



Northeast Delta Dental
 One Delta Drive
 PO Box 2002
 Concord, NH 03302-2002
 Customer Service:
 1-800-832-5700

**Outline of Benefits
 STATE OF MAINE EMPLOYEE DENTAL PLAN
 Group Number: 601-ALL**

For more information on your benefits, please refer to your Dental Plan Description (DPD) or Summary Plan Description (SPD).

Benefit Period: January 1 through December 31

Benefit percentages paid by Northeast Delta Dental after any applicable Waiting Periods and/or Copayments:

	<u>DPO Network</u>	<u>PAR Dentist</u>	<u>Non-PAR Dentist</u>
	<u>Dentist</u>		
Diagnostic & Preventive	100%	100%	90%
Basic – includes Occusal Guards	90%	80%	70%
Posterior composites	80%	70%	60%
Major – includes implant services	60%	50%	40%
Orthodontics	60%	50%	40%

Maximum Benefits: The maximum amount which your plan will pay is \$1500 (DPO Network), \$1250 (Par Dentist), \$900 (Non-Par Dentist) per person per Calendar Year for Diagnostic & Preventive, Basic and Major benefits. Orthodontics has a separate **lifetime** maximum of \$1500 (DPO Network), \$1200 (Par Dentist), \$900 (Non-Par Dentist) per adult and child.

Deductibles: \$25.00/\$75.00 annual deductible per person/family (applies to Basic and Major benefits only)

Office Visit Copayments: None

Waiting Periods:

Basic Benefits: No waiting period.
 Major Benefits: No waiting period.
 Orthodontic Benefits: No waiting period.

Dependent Age Limits:

Dependent Children are covered up to age 26.

Double-Up MaxSM:

This Northeast Delta Dental Plan allows you to double your calendar year maximum by earning an additional \$250 per year for use in future benefit periods. Here is how it works:

- To qualify for the carryover, you must have a claim paid for either an oral exam or a cleaning during a calendar year (a focus on prevention,) and your total paid claims cannot exceed \$500 during the same calendar year
- The carryover will accumulate for each year of qualification up to \$1,000. If, for example, the calendar year maximum is \$1,000, enrollees can ultimately achieve an annual maximum of \$2,000.

- This feature does not apply to orthodontic benefits.

Please note: Groups first effective during July – December will begin qualifying for the carryover the following calendar year for benefit dollars that can be used in the subsequent year.

To the extent of any provision in this Outline of Benefits conflicts with a provision in the Dental Plan Description or Summary Plan Description, the provision in the Dental Plan Description or Summary Plan Description shall supersede and take precedence.