

University of Vermont
Effective 1-1-2024

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.

Outline of Coverage			
Delta Dental PPO plus Premier Network		Base Plan	High Option
Coverage A	DIAGNOSTIC: • Evaluations - 2 per Calendar Year • X-Rays - complete series or panoramic once in a 3-year period • Bitewing x-rays once each Calendar Year PREVENTIVE: • Cleanings - 2 per Calendar Year • Periodontal Maintenance Cleaning - 2 per Calendar Year. Note: <i>Two cleanings of either type (routine and/or periodontal) are covered per year, or If medically necessary, up to four total.</i> • Fluoride treatment twice per Calendar Year to age 19 • Space maintainers to age 16 • Sealant application to permanent molars, once in a lifetime per tooth, for children to age 15 EMERGENCY PALLIATIVE TREATMENT APPLIANCES TO CONTROL HARMFUL HABITS	100%	100%
Coverage B	• X-Rays of individual teeth RESTORATIVE: • Amalgam fillings & Composite fillings* (anterior teeth only) ORAL SURGERY: • Surgical & routine extractions; certain other surgical procedures ENDODONTICS: Root canal therapy PERIODONTICS: Treatment of gum disease CROWNS and repairs to Crowns, Dentures, and Bridges ONLAYS DIAGNOSTIC CASTS	80%	80% *Composite fillings are covered on all teeth
Coverage C	PROSTHODONTICS: • Removable and fixed partial dentures (bridge) • Complete dentures • Denture rebase and reline, and denture adjustments • Tissue Conditioning • Implants	50%	60%
Coverage D	ORTHODONTICS: Correction of crooked teeth for children for adults and children	50%	50%
Calendar Year Maximum for services in Coverages A, B, & C (excluding ortho) Health through Oral Wellness[®] program included (please see reverse for details)		\$750	\$2,000
Lifetime Orthodontic Maximum (per person)		\$500	\$1,500
Calendar Year Deductible: \$25 per person/ \$75 per family		Applies to Coverages A, B, C & D	Does <u>Not</u> Apply to Coverage A. Applies only to Coverages B, C, & D

Please Note:

- The plan selection may not be changed until the next open enrollment.
- The plan selection must be the same for both employee and dependent
- Services that are covered under your Medical plan are not covered benefits under your Delta Dental plan.

Delta Dental PPO plus Premier Network

You will get the best value from your Delta Dental Plan when you receive your dental care from one of our PPO (greatest savings) or Premier network participating dentists:

- No Balance Billing: Because participating dentists accept Northeast Delta Dental's allowed fees for services, 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 participating dentists 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 participates in our PPO or Premier network, you can: call your dentist, visit our website at nedelta.com, or call Customer Service at 1-800-832-5700.

Claim Process for Participating Dentists

Your participating dentist will submit your claim to Northeast Delta Dental (claims for any of your covered dependents should be submitted under *your* Subscriber ID number). Northeast Delta Dental will produce an Explanation of Benefits (available through our Benefit Lookup site at nedelta.com) detailing what has been processed under your plan's coverage. You are responsible to pay any outstanding balance directly to the dentist.

Non-Participating Dentists

If you visit a non-participating dentist, you may be required to submit your own claim and pay for services at the time they are provided. Claim forms are available by calling Northeast Delta Dental or visiting 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 such assignment. 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 is your responsibility to make full payment to the dentist.

Predetermination of Benefits

Northeast Delta Dental recommends that you ask your dentist to submit a *pre-treatment estimate* for any dental work involving costly or extensive treatment plans. Predeterminations helps avoid any potential confusion and enable us to help you estimate any out-of-pocket expenses you may incur.

Coordination of Benefits

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

Identification Cards

Identification cards will be produced and distributed shortly after your initial enrollment. Any future cards will be issued electronically via our Benefit Lookup site accessible through nedelta.com. You can also use the Delta Dental mobile app and enjoy access to dentist search, claims and coverage, and your ID card.

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.*

Dental Plan Description Booklet

Your Dental Plan Description booklet describes your dental benefits and explains how to use them. Please read it carefully to understand the benefits and provisions of your Northeast Delta Dental plan.

Who is Eligible

All eligible employees and their dependents, defined as:
Spouse or Civil Union partner;
Dependent children to age 26;
Incapacitated dependent children, regardless of age.

If enrolling one eligible dependent, all eligible dependents must be enrolled unless they are covered elsewhere.

Claims Inquiry

If you have further questions, please contact Northeast Delta Dental's Customer Service department at 1-800-832-5700 or 603-223-1011 or email customerservice@nedelta.com. 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.

Renewability

Your plan will automatically renew for a new twelve (12) month Plan Year if the premium continues to be paid. Premiums are subject to change annually in accordance with advance notice. You or Northeast Delta Dental may choose not to renew this plan upon advance notice. The plan will not be renewed if this dental program is no longer available.

THIS INFORMATION SHOULD BE USED ONLY AS A GUIDELINE. FOR DETAILED INFORMATION ON THE TERMS, CONDITIONS, LIMITATIONS AND EXCLUSIONS, PLEASE REFER TO THE APPROPRIATE DENTAL PLAN DESCRIPTION.