State of Maine Employee Dental Plan

Group #'s: 0601, 0602 & 0551

This chart represents the level of coverage for service performed and is based on the State of Maine Employee fee schedule. Employees and their eligible dependents are free to see any dentist, participating or non-participating. If you choose to see a dentist that is not in the State of Maine Employee PPO network, you will be responsible for the difference between the State of Maine Employee PPO fee schedule and the fee for Delta Dental's Premier, PPO networks or Delta's non-participating fee. Please visit our website at www.nedelta.com for an updated list of participating dentists. Your Northeast Delta Dental program includes all of the following coverage categories. This chart is provided as a summary only; certain benefit limitations may apply. Please refer to your benefit booklet for complete benefit information. In the event of a conflict or discrepancy between this chart and the benefit booklet, the benefit booklet will prevail.

Type	**Diagnostic & Preventive** (Referred to as Coverage A)	**Basic Restorative** (Referred to as Coverage B)	**Major Restorative** (Referred to as Coverage C)	**Orthodontics** (Referred to as Coverage D)
Covered Services	**DIAGNOSTIC:** Oral evaluations twice in a 12-month period, this includes periodic, limited, problem-focused, and comprehensive evaluations X-rays (complete series or panoramic film) once in a 5-year period Bitewing x-rays once in a 12-month period X-rays of individual teeth as necessary **PREVENTIVE:** Two cleanings in a 12-month period Fluoride once in a 12-month period to age 19 Space maintainers to age 16 Sealant application to permanent molars, once in a lifetime per tooth, for children to age 15	**RESTORATIVE:** Amalgam fillings Composite (white) fillings (anterior teeth only) **ORAL SURGERY:** Surgical and routine extractions **ENDODONTICS:** Root canal therapy **PERIODONTICS:** Periodontal Cleaning (Maintenance procedures) **Note:** *Cleanings are limited to two in a 12-month period; these may be routine (Coverage A) or periodontal (Coverage B), or a combination of both.* Treatment of gum disease **DENTURE REPAIR:** Repair of removable denture to its original condition **Emergency Palliative Treatment**	**PROSTHODONTICS:** Removable and fixed partial dentures (bridge); complete dentures Rebase and reline (dentures) Crowns Onlays Dental Implants	**ORTHODONTICS:** Correction of malposed (crooked) teeth for adults and dependent children
Deductible	**No Deductible**	**No Deductible**	**No Deductible**	**No Deductible**
Coinsurance: **State of Maine Employees PPO**	**100%**	**90%**	**60%**	**60%**
Delta Dental Premier	**100%**	**80%**	**50%**	**50%**
Non-Participating	**90%**	**70%**	**40%**	**40%**
State of Maine Employees PPO	**Calendar Year Maximum: $1,200 Per Person**			**Lifetime Maximum: $1,500 Per Person**
Delta Dental Premier	**Calendar Year Maximum: $1,000 Per Person**			**Lifetime Maximum: $1,200 Per Person**
Non-Participating	**Calendar Year Maximum: $900 Per Person**			**Lifetime Maximum: $900 Per Person**

Delta Dental PPO plus Premier Network

You will get the best value from your Delta Dental Plan when you receive your dental care from one of our State of Maine Employee PPO (greatest savings) or Premier network participating dentists:

- ✓ **No Balance Billing:** Because participating dentists accept Northeast Delta Dental's allowed fees for services, you will typically pay less when you visit a participating dentist.
- ✓ **No Claims Paperwork:** Participating dentists will prepare and submit claims for you.
- ✓ **Direct Payment:** Northeast Delta Dental pays participating dentists directly, so you don't have to pay the covered amount up front and wait for a reimbursement check.

To find out if your dentist participates in our State of Maine Employee PPO or Premier network, you can: call your dentist, visit our website at **nedelta.com**, or call **Customer Service at 1-800-832-5700**.

Claim Process for Participating Dentists

Your participating dentist will submit your claim to Northeast Delta Dental (claims for any of your covered dependents should be submitted under *your* Subscriber ID number). Northeast Delta Dental will produce an Explanation of Benefits (available through our Benefit Lookup site at **nedelta.com**) detailing what has been processed under your plan's coverage. You are responsible to pay any outstanding balance directly to the dentist.

Non-Participating Dentists

If you visit a non-participating dentist, you may be required to submit your own claim and pay for services at the time they are provided. Claim forms are available by calling Northeast Delta Dental or visiting **nedelta.com**. Payment will be made to you, the Subscriber, unless the state in which the services are rendered requires that assignments of benefits be honored and Northeast Delta Dental receives written notice of such assignment. Payment for treatment performed by a non-participating dentist will be limited to the lesser of the dentist's actual submitted charge or Delta Dental's allowance for non-participating dentists in the geographic area in which services are provided. It is your responsibility to make full payment to the dentist.

Predetermination of Benefits

Northeast Delta Dental recommends that you ask your dentist to submit a *pre-treatment estimate* for any dental work involving costly or extensive treatment plans. Predeterminations helps avoid any potential confusion and enable us to help you estimate any out-of-pocket expenses you may incur.

Coordination of Benefits

When an individual covered under this plan has additional group coverage, the Coordination of Benefits (COB) provision described in your Dental Plan Description booklet will determine the sequence and extent of payment. If you have any questions about COB, please contact our **Customer Service Department at 1-800-832-5700**.

Identification Cards

Two identification cards will be produced and distributed shortly after your initial enrollment. Both cards are issued in your name but can be used by any family member covered under your plan. Any future cards will be issued electronically via our Benefit Lookup site accessible through **nedelta.com.**

Health through Oral Wellness® (HOW℠)

A healthy mouth is part of a healthy life, and Northeast Delta Dental's innovative Health through Oral Wellness program [HOW] works with your dental benefits to help you achieve and maintain better oral wellness. HOW is all about YOU because it's based on your specific oral health risk and needs. Best of all, it's secure and confidential. Here's how to get started:

1. REGISTER

Go to **healththroughoralwellness.com** and click on "Register Now"

2. KNOW YOUR SCORE

After you register, please take the free oral health risk assessment by clicking on "Free Assessment" in the Know Your Score section of the website

3. SHARE YOUR SCORE WITH YOUR DENTIST

The next step is to share your results with your dentist at your next dental visit. Your dentist can discuss your results with you and perform a clinical version of the assessment. Based on your risk, you may be eligible for additional preventive benefits.*

**Additional preventive benefits are subject to the provisions of your Northeast Delta Dental policy.*

Dental Plan Description Booklet

You will receive a Dental Plan Description booklet shortly after your enrollment. This benefit booklet describes your dental benefits and explains how to use them. Please read it carefully to understand the benefits and provisions of your Northeast Delta Dental plan.

Who is Eligible?

You, your spouse (or Civil Union Partner in states where applicable), your children up to age 26, regardless of student status, and any incapacitated dependent children, regardless of age.