



New Hampshire Medical Society

Here's a Closer Look at the Dental Coverage Available:

This chart is provided for summary purposes only; 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.

	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	Group # 3981 100%	Group # 3983 100%	Group # 3985 100%	Group # 3986 100%	Group # 3988 100%
LIFETIME DEDUCTIBLE per person/family	\$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 24-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:	\$62.37 \$107.12 \$191.55	\$58.68 \$99.32 \$167.96	\$51.14 \$85.54 \$135.88	\$49.65 \$83.06 \$132.24	\$42.74 \$72.19 \$125.75

Rates are guaranteed through May 31, 2011.

***COVERAGE D** has a separate lifetime maximum of \$2,000 (Option 1), or \$1,000 (Option 3) per eligible adult and child.

+ Waiting periods apply to new enrollees. Credit towards satisfaction of waiting periods will be given to existing member groups for prior coverage under another NHMS option, or for new member groups for prior coverage on takeover business.

‡ Includes a carryover feature that can extend your annual benefit.

Benefit percentages shown above 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.

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