

**Outline of Coverage**  
**Vermont State Employees' Association**  
**SUPPLEMENTAL Dental Program**  
**Group #7674**

VSEA Supplemental  
Dental Program  
155 State Street  
Montpelier, VT 05602

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 any dependents must be the same as your enrollment in the Vermont State Employee Dental Assistance Plan through your employer. 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.

*This Outline of Coverage provides a very brief description of the important features of your policy. This is not the insurance contract, and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and your insurance company. It is therefore important that you **READ YOUR POLICY 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 (Coverage A)	Basic Restorative (Coverage B)	Major Restorative (Coverage C)	Orthodontics (Coverage D)
<b>No Deductible</b>			
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.	<b>RESTORATIVE:</b> Amalgam (silver) fillings; Composite (white) fillings  <b>ORAL SURGERY:</b> Surgical and routine extractions  <b>ENDODONTICS:</b> Root canal therapy  <b>PERIODONTICS:</b> Treatment of Gum Disease  <b>DENTURE REPAIR:</b> Repair of a removable denture to its original condition	<b>PROSTHODONTICS:</b> Removable and fixed partial dentures (bridge); complete dentures  Rebase and reline (dentures)  Crowns  Onlays  Implants	<b>ORTHODONTICS:</b> Correction of malposed (crooked) teeth for dependent children and adults
<b>No Benefit</b>	<b>100% Less Vermont State Employee Dental Assistance Plan Payment</b>	<b>80% Less Vermont State Employee Dental Assistance Plan Payment</b>	<b>50% Less Vermont State Employee Dental Assistance Plan Payment</b>
<b>Contract Year Maximum for services covered under Coverage A, B and C - \$1,000 per person (Contract year = July 1 - June 30)</b>			<b>Lifetime Maximum: \$1,250 per Person</b>
BI-WEEKLY RATES		7/1/22	Employee-Only     \$ 9.80 Employee + One    \$20.74 Family                \$40.21

## **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 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 PPO or Premier network, you can: call your dentist, visit our website at [nedelta.com](http://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](http://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 visiting [nedelta.com](http://nedelta.com) or by calling Northeast Delta Dental. Payment will be made to you, the Subscriber, unless the state in which the services are rendered requires that assignment 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.

## **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](http://nedelta.com). You can also use our smartphone app and enjoy access to dentist search, claims and coverage, and your ID card.

## **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.

## **Who is Eligible?**

All eligible VSEA Members or staff and their dependents, defined as: Spouse or Civil Union partner, Domestic Partners, 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.

## **Claims Inquiry**

If you have further questions, please contact Northeast Delta Dental's Customer Service department at 1-800-832-5700, 603-223-1234, or [customerservice@nedelta.com](mailto:customerservice@nedelta.com). 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 call Northeast Delta Dental's Customer Service Department.

**THIS INFORMATION SHOULD BE USED ONLY AS A GUIDELINE. FOR DETAILED INFORMATION ON THE TERMS, CONDITIONS, LIMITATIONS AND EXCLUSIONS, PLEASE REFER TO THE APPROPRIATE DENTAL PLAN DESCRIPTION.**