Outline of Benefits
UNIVERSITY OF MAINE SYSTEM
Group Number: 63484-1001, 4001
Preventive Plan

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

**Eligibility Period:** Determined by the Employer.

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

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Percentage</th>
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</thead>
<tbody>
<tr>
<td>Diagnostic &amp; Preventive (Coverage A)</td>
<td>100%</td>
</tr>
<tr>
<td>Basic (Coverage B) - includes posterior resin restorations</td>
<td>80%</td>
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</tbody>
</table>

**Maximum Benefits:** $500 per person per benefit period.

**Deductibles:** None

**Office Visit Copayments:** None

**Waiting Periods:**
Waiting periods do not apply to eligible enrollees under nineteen (19) years of age, except for orthodontic benefits.
Basic Benefits: No waiting period.

**Dependent Age Limits:**
Dependent Children are covered up to age 26.

Your benefits include Domestic Partner Coverage. Please contact your employer for more details.

**Double-Up Max℠:** Not applicable