

Northeast Delta Dental and the Dentist

You may see any dentist you wish, participating or nonparticipating. Northeast Delta Dental has a unique relationship with nearly three out of every four dentists throughout the United States. Participating dentists agree to accept Delta Dental's approved amount as payment, and further agree not to charge any difference back to their Delta Dental patients.

Delta Dental Network Dentists

Patients will get the best value from their voluntary dental benefits when they receive dental care from a participating dentist. The additional benefits of seeing a participating dentist include:

- **No balance billing**—Patients cannot be billed the difference between a participating dentist's submitted charge and Delta Dental's approved amount.
- **Less paperwork**—Participating dentists complete and forward dental claim forms directly to Northeast Delta Dental.
- **Direct Payment**—Northeast Delta Dental pays the participating dentist directly, so the patient does not have to pay the covered amount up front and wait for a reimbursement check.

Nonparticipating Dentists

When visiting nonparticipating dentists within Northeast Delta Dental's operating area of Maine, New Hampshire and Vermont, payment for services rendered will be based on the lesser of the dentist's actual submitted charge or the Plan's allowance for nonparticipating dentists. The patient may be required to submit the claim directly and pay for the services at the time they are provided. The Notification of Benefits and the claim payment will go directly to the subscriber; the patient will be responsible for any remaining balance.

When visiting a nonparticipating dentist outside the Northeast Delta Dental operating area, payment for services will be based on the lesser of the dentist's submitted charge or an amount equal to a selected percentile of a nationally-recognized database for the area in which the services were provided. The patient may be required to submit claims directly and pay for the services at the time they are provided; the patient will be responsible for any remaining balance. The Notification of Benefits will go directly to the subscriber. The claim payment will go to the dentist unless the claim is marked "paid," in which case it will be sent to the subscriber.

Who pays—How and When?

Employer Pays: Any amount of the enrolled employee cost; No minimum employer contribution.

Employee Pays: The entire amount of the employee cost and the entire dependent cost, if applicable, through payroll deductions.

How to Join

Enrollment forms must be completed by each enrolled employee. If an employee chooses to enroll one dependent, all eligible must be enrolled.

Coverage for enrolled employees/dependents must continue until the end of the contract year. Failure to enroll in the beginning of a contract year or after the probationary period results in no coverage until next contract year's open enrollment, except in the event of a qualified family status change.

To enroll your group today, call:
Clark Houx
New England Employee Benefits
15 Chenell Drive
Concord, NH 03301
Phone: 603-228-1133
Fax: 603-225-1960
E-mail: nhms@neebco.com
www.neebco.com



Northeast Delta Dental
One Delta Drive
PO Box 2002
Concord, NH 03302-2002
(603)223-1000
(800)537-1715
FAX 603-223-1129
www.nedelta.com

New Hampshire Medical Society Dental Program



Advantages of the NHMS Dental Program

When you participate in the Medical Society's Dental Program you:

- receive association group rates;
- select an option designed especially for participants of the NHMS, and you;
- share the benefits of Northeast Delta Dental's over 40 years of experience and their unique relationship with the majority of dentists in New Hampshire, Maine, and Vermont.

Who can join?

Active members of the NHMS and their employees.

Who is Eligible?

One Person: Employee Only

Two Persons: Employee with one dependent

Three or More Persons: Employee, spouse, and all unmarried, dependent children from age 2 to age 26. Incapacitated children can remain covered regardless of age.

There's Little or No Paperwork.

When a Northeast Delta Dental member sees a participating dentist, the identification card is presented. Participating dentists have claim forms in their offices. The member supplies certain personal information, and the rest of the claim form is completed free of charge by the dental office.

The dentist sends the claim form to Northeast Delta Dental. Northeast Delta Dental processes the completed form and pays the dentist directly. The subscriber receives a Notification of Benefits indicating any obligation to the dentist.

Vision Discount Program

A Vision Discount Program is available to you and your employees simply by showing your Northeast Delta Dental identification card when visiting participating vision care providers. For more information, please visit www.eyemedvisioncare.com/deltadental.

The New Hampshire Medical Society (NHMS) recognizes that good dental care is an important part of a well-rounded health program. NHMS, in cooperation with NEEBCO and Northeast Delta Dental, has developed several benefit options for your consideration.

Here's a closer look at the dental coverage available:

This is a brief summary of benefits. Please call for more detailed information.

	OPTION 1	OPTION 3	OPTION 5	OPTION 6	OPTION 8
Coverage A (no deductible) Diagnostic: Evaluations; X-rays Preventive: Cleanings four in a 12-month period; Fluoride twice in a 12-month period to age 19; Space maintainers to age 16; Sealants once in a 3-year period to age 19; Brush biopsy	100%	100%	100%	100%	100%
Lifetime Deductible per person/family, per calendar year	\$100/\$300	\$100/\$300	\$75/\$225	\$75/\$225	\$50/\$150
Coverage B (after deductible) Amalgam (silver) fillings, Composite (white) fillings (anterior teeth only); Extractions; Root canal therapy; Periodontal treatment; Repair of a removable dentures	80% + After a 6-Month Waiting Period	80% + After a 6-Month Waiting Period	60% + After a 6-Month Waiting Period	60% + After a 6-Month Waiting Period	60% + After a 6-Month Waiting Period
Coverage C (after deductible) Prosthodontics: Removable and fixed partial dentures (bridges), crowns, dentures, onlays, implants	50% + After a 12-Month Waiting Period	50% + After a 12-Month Waiting Period	50% + After a 12-Month Waiting Period	50% + After a 12-Month Waiting Period	Not a Benefit
*Coverage D (no deductible) Orthodontics: Correction of crooked teeth	50% + After a 12-Month Waiting Period	50% + After a 24-Month Waiting Period	Not a Benefit	Not a Benefit	Not a Benefit
Maximum per person, per calendar year	\$2,000	\$1,000	\$1,500	\$1,000	\$1,000
Monthly Rates One Person: Two Persons: Three or More Persons:	\$59.10 \$101.50 \$181.50	\$55.60 \$94.10 \$159.15	\$48.45 \$81.05 \$128.75	\$47.05 \$78.70 \$125.30	\$40.50 \$68.40 \$119.15

*Benefit percentages shown are based upon the actual charge submitted to a maximum of the participating dentist's approved fees, or Northeast Delta Dental's allowance for non-participating dentists.

Rates are valid through May 31, 2009.