This plan is designed to supplement the Vermont State Employees’ Dental Assistance Plan through your employer. Membership in your employer’s dental plan is required to join and remain in this Supplemental Program. Enrollment in this plan for yourself and your dependents must be the same as your enrollment in the Vermont State Employee Dental Assistance Plan through your employer.

This chart represents the level of coverage for services performed by dentists who participate in the Delta Dental PPO and Delta Dental Premier networks. VSEA Members and staff and their eligible dependents are free to visit any dentist, participating or nonparticipating. 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 for summary purposes 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 the chart and either the group contract or the benefit booklet, the contract or benefit booklet will prevail. The Vermont State Employee Dental Assistance Plan is primary to this Supplemental Program. Claims must be submitted to The Vermont State Employee Dental Assistance Plan prior to being processed by this Supplemental Program.

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Covered Services</th>
<th>Benefit Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Coverage A</strong></td>
<td>Diagnostic and Preventive services are excluded from this Supplemental Program because these services are paid under the Vermont State Employee Dental Assistance Plan through your employer at *100% of the allowed amount.</td>
<td>No Benefit</td>
</tr>
<tr>
<td><strong>Coverage B</strong></td>
<td><strong>BASIC RESTORATIVE:</strong> Amalgam fillings, Composite fillings, <strong>ORAL SURGERY:</strong> Surgical and routine extractions, <strong>ENDODONTICS:</strong> Root canal therapy, <strong>PERIODONTICS:</strong> DENTURE REPAIR: Repair of a removable denture to its original condition</td>
<td>*100% Less Vermont State Employee Dental Assistance Plan Payment</td>
</tr>
<tr>
<td><strong>Coverage C</strong></td>
<td><strong>MAJOR RESTORATIVE:</strong> Removable and fixed partial dentures (bridge); complete dentures, Rebase and reline (dentures), Crowns, Onlays, Implants</td>
<td>*80% Less Vermont State Employee Dental Assistance Plan Payment</td>
</tr>
<tr>
<td><strong>Coverage D</strong></td>
<td><strong>ORTHODONTICS:</strong> Correction of crooked teeth for adults and children</td>
<td>*50% Less Vermont State Employee Dental Assistance Plan Payment</td>
</tr>
</tbody>
</table>

Contract Year Maximum for services covered under A, B and C: $1,000  
Lifetime Orthodontics Maximum (per person): $1,250  
Deductible: No deductible

**BI-WEEKLY RATES 7/1/13**  
- One Person: $11.98  
- Two Persons: $24.60  
- Family: $49.10

*Benefit percentages shown are based upon the actual charge submitted to a maximum of the participating dentist's approved fees, or Delta Dental’s allowance for nonparticipating dentists.
Delta Dental Premier Dentist Networks
You'll get the best dollar value from your program when you receive your dental care from a Delta Dental PPO participating dentist. Delta Dental PPO dentists generally accept lower fees for services. You may also choose to visit a dentist who participates in the larger, Delta Dental Premier network and still enjoy savings. Over 75% of dentists in the country participate in the Delta Dental Premier network.

The benefits of seeing a participating provider include:

▲ No balance billing: Because participating dentists accept Delta Dental’s approved amount for service, you will normally pay less when you visit a participating dentist.

▲ No claim forms: Participating dentists will prepare and submit claim forms for you.

▲ Direct payment: Northeast Delta Dental pays the dentist 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 is part of the Delta Dental PPO or Delta Dental Premier network, call your dentist or visit our website at [www.nedelta.com](http://www.nedelta.com). Click on Patients, then Find a Dentist. You can also call our Customer Service Department at 1-800-832-5700 or 603-223-1234.

Claim Submission Process for Participating Dentists
▲ Present your ID card to the dentist at the time of your visit.

▲ The dentist will submit your claim to Northeast Delta Dental.

▲ Northeast Delta Dental will send you an Explanation of Benefits (EOB) detailing what has been processed under your program’s coverage. You are responsible to pay any remaining balance directly to the dentist.

Claim Submission Process for Non-Participating Dentists or Other Dental Providers:
Northeast Delta Dental provides coverage regardless of your choice of Dentist, participating or not. When visiting a Non-Participating Dentist or other Dental Provider (ODP) (who is a person, other than a Dentist, who provides dental services and is authorized and licensed to provide such services by the state in which the services are rendered), you may be required to submit your own claim form (available at [www.nedelta.com](http://www.nedelta.com)) and pay for services at the time they are provided. All claims should be submitted to Northeast Delta Dental. Payment will be made directly to you. Some states may require that assignment of benefits (directing that payment be sent to the provider) be honored. In these instances, payment will be made directly to the Non-Participating Dentist or ODP when written notice of such an assignment is made on the claim. In either case, payment for treatment performed by a Non-Participating Dentist or ODP will be limited to the lesser of the actual submitted charge or Delta Dental’s allowance for Non-Participating Dentists or ODPs in the geographic area in which services were provided. It is your responsibility to make full payment to the Dentist or ODP. When there is not sufficient fee information available for a specific dental procedure, Northeast Delta Dental will determine an appropriate payment amount.

Coordination of Benefits
Benefits under this Supplemental Plan will be determined immediately following those of the Vermont State Employee Dental Assistance Plan. When a person is also covered, either as a member or dependent, under another dental plan, coverage will be coordinated to determine the sequence of claim processing and extent of payment. If you have any questions, please contact our Customer Service department at 1-800-832-5700.

Identification Card
Two identification cards from Delta Dental will be produced and distributed shortly after your enrollment. Both cards are issued in the subscriber’s name, but can be used by everyone covered under the program.

Dental Plan Description Booklet
You will receive a Dental Plan Description booklet shortly after your enrollment. This booklet describes the benefits of your program and tells you how to use your plan. Please read it carefully to understand the benefits and provisions of your Northeast Delta Dental program.

Who is Eligible
All eligible VSEA Members or staff and their dependents, defined as:
- Spouse or Civil Union partner;
- Unmarried cohabitant of the same or opposite sex;
- Children to age 26, and
- Incapacitated dependent children, regardless of age.

Enrollment in this plan for yourself and your dependents must be the same as your enrollment in the Vermont State Employee Dental Assistance Plan through your employer.

Guarantee Of Service Excellence™ Program
Northeast Delta Dental is committed to providing extraordinary service to all its customers. We believe that when our people are inspired to pursue excellence in order to achieve a higher level of customer satisfaction, all of those who share in Northeast Delta Dental will benefit. To emphasize our commitment, we guarantee seven major areas of service to our clients and reinforce them by our comprehensive group refund policy.

Claims Inquiry
If you have further questions, please contact Northeast Delta Dental’s Customer Service department at 1-800-832-5700 or 603-223-1234. This information should be used only as a guideline for your dental benefits program. For detailed information on your group’s terms, conditions, limitations, exclusions and guarantees, please refer to your Dental Plan Description booklet or consult your Association.

Email inquiry: customerservice@nedelta.com

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