

# Northeast Delta Dental Individual and Family Plans



Plans available exclusively at:  
**DeltaDentalCoversMe.com**

	Basic	Preferred	Premium	Premium Plus	Traditional
	A focus on prevention with coverage for basic services too	A balance of coverage and our highest annual maximum	A well rounded plan with a high annual maximum	A comprehensive plan with coverage similar to group plans	Our premier plan with orthodontic coverage for adults and children
Dental Provider Network	Delta Dental PPO <sup>SM</sup>	Delta Dental PPO <sup>SM</sup>	Delta Dental PPO <sup>SM</sup>	Delta Dental PPO <sup>SM</sup>	Delta Dental Premier <sup>®</sup>
<b>Diagnostic &amp; Preventive</b> (No Waiting Period, No Deductible) <ul style="list-style-type: none"> <li>Exams and cleanings</li> <li>X-rays</li> <li>Sealants</li> <li>Fluoride treatments</li> <li>Space maintainers</li> <li>Oral cancer screenings</li> </ul>	Delta Dental Pays <b>100%</b>	Delta Dental Pays <b>60%</b>	Delta Dental Pays <b>100%</b>	Delta Dental Pays <b>100%</b>	Delta Dental Pays <b>100%</b>
Services in this category are excluded from the annual maximum <sup>1</sup> All plans include our Health through Oral Wellness <sup>®</sup> (HOW <sup>®</sup> ) Program <sup>2</sup>					
<b>Basic Restorative</b> <ul style="list-style-type: none"> <li>Fillings</li> <li>Extractions</li> <li>Periodontal maintenance</li> <li>Denture repair</li> <li>Crown lengthening</li> <li>Emergency palliative treatment</li> </ul>	Delta Dental Pays <b>50%</b> After a 3-month Waiting Period	Delta Dental Pays <b>60%</b> After a 3-month Waiting Period	Delta Dental Pays <b>50%</b> After a 3-month Waiting Period	Delta Dental Pays <b>70%</b> After a 3-month Waiting Period	Delta Dental Pays <b>80%</b> After a 6-month Waiting Period (Treatment of gum disease and root canal therapy are included in this category under the Traditional Plan)
<b>Major Restorative</b> <ul style="list-style-type: none"> <li>Treatment of gum disease</li> <li>Dentures</li> <li>Root canal therapy</li> <li>Crowns</li> <li>Onlays</li> <li>Dental Implants</li> </ul>	N/A	Delta Dental Pays <b>60%</b> After a 6-month Waiting Period	Delta Dental Pays <b>25%</b> After a 6-month Waiting Period	Delta Dental Pays <b>40%</b> After a 6-month Waiting Period	Delta Dental Pays <b>50%</b> After a 6-month Waiting Period
Your Office Visit Copayment	<b>\$15</b>	<b>\$15</b>	<b>\$15</b>	<b>\$15</b>	<b>None</b>
Lifetime <sup>3</sup> Deductible Per Person/Family (Applies to Basic & Major only)	<b>\$100 / \$300</b>	<b>\$100 / \$300</b>	<b>\$100 / \$300</b>	<b>\$100 / \$300</b>	<b>\$100 / \$300</b>
Calendar Year Maximum per Person	<b>\$1,000</b>	<b>\$2,000</b>	<b>\$1,500</b>	<b>\$1,000</b>	<b>\$2,000</b>
<b>Orthodontics</b> <ul style="list-style-type: none"> <li>Correction of crooked teeth for adults and children</li> </ul>	N/A	N/A	N/A	N/A	After a 6-month Waiting Period Delta Dental Pays <b>50%</b> Up to a separate Lifetime Maximum per Person of <b>\$2,000</b>
<b>Maine</b>					
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
<b>New Hampshire</b>					
Self	\$32.04	\$72.74	\$42.76	\$49.78	\$110.53
Monthly Self + 1	\$60.24	\$137.66	\$80.35	\$96.57	\$209.29
Rates: Self + 2 or more	\$123.78	\$218.44	\$144.66	\$170.60	\$401.28
<b>Vermont</b>					
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 2021 – March 2022.

<sup>1</sup> 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. <sup>2</sup> [www.HealthThroughOralWellness.com](http://www.HealthThroughOralWellness.com) <sup>3</sup> 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) 622-5700 (or) email [HealthPlansavings@comcast.net](mailto: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](http://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:



LENSCRAFTERS®



**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](http://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

Frames .....35% 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 services .....20% 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.