



Outline of Coverage  
 Northeast Delta Dental – Vermont Health Connect  
 Dental with Pediatric High Option



*This outline provides a 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 CERTIFICATE OF INSURANCE CAREFULLY**. Benefit percentages shown are based on the actual charges submitted up to the maximum amount allowed Delta Dental PPO dentists. This plan has different features based on an enrollee's age. Specifically, enrollees under the age of 21 receive certain features that are different than enrollees age 21 or older. Not all time limitations and exclusions are shown here.*

Diagnostic & Preventive <sup>1</sup>	Basic Restorative <sup>1</sup>	Major Restorative <sup>1</sup>	Orthodontics <sup>1</sup>
No Deductible.	Plan Year Deductible per Enrollee: <b>\$50 (regardless of age).</b>		No Deductible.
<p><b>DIAGNOSTIC</b>            Evaluations once in a 6-month period.            Complete series/panoramic image once in a 3-year period.            Bitewings once in a 12-month period.            Images of individual teeth as necessary.</p> <p><b>PREVENTIVE</b>            Cleanings once in a 6-month period.</p> <p><b>Note:</b> <i>Only one cleaning is covered in a 6-month period. A cleaning may be either a routine cleaning under Diagnostic and Preventive or a periodontal cleaning under Basic Restorative.</i></p> <p>Fluoride once in a 6-month period to age 21.            Sealant application to permanent molars and primary second molars and bicuspid, once in a 3-year period per tooth, for children to age 21.            Space maintainers once in a 2-year period to age 21.</p>	<p><b>RESTORATIVE</b>            Amalgam (silver) fillings.            Resin (white) fillings.            Recementation of an inlay or crown.            Prefabricated stainless steel crowns to age 21.</p> <p><b>DENTURE REPAIR</b>            Denture repair and adjustment.</p> <p><b>ORAL SURGERY</b>            Extractions and covered surgical procedures.</p> <p><b>ENDODONTICS</b>            Root canal therapy.</p> <p><b>PERIODONTICS</b>            Treatment of gum disease.            Periodontal cleaning (maintenance procedures).</p> <p><b>CROWN LENGTHENING</b>            Clinical crown lengthening once in a lifetime per tooth.</p> <p><b>ANESTHESIA &amp; PALLIATIVE TREATMENT</b>            General anesthesia or intravenous sedation (and non-intravenous sedation and nitrous oxide to age 21) when performed in conjunction with certain covered procedures.</p>	<p><b>CROWNS AND ONLAYS</b>            Restorative crowns and onlays (crowns and onlays for enrollees age 12 and older. Stainless steel crowns for adult enrollees only).</p> <p><b>PROSTHODONTICS</b>            Removable and fixed partial dentures (bridges).            Complete dentures.            Rebase and reline of dentures.</p> <p><b>DENTAL IMPLANT SERVICES</b>            Surgical placement of an endosteal implant body.            Certain implant supported prostheses (for enrollees age 16 and older).</p> <p><b>Note:</b> <i>Certain services require Prior Authorization for enrollees under the age of 21. Please see your Certificate of Insurance.</i></p>	<p><b>ORTHODONTICS</b>            Medically necessary correction of malposed (crooked) teeth for enrollees under age 21.</p> <p><b>Note:</b> <i>All orthodontic cases require Prior Authorization.</i></p>
Delta Dental Pays 100%. No Waiting Period.	Delta Dental Pays 70%. <sup>2</sup> No Waiting Period.	Delta Dental Pays 50%. <sup>2</sup> After a 6-Month Waiting Period for enrollees over the age of 21. <sup>3</sup>	Delta Dental Pays 50%. <sup>2</sup> No Waiting Period.
Plan year maximum for each enrollee age 21 or older: <b>\$1,500.</b>			N/A
<p>Plan Year Maximum Out-of-Pocket for each enrollee under age 21: <b>\$350 per enrollee, up to \$700 per family.</b></p> <p>Only expenses incurred for covered services received from Delta Dental PPO dentists accrue toward the Maximum Out-of-Pocket.</p> <p>Expenses incurred for covered services received from Delta Dental Premier dentists do <u>not</u> accrue toward the Maximum Out-of-Pocket.</p> <p>All covered services with a frequency limitation are available for more frequent treatment only with Prior Authorization for enrollees under age 21.</p>			

<sup>1</sup>Delta Dental's liability is based upon the Coinsurance Percentage of the "allowed charge" as described in this policy. <sup>2</sup>Coinsurances shown will automatically convert to 100% for an enrollee under the age of 21 when the Plan Year Maximum Out-of-Pocket for such enrollee is reached or when the family Plan Year Maximum Out-of-Pocket is reached. Coinsurances will reset to those shown above on the first day of each new Plan Year. <sup>3</sup>If this plan is replacing an existing dental plan that covers the services to which the waiting period applies, the waiting period will be waived for enrollees over the age of 21 whose effective date of coverage coincides with the original effective date of this plan. The waiting period does not apply to enrollees under the age of 21.