### Northeast Delta Dental

# University of New England Dental Benefit Overview



### What You Need to Know

- ▲ Northeast Delta Dental is a local company with a national network
- ▲ You can see any dentist, but get the best value when in-network

### **Topics We'll Cover**

- ▲ Insurance Terms Defined
- ▲ Dental Benefits Overview
- ▲ Double-Up Max Carryover Benefit
- ▲ Health *through* Oral Wellness® (HOW®)
- Network Options
- ▲ EyeMed Vision and Hearing Discount program
- Online tools and mobile resources

### Insurance Terms Defined

#### ▲ Co-insurance

• Indicates that a portion of the service is covered by the plan, and a portion is the subscriber's responsibility.

#### ▲ Deductible

 An amount the patient pays toward Basic and Major Services (Coverages B and C) before the co-insurance applies.

#### Maximum

- Annual maximum refers to the max amount each covered person can receive in dental benefits per year.
- Lifetime orthodontic maximum refers to the total amount that each eligible covered person can receive toward braces for the lifetime that you're enrolled in the plan.

For more information: Refer to your Outline of Coverage,
View your claims and benefits at
<a href="https://www.nedelta.com/Patients">https://www.nedelta.com/Patients</a> or Contact
Northeast Delta Dental Customer Service at 1-800-832-5700



#### **University of New England**

Low (Core) Option Group Number: 6392-5000 Effective January 1, 2021

#### Outline of Coverage Delta Dental PPO Plus Premier Network



#### Northeast Delta Dental

Read Your Dental Plan Description Carefully—This Outline of Coverage provides a very brief description of the important features of your dental benefits plan. This is not the insurance contract, and only the actual policy provisions will control. The Dental Plan Description itself sets forth in detail the rights and obligations of both you and your insurance company. It is therefore important that you **READ YOUR Dental Plan Description 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.

Diagnostic / Preventive	Basic Restorative	Major Restorative	
(Coverage A)	(Coverage B)	(Coverage C)	
No Deductible	Calendar Year Deductible per Person/Family: \$25/\$75		
DIAGNOSTIC:	RESTORATIVE:	PROSTHODONTICS:	
Evaluations twice in a 12-month period; this includes	Amalgam (silver) fillings;	Removable and fixed partial dentures (bridge); complete	
periodic, limited, problem-focused, and comprehensive evaluations.	Resin restorations (white)	dentures	
	ORAL SURGERY:	Rebase and reline	
X-rays (complete series or panoramic film) once in a 5-	Surgical and routine extractions		
year period		(dentures) Crowns	
. 10	ENDODONTICS:		
Bitewing x-rays once in a 12-month period	Root canal therapy	Onlays	
X-rays of individual teeth as necessary	PERIODONTICS:	Implants	
A-rays of marvidual teeth as necessary	Periodontal maintenance (cleaning)	implants	
Brush biopsy once in a 12-month period	Terrodontal maintenance (cleaning)		
stati stopey effective is a 12 mentil period	Note: Cleanings are limited to two in a 12-month period;		
PREVENTIVE:	these may be routine (Coverage A) or periodontal		
Two cleanings in a 12-month period	(Coverage B), or a combination of both.		
Fluoride once in a 12-month period to age 19	Treatment of gum disease		
Space maintainers to age 16	Clinical crown lengthening once per tooth per lifetime		
Sealant application to permanent molars, once in a 3-	DENTURE REPAIR:		
year period per tooth, for children to age 19	Repair of a removable denture to its original condition		
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	EMERGENCY PALLIATIVE TREATMENT		
<b>Delta Dental Pays: <mark>80%</mark></b> No Waiting Period	Delta Dental Pays: 50% No Waiting Period	Delta Dental Pays: 50% No Waiting Period	



#### **University of New England**

High Option

Group Number: 6392-5001 Effective January 1, 2021

#### Outline of Coverage Delta Dental PPO Plus Premier Network



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### Double-Up Max<sup>sm</sup> Carryover Benefit

#### How to qualify:

- Northeast Delta Dental must pay a claim for either an oral evaluation or cleaning during a Calendar Year.
- An enrollee's paid claims during the Calendar Year cannot exceed \$500.
- Northeast Delta Dental will automatically carryover \$250 to the next calendar year

### Important Benefit Information

#### **Predetermination of Benefits**

• ask your dentist to submit a *pre-treatment estimate* for any dental work involving costly or extensive treatment plans.

#### Who is Eligible

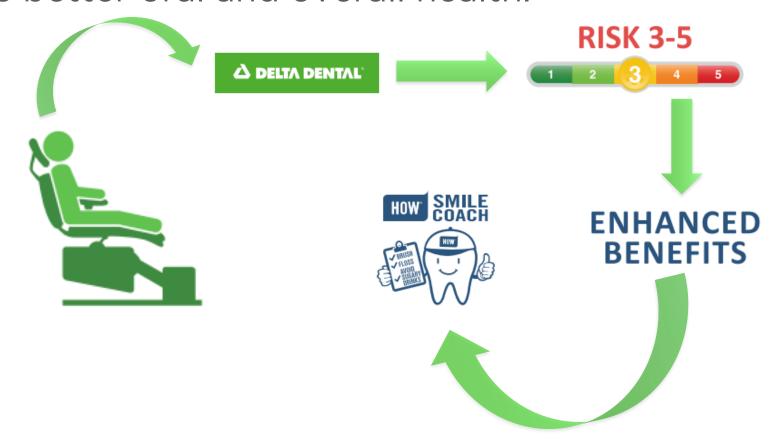
- You
- Your spouse
- Your children up to age 26, regardless of student status, and any incapacitated dependent children, regardless of age.

#### Claims Inquiry

• Customer Service department at 1-800-832-5700 or 603-223-1011 or email customerservice@nedelta.com.

### Health through Oral Wellness® HOW®

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.



#### **HOW®** it works

- The dentist/dental office performs a clinical risk assessment, which is instantly submitted electronically to Northeast Delta Dental.
- Patients that score a 3-5 on a 5-point risk scale for being at risk for oral disease qualify for additional preventive care benefits.
- The additional preventive benefits can be applied immediately at that dental visit. (Ex: fluoride treatment for adults at risk for tooth decay).
- Any additional benefits that a member receives does apply toward their annual maximum.

#### **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 (children and adults)	Once per 12 months Combination up to 4 per 12 months Combination up to 4 per 12 months Once per 12 months Once per 12 months Once per 3 years <sup>2</sup>
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 <sup>3</sup> Once per 12 months <sup>4</sup> Once per 12 months <sup>4</sup> Once per 12 months <sup>4</sup> Once in a lifetime <sup>3</sup> Up to 4 per 12 months <sup>3</sup>

### Delta Dental PPO plus Premier Network's

#### The Delta Dental Difference®

## Two provider networks The largest locally and nationally

- Patients can see any dentist
- Delta Dental Network Dentists = Convenience + Savings
- Advantages of Network (Premier or PPO) Providers:
  - ✓ No Balance Billing
  - ✓ No Claim Paperwork
  - ✓ No Upfront Payment for Covered Services
- Delta Dental PPO providers offer the Best Value
  - ✓ Lower out-of pocket expenses
  - ✓ Stretching your annual maximum dollars further



www.nedelta.com
 Find a dentist

### Claims Example

	PPOsm	Premier®	Non-Network Dentist
Full Charge of Procedure	\$1,000	\$1,000	\$1,000
Delta Dental's Allowance*	\$800	\$900	\$720
Coinsurance Percent	50% (\$400)	50% (\$450)	50% (\$360)
Patient's Payment	\$400	\$450	\$640

<sup>\*</sup>Because of Delta Dental network dentists have agreed to accept a lower reimbursement for services, subscribers have higher benefits and lower out-of-pocket cost savings

### Online Tools at NEDelta.com

- Find Claim and Benefit Information
- View and Print EOBs
- Access Dental Plan Documents
- Print Additional ID Cards
- Search for a network dentist
- Register for Health through Oral Wellness (HOW) program
- Download helpful forms and information
- Delta Dental Mobile App



### nedelta.com



### Search for a Dentist



Northeast Delta Dental

Need Help?  * How to Use the Dentist Sea	Nondiscrimination in Healthcare rch Grievance Procedure
Network Selection Your Dental Network:	All What Are Network Types?  Please contact Customer Service at CustomerService@nedelta.com or 1-800-832-5700 if you do not know your Network type or need to report an inaccuracy in the directory.
Your Location Enter Your Locatio	n for Map & Directions
Your Street Address::	ā.
Your City::	Burlington
Your State/Zip Code::	Note: We use U.S. Postal standards: South, North, etc. (No punctuation) (ex. South Burlington)  Vermont
Customize Results Sort results by::	Distance V
Maximum travel distance::	○ 5 ○ 10 ● 15 ○ 20 ○ 30 ○ 40 ○ 50  In some circumstances, if no results are found in the distance you selected, the search will automatically increase the distance until results are found up to a maximum of 100 miles.
Number of Results::	100 🗸
Additional Search Criteria Dentist Last Name::	
Practice Name::	
Speciality::	Search All Specialties
Secondary Language::	Any
Gender::	○ Male ○ Female ● Any
Extended Hours:	☐ Early Hours ☐ Evening Hours ☐ Weekend Hours
HOW® Providers Only HOW	

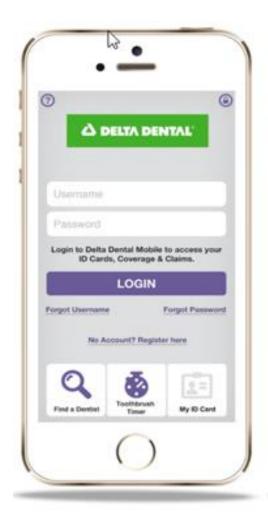
### Dentist Results

AVERILL, DAVID	DAVID C AVERILL DDS		add to my list
General Dentist	239 PEARL ST BURLINGTON VT 05401 (802) 864-5315 DAVERILL1@MAC.COM	This provider participates in: Delta Dental PPO   Delta Dental Premier	0.35 miles from your location Map & Directions
		Martin's Point Generations Advantage 🧸	
♣ More Information			HOW
KEETON, KRISTOPHER	WILLARD STREET FAMILY DENTAL		add to my list
General Dentist	27 N WILLARD ST BURLINGTON VT 05401 (802) 862-8625 OFFICE@WILLARDSTREETDENTAL.COM	This provider participates in:  Delta Dental PPO  Delta Dental Premier  Martin's Point Generations Advantage	0.49 miles from your location Map & Directions
♣ More Information			HOW
TROTTIER, BENOIT	RANDALL A MILLER DDS PC		add to my list
General Dentist	66 COLCHESTER AVE BURLINGTON VT 05401 (802) 862-8348 COLAVE@MILLERBLANCKDDS.COM	This provider participates in:  Delta Dental PPO   Delta Dental Premier   Martin's Point Generations Advantage	0.81 miles from your location Map & Directions

### Benefit Lookup nedelta.com/patients

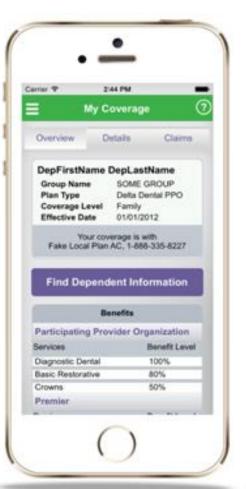


### The Delta Dental Mobile App











### Important Information

- ▲ New enrollees will receive two ID cards in the employee's name
  - Cards are issued at initial enrollment only, and not re-issued every year
  - Replacement cards can be printed from the website; or available on the mobile app
- ▲ Customer Service: 8:00 4:45 EST: 1-800-832-5700, Option 2
- ▲ View claims and benefits on our secure Patient Benefit Lookup portal www.nedelta.com/Patients or email nedelta@nedelta.com
- All claims should be filed with: Northeast Delta Dental One Delta Drive PO Box 2002 Concord, NH 03302-2002



### Questions on your Dental Benefits-

Contact your Human Resources/Benefits Department or call Northeast Delta Dental Customer Service at 1-800-832-5700 or <a href="mailto:customerservice@nedelta.com">customerservice@nedelta.com</a>

Thank You!

Website: www.nedelta.com