

Northeast Delta Dental Individual and Family Plans



Plans available exclusively at:
DeltaDentalCoversMe.com

	Basic	Preferred	Premium	Premium Plus	Traditional
Dental Provider Network	Delta Dental PPO SM	Delta Dental PPO SM	Delta Dental PPO SM	Delta Dental PPO SM	Delta Dental Premier [®]
Diagnostic & Preventive (No Waiting Period, No Deductible) <ul style="list-style-type: none"> Exams and cleanings X-rays Sealants Fluoride treatments Space maintainers Oral cancer screenings 	Delta Dental Pays 100%	Delta Dental Pays 60%	Delta Dental Pays 100%	Delta Dental Pays 100%	Delta Dental Pays 100%
Services in this category are excluded from the annual maximum ¹ All plans include our Health through Oral Wellness [®] (HOW [®]) Program ²					
Basic Restorative <ul style="list-style-type: none"> Fillings Extractions Periodontal maintenance Denture repair Crown lengthening Emergency palliative treatment 	Delta Dental Pays 50% After a 3-month Waiting Period	Delta Dental Pays 60% After a 3-month Waiting Period	Delta Dental Pays 50% After a 3-month Waiting Period	Delta Dental Pays 70% After a 3-month Waiting Period	Delta Dental Pays 80% After a 6-month Waiting Period (Treatment of gum disease and root canal therapy are included in this category under the Traditional Plan)
Major Restorative <ul style="list-style-type: none"> Treatment of gum disease Dentures Root canal therapy Crowns Onlays Dental Implants 	N/A	Delta Dental Pays 60% After a 6-month Waiting Period	Delta Dental Pays 25% After a 6-month Waiting Period	Delta Dental Pays 40% After a 6-month Waiting Period	Delta Dental Pays 50% After a 6-month Waiting Period
Your Office Visit Copayment	\$15	\$15	\$15	\$15	None
Lifetime ³ Deductible Per Person/Family (Applies to Basic & Major only)	\$100 / \$300	\$100 / \$300	\$100 / \$300	\$100 / \$300	\$100 / \$300
Calendar Year Maximum per Person	\$1,000	\$2,000	\$1,500	\$1,000	\$2,000
Orthodontics <ul style="list-style-type: none"> Correction of crooked teeth for adults and children 	N/A	N/A	N/A	N/A	After a 6-month Waiting Period Delta Dental Pays 50% Up to a separate Lifetime Maximum per Person of \$2,000
Maine Self	\$30.95	\$70.37	\$39.32	\$48.86	\$94.67
Monthly Self + 1	\$58.19	\$134.60	\$73.88	\$94.80	\$179.29
Rates: Self + 2 or more	\$119.50	\$213.57	\$133.06	\$167.51	\$344.72
New Hampshire Self	\$33.32	\$73.83	\$44.04	\$51.52	\$111.64
Monthly Self + 1	\$62.65	\$139.72	\$82.76	\$99.95	\$211.38
Rates: Self + 2 or more	\$128.73	\$221.72	\$149.00	\$176.57	\$405.29
Vermont Self	\$27.80	\$65.43	\$34.77	\$45.21	\$93.96
Monthly Self + 1	\$52.30	\$123.85	\$65.36	\$86.00	\$178.02
Rates: Self + 2 or more	\$107.34	\$196.46	\$117.73	\$150.58	\$342.92

Rates are valid for first-of-the-month effective dates April 2020 – March 2021

¹ Covered diagnostic and preventive services are never deducted from the Calendar Year Maximum, thereby placing a focus on prevention and preserving your annual maximum for other dental services. ² www.HealthThroughOralWellness.com ³ The deductible (Basic and Major only) is paid only once in a lifetime per enrolled person, up to a maximum of three persons per family. Once this provision is met, your plan will no longer have a deductible. All plans include a free vision discount program: [EyeMed Discount Vision Flyer](#)

For further assistance, call (603) 622-5100 (or) email HealthPlansavings@comcast.net

Alternative Benefit Solutions, LLC



Vision Wellness

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

- An eye examination can not only detect vision problems, but also can detect the early 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 of America.
- Undetected eye diseases can lead to worsening eyesight and in some cases irreversible vision loss.

Your EyeMed ID Card:



Your Group Number:
9231093

Your Group Name:
Delta Dental Discount

To locate the nearest EyeMed provider, visit our website at nedelta.com or call 1-866-246-9041

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

Vision Discount Program

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

Great Savings—Up to 35% off eyewear

Choose from any available frame including quality name-brand products such as Brooks Brothers*, Ann Klein*, Vogue* and more at provider locations.

With EyeMed Vision Care, Northeast Delta Dental members have access to over 71,000 vision care providers nationwide at 27,000 locations including optometrists, ophthalmologists, opticians, and the nation's leading optical retailers:



It's easy! To request your discount, simply present your Delta Dental member ID card or this flyer when you arrive at the provider office or location. Your EyeMed provider will take care of the rest! To learn more about the EyeMed Vision Care Discount Plan, please visit our website at www.nedelta.com.

Vision Care Services

Exam and dilation as necessary \$5 off routine exam
 \$5 off contact lens exam

Complete pair of glasses purchase*: Frame, lenses and lens options must be purchased in the same transaction to receive full discount.

Standard plastic lenses:

Single Vision.....\$50
 Bifocal.....\$70
 Trifocal.....\$105

Frames35% off retail price

Lens options:

UV treatment.....\$15
 Tint (solid and gradient)\$15
 Standard plastic scratch coating\$15
 Standard polycarbonate\$40
 Standard progressive lens (Add-on to bifocal)\$65
 Standard anti-reflective coating\$45
 Other add-ons and services20% off retail price

Contact lens materials (discount applied to materials only):

Conventional.....15% off retail price

Laser vision correction:**

LASIK or PRK 15% off retail price or 5% off promotional price

Frequency.....Unlimited

THIS IS NOT INSURANCE

*Items purchased separately will be discounted 20% off of the retail price.

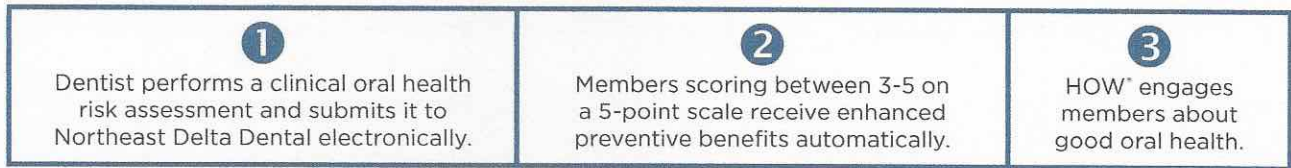
**Since LASIK and PRK vision corrections are elective procedures, performed by specially trained providers, this discount may not always be available from a provider in your location. For a location near you and the discount authorization, please call 1-877-5LASER6.

Member will receive a 20% discount on those items purchased at participating providers that are not specifically covered by this discount. The 20% off discount does not apply to EyeMed providers' professional services or contact lenses. Retail prices may vary by location. All discounts cannot be combined with any other discounts or promotional offers. This discount design is offered with the EyeMed Access panel of providers.

Extra Benefits—at No Extra Charge—for Those Who Need Them

All of Northeast Delta Dental's Individual and Family plans include our industry-leading Health *through* Oral Wellness® (HOW®) program at no additional charge. 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.

At-risk members are identified through the use of a clinical risk assessment tool that we have provided to dentists at no charge. Eligible members who receive a score of 3 to 5 on a 5-point scale automatically receive additional benefits based on their oral health condition. HOW® is simple and free and it works like this:



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	Once per 12 months Combination up to 4 per 12 months Combination up to 4 per 12 months Once per 12 months ¹ Once per 12 months ² 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

Members can register for HOW® at www.HealthThroughOralWellness.com to receive information about the oral health topics of their choosing. 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's Benefit Lookup site at www.nedelta.com or from customer service at 1-800-832-5700.

¹ Either one nutritional counseling or one oral hygiene instruction is covered in a 12-month period.
² 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.
³ Combination of prophylaxis, periodontal maintenance, or full mouth debridement (once in a lifetime benefit) not to exceed four in a 12-month period.
⁴ Either one nutritional counseling, or one oral hygiene instruction, or one tobacco cessation counseling is covered in a 12-month period.