Care Services visit nedelta.com/Patients/EveMed-Discounts

nedelta.com/patients/EyeMed-Discount

* Not an insurance plan-show your Northeast Delta Dental card for the discount

△ DELTA DENTAL

Online Tools at NEDelta.com

- Find Claim and Benefit Information
- View and Print EOBs
- Access Dental Plan Documents
- Print Additional ID Cards
- Search for a network dentist
- Register for Health through Oral Wellness (HOW) program
- Download helpful forms and information
- Delta Dental Mobile App



nedelta.com

Northeast Delta Dental Find a Dentist A DELTA DENTAL Patients Employers Providers Producers About Us Foundation Search Here Patients Patients, Subscribers, and Covered Family Members find information on your benefits, claims, news, oral health education, and helpful tools such as Find a Dentist. Employers We have the information you need as a Benefit Administrator, Employer, or Benefit Decision Maker. Providers Dentists, Dental health providers, and Office staff can find information and helpful tools Producers Find your business support materials to help market Northeast Delta Dental products, plan option materials, and related information. Find a dentist

Dentist search

Delta Dental has the largest network of dentists nationwide. Find the one that's right for you.

Search for a Dentist

△ DELTA DENTAL

Northeast Delta Dental

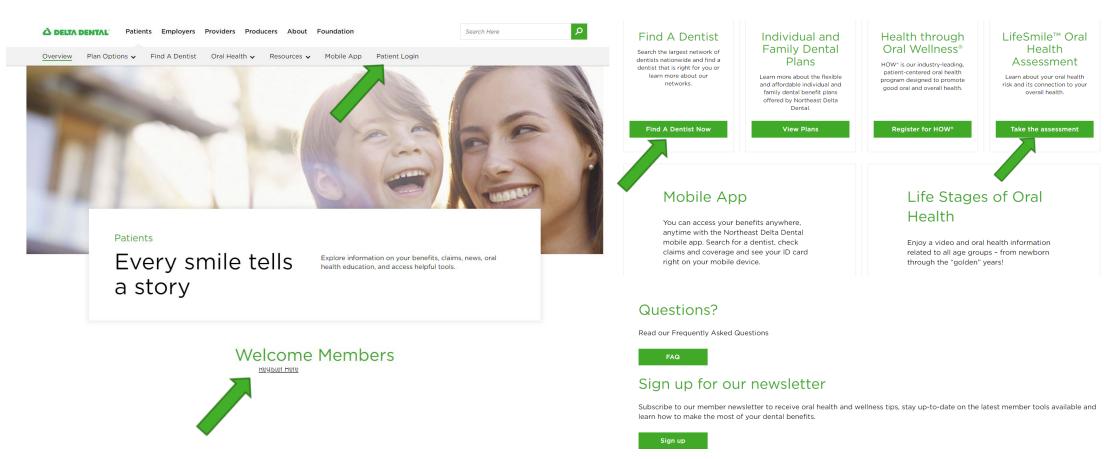
Need Help? * How to Use the Dentist Sea	Nondiscrimination in Healthcare rch Grievance Procedure
Network Selection Your Dental Network:	All What Are Network Types? Please contact Customer Service at CustomerService@nedelta.com or 1-800-832-5700 if you do not know your Network type or need to report an inaccuracy in the directory.
Your Location Enter Your Location Your Street Address:: Your City::	Brattleboro Note: We use U.S. Postal standards: South, North, etc. (No punctuation) (ex. South Burlington)
Your State/Zip Code::	Vermont ✓ 05301
Customize Results Sort results by:: Maximum travel distance::	Distance ○ 5 ○ 10 ● 15 ○ 20 ○ 30 ○ 40 ○ 50 In some circumstances, if no results are found in the distance you selected, the search will automatically increase the distance until results are found up to a maximum of 100 miles.
Number of Results:: Additional Search Criteria	100 🗸
Dentist Last Name:: Practice Name:: Speciality::	Search All Specialties V
Secondary Language::	Any Any
Gender:: Extended Hours:	○ Male ○ Female ● Any○ All Hours ○ Early Hours ○ Evening Hours ○ Weekend Hours
HOW® Providers Only NOW Search Reset	

Dentist Results

If the provider is in both networks, we will reimburse at the PPO level

GANATRA, CHAITALEE	BRATTLEBORO DENTAL CARE LLC		add to my list
General Dentist	80 FLAT STREET SUITE 101 BRATTLEBORO VT 05301 (802) 455-4257 INFO@BRATTDENTALCARE.COM	This provider participates in: Delta Dental PPO Delta Dental Premier	0.13 miles from your location Map & Directions
		Martin's Point Generations Advantage 🧸	
More Information			HOW
Pujara, Tapan	BRATTLEBORO DENTAL CARE LLC		add to my list
General Dentist	80 FLAT STREET SUITE 101 BRATTLEBORO VT 05301 (802) 455-4257 INFO@BRATTDENTALCARE.COM	This provider participates in: Delta Dental PPO 🎎 Delta Dental Premier 🎎	0.13 miles from your location Map & Directions
		Martin's Point Generations Advantage 🔼	
More Information			HOW
FELLOWS, JACQUELINE	PROFESSIONAL DENTAL CARE PLLC		add to my list
General Dentist	72 HIGH ST BRATTLEBORO VT 05301 (802) 254-9644 OFFICE@PRODENTALVT.COM	This provider participates in: Delta Dental Premier Martin's Point Generations Advantage	0.23 miles from your location Map & Directions
Email Address:: Re-Enter Email Address:: Email List::	● Email Selected List ○ Email All Email PDF		

Benefit Lookup nedelta.com/patients



Benefit Lookup

△ DELTA DENTAL

Northeast Delta Dental

Nondiscrimination in Healthcare Grievance Procedure

Benefits Outline of Benefits ID Card & Claim Resources Contact Us Log Out

Print Current Page

Today's Date: 11/30/2020 9:54:25 AM

Information displayed on this website is based on current available benefits and patients' eligibility. It is possible this information may change, even retroactively, based on information provided by the account. Should changes occur in eligibility or benefits, there is no guarantee of payment

HOW Benefits that

you've qualified for

will appear here.

If you have CarryOver available it will show up here.

Northeast Delta Dental Customer Service: 1-800-832-5700 Subscrib Subscriber Product: Delta Dental PPOSM Dependent Age Limit: 26 Group Number: 00 Student Age Limit: 26 Group Name: DELTA DENTAL PLAN OF NEW HAMPSHIRE Ortho Age Limit: 99

> \$2000.00 per year, \$1824.00 remaining \$2500.00 lifetime. \$2500.00 remaining

- · For coordination of benefits contact Customer Service
- To maximize your coverage, please bill any service(s) covered by the medical plan to that carrier.
- . The date of incurred liability for multiple visit procedures is the completion date
- This group participates in the Health through Oral Wellness (HOW) program.

		Relationship Subscriber	Birthday Effective I 09/01/20.				
Members 18 years	and older are required to registe	r in order to view benefit and o	claim information. Only subscrib	ers can view info	rmation for dependents	under the age of 18 and incapacitated mem	nbers.
Individual available	e carryover: \$250.00						
		,,		_ 4			
Benefit Levels	Maximums & Deductibles	Limitations Claims	Pretreatment Estimate			Highly recommended to ha	ive
Benefit Period: 01/01/2020 - 12/31/2020					your provider do a		
Renefit Rala	nces :					pretreatment estimate –	

Benefit Balances

Delta Dental PPO

Individual: All Covered Classes (Excluding Ortho) \$2000.00 per year, \$1824.00 remaining Individual: Orthodontics \$2500.00 lifetime. \$2500.00 remaining.

Delta Dental Premier

Individual: All Covered Classes (Excluding Ortho) \$2000.00 per year, \$1824.00 remaining Individual: Orthodontics \$2500.00 lifetime. \$2500.00 remaining

Out of Network

Individual: All Covered Classes (Excluding Ortho)

Individual: Orthodontics

Deductibles

No Deductibles

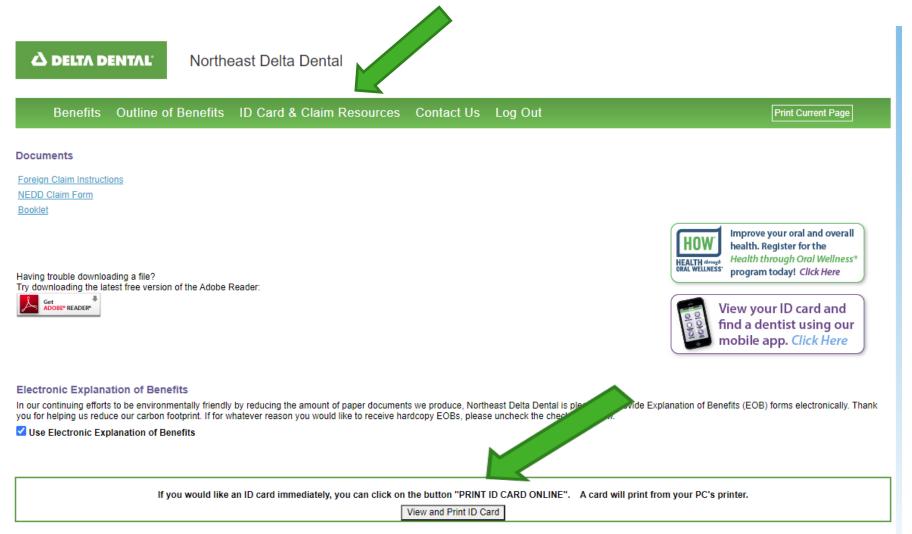
Claims can be found under the

Claims tab.

The annual maximum and amount remaining is on the Maximums and Deductibles tab.

those can be found here.

For Claim Resources or to print a new ID Card go to the ID Card & Claims Resources Tab

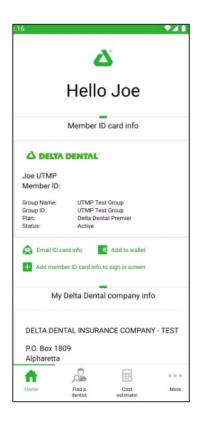


To order additional or replacement cards for Delta Vision, click here: EyeMed

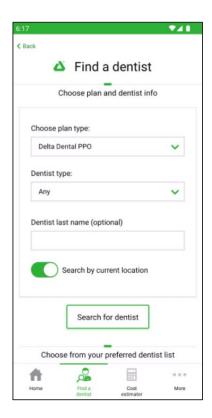
Download the Delta Dental Mobile App for your benefits & ID Card at your fingertips



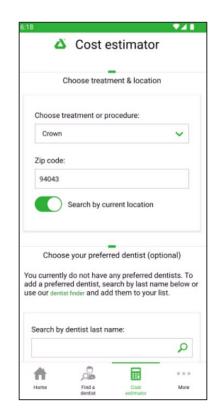
Download & Register



E-ID Card



Dentist Search



Cost Estimator

Northeast Delta Dental Customer Service

8:00 AM to 8:00 PM EST Monday - Friday

1-800-832-5700

www.nedelta.com