

Who Is Eligible

Individuals 18 years of age or older who are residents of New Hampshire. You may also cover your spouse/**civil union partner** and dependent children under your contract.

Dependent coverage continues up to age 26 so long as the dependent is unmarried; is a resident of the State of New Hampshire or is enrolled as a student at an institute of higher learning; and is not covered under any other plan. Incapacitated children may remain enrolled regardless of age.

In New Hampshire, a dependent may also include an individual with whom a subscriber is party to a civil union.

It's Easy to Apply

- Complete the Individual Dental Benefit Contract Application.
- Include the first month's premium payment with the completed enrollment material.

Who Pays — How and When

The adult applicant signing the Individual Dental Benefit Contract Application is responsible for payment.

The first payment must be included with your contract application. After that, payment is made to Northeast Delta Dental monthly by check or via Electronic Funds Transfer.

There's Little or No Paperwork

When a Northeast Delta Dental member sees a participating dentist, the office will complete and submit a claim form free of charge.

Northeast Delta Dental processes the completed claim form and pays the dentist directly. The subscriber receives an Explanation of Benefits indicating any obligation to the dentist.

Vision Discount Program

A vision discount program through EyeMed Vision Caresm is free to all Northeast Delta Dental subscribers and their dependents. The program offers up to 35% savings at participating EyeMed providers.

Just show your Delta Dental identification card to access vision savings.

We Guarantee Our Service

We offer the following three service guarantees to our Individual Dental Benefit customers:

1. Accurate, quick turnaround on contract package

The Guarantee: Northeast Delta Dental guarantees that the Contract Package will be mailed within 15 calendar days following the later of the effective date or the date we have received all the required materials to complete your application.

The Refund: Our failure to meet the guarantee will result in a refund of \$50.

2. Exceptional customer service

The Guarantee: Northeast Delta Dental will resolve telephone inquiries immediately or provide an initial update within one business day and notify you upon resolution.

The Refund: Our failure to meet the guarantee will result in a refund of \$50.

3. No inappropriate billing by participating dentists

The Guarantee: Patients will not be charged for more than the appropriate co-payments at the time of service or for any difference between a participating dentist's submitted fee and Northeast Delta Dental's approved amount, as indicated on the Explanation of Benefits form.

The Refund: Our failure to meet the guarantee will result in a refund of \$50.

Many companies promise excellent service—Northeast Delta Dental guarantees it.



Delta Dental Premier Individual Dental Benefit Options

New Hampshire

Northeast Delta Dental

Delta Dental Plan of New Hampshire, Inc.

Valid July 2008 - June 2009

Northeast Delta Dental and the Dentist

You may see any dentist you wish, participating or nonparticipating. Northeast Delta Dental has a unique relationship with nearly three out of every four dentists throughout the United States. A participating dentist will not charge at the time of treatment for covered services, but may request payment for non-covered services, deductibles, or co-payments.

Delta Dental Network Dentists

Patients will get the best value from their individual dental benefits when they receive dental care from a participating dentist. The benefits of seeing a participating dentist include:

- **No balance billing**—Patients cannot be billed the difference between a participating dentist's submitted charge and Delta Dental's approved amount.
- **Less paperwork**—Participating dentists complete and forward dental claim forms directly to Northeast Delta Dental.
- **Direct Payment**—Northeast Delta Dental pays the participating dentist directly, so the patient does not have to pay the covered amount up front and wait for a reimbursement check.

Nonparticipating Dentists

When visiting nonparticipating dentists within Northeast Delta Dental's operating area of Maine, New Hampshire and Vermont, payment for services rendered will be based on the lesser of the dentist's actual submitted charge or the Plan's allowance for nonparticipating dentists. The patient may be required to submit the claim directly and pay for the services at the time they are provided. The Explanation of Benefits and the claim payment will go directly to the subscriber; the patient will be responsible for any remaining balance. In Maine, a claim payment will go directly to the dentist if a valid assignment of benefits has been received.

When visiting a nonparticipating dentist outside the Northeast Delta Dental operating area, payment for services will be based on the lesser of the dentist's submitted charge or an amount equal to a selected percentile of a nationally-recognized database for the area in which the services were provided. The patient may be required to submit claims directly and pay for the services at the time they are provided; the patient will be responsible for any remaining balance. The Explanation of Benefits will go directly to the subscriber. The claim payment will go to the dentist unless the claim is marked "paid," in which case it will be sent to the subscriber.



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Individual Dental Benefit Options Chart - New Hampshire

Rates are guaranteed for one year from the initial effective date of coverage for individuals effective July 2008 through June 2009.

Northeast Delta Dental's Individual Dental Benefit Options are available to people who have no dental coverage. You and your family can enjoy the same advantages Northeast Delta Dental offers to employer groups, but through your own individual contract.

	OPTIONS 1 - 3			OPTIONS 4 - 6			OPTIONS 7 - 9		
Diagnostic and Preventive – Coverage A (No Waiting Period) Diagnostic: Evaluations once in a 6-month period; Full mouth/panorex X-rays once in a 3-year period; Bitewing X-rays once each 12-month period; X-rays of individual teeth as necessary; Oral cancer screening once in a 12-month period Preventive: Cleanings four times in a 12-month period; Fluoride twice in a 12-month period to age 19; Space maintainers to age 16; Sealants for children to age 19 on permanent molars	Delta Dental Pays 100% No Deductible, No Waiting Period			Delta Dental Pays 100% No Deductible, No Waiting Period			Delta Dental Pays 100% No Deductible, No Waiting Period		
Basic – Coverage B (After a 6-Month Waiting Period¹) Restorative: Fillings—amalgam (silver) and composite (white—anterior teeth only) Oral Surgery: Extractions and other surgical procedures Endodontics: Root canal therapy Periodontics: Treatment of gum disease; Periodontal maintenance (cleaning) Denture Repair: Repair of removable dentures Emergency Treatment	Delta Dental Pays 80% After Deductible and 6-Month Waiting Period ¹			Delta Dental Pays 60% After Deductible and 6-Month Waiting Period ¹			Delta Dental Pays 60% After Deductible and 6-Month Waiting Period ¹		
Major – Coverage C (After a 12-Month Waiting Period¹) Prostodontics: Removable and fixed partial dentures; (bridge); complete denture; Rebase and reline (denture); Crowns; Onlays, Implants	Delta Dental Pays 50% After Deductible and 12-Month Waiting Period ¹			Delta Dental Pays 50% After Deductible and 12-Month Waiting Period ¹			not covered		
Lifetime Deductible per person/per family Applies to Basic (Coverage B) and Major (Coverage C) Services	\$100/\$300			\$75/\$225			\$50/\$150		
Orthodontics – Coverage D (After a 24-Month Waiting Period¹) Orthodontics: Correction of crooked teeth for adults and children	Delta Dental Pays 50% After 24-Month Waiting Period ¹ No Deductible			not covered			not covered		
Choose Your Option:	1²	2	3	4²	5	6	7	8	9
Diagnostic and Preventive (Coverage A), Basic (Coverage B), and Major (Coverage C) Calendar Year Maximum Per Person:	\$ 2,000	\$ 1,500	\$ 1,000	\$ 2,000	\$ 1,500	\$ 1,000	\$ 1,500	\$ 1,000	\$ 750
Orthodontics (Coverage D) Lifetime Maximum Per Person:	\$ 2,000	\$ 1,500	\$ 1,000	N/A	N/A	N/A	N/A	N/A	N/A
Monthly Rates									
Subscriber Only	[\$61.45]	[\$60.05]	[\$57.81]	[\$51.16]	[\$50.38]	[\$48.92]	[\$43.15]	[\$42.11]	[\$41.18]
Subscriber/Spouse/ Civil Union Partner or Subscriber/Child	[\$105.54]	[\$102.06]	[\$97.85]	[\$85.63]	[\$84.28]	[\$81.83]	[\$72.84]	[\$71.12]	[\$69.51]
Subscriber/Family <u>or</u> Subscriber/Children	[\$188.72]	[\$175.52]	[\$165.48]	[\$135.85]	[\$133.87]	[\$130.29]	[\$126.91]	[\$123.89]	[\$121.40]

This is a brief description of features and benefits. Coverage is subject to the terms, conditions, limitations, and exclusions of the Individual Contract Benefits and Information Booklet.

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.

¹**Waiting Periods** apply from the effective date of the subscriber. If you had dental coverage in force with Northeast Delta Dental immediately prior to the effective date of this Northeast Delta Dental program, waiting periods for Basic (Coverage B), Major (Coverage C), and Orthodontics (Coverage D) will be waived. There must be no lapse in coverage. Dental services received prior to the satisfaction of applicable waiting periods do not apply toward satisfaction of the lifetime deductible.

²**Carryover Benefit** - Options 1 and 4 include a carryover benefit feature that can extend your annual benefit.