**Outline of Coverage**

**Delta Dental PPO plus Premier Network**

**Northeast Delta Dental**

**University of Maine**

**System - Enhanced**

**Group Number: 63484**

Read Your Dental Plan Description Carefully—This Outline of Coverage provides a very brief description of the important features of your dental benefits plan. This is not the insurance contract, and only the actual policy provisions will control. The Dental Plan Description itself sets forth in detail the rights and obligations of both you and your insurance company. It is therefore important that you READ YOUR Dental Plan Description 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.

<table>
<thead>
<tr>
<th>Diagnostic / Preventive (Coverage A)</th>
<th>Basic Restorative (Coverage B)</th>
<th>Major Restorative (Coverage C)</th>
<th>Orthodontics (Coverage D)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Deductible</td>
<td>No Deductible</td>
<td>PROSTHODONTICS: Removable and fixed partial dentures (bridge); complete dentures</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Rebase and reline (dentures)</td>
<td>ORTHODONTICS: Correction of malposed (crooked) teeth for adults and dependent children</td>
</tr>
<tr>
<td>DIAGNOSTIC: Evaluations twice per calendar; this includes periodic, limited, problem-focused, and comprehensive evaluations.</td>
<td>RESTORATIVE: Amalgam and composite fillings</td>
<td></td>
<td></td>
</tr>
<tr>
<td>X-rays (complete series or panoramic film) once in a 3-year period</td>
<td>ORAL SURGERY: Surgical and routine extractions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bitewing x-rays twice per calendar year</td>
<td>ENDODONTICS: Root canal therapy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>X-rays of individual teeth as necessary</td>
<td>PERIODONTICS: Periodontal maintenance (cleaning)</td>
<td>Note: Cleanings are limited to two per calendar year; these may be routine (Coverage A) or periodontal (Coverage B), or a combination of both.</td>
<td></td>
</tr>
<tr>
<td>Brush biopsy once per calendar year</td>
<td></td>
<td>Treatment of gum disease</td>
<td></td>
</tr>
<tr>
<td>PREVENTIVE: Two cleanings per calendar year</td>
<td></td>
<td>Clinical crown lengthening once per tooth per lifetime</td>
<td></td>
</tr>
<tr>
<td>Fluoride once per calendar year to age 19</td>
<td></td>
<td>DENTURE REPAIR: Repair of a removable denture to its original condition</td>
<td></td>
</tr>
<tr>
<td>Space maintainers once per lifetime to age 19</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sealant application to permanent molars, once per lifetime, for children to age 16</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**EMERGENCY PALLIATIVE TREATMENT**

*Note: Expenses incurred for covered Diagnostic and Preventive services accrue to your annual maximum.*

<table>
<thead>
<tr>
<th>Delta Dental Pays: 100%</th>
<th>Delta Dental Pays: 80%</th>
<th>Delta Dental Pays: 50%</th>
<th>Delta Dental Pays: 50%</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Waiting Period</td>
<td>No Waiting Period</td>
<td>No Waiting Period</td>
<td>No Waiting Period</td>
</tr>
</tbody>
</table>

**Calendar Year Maximum:** $1,500

**Lifetime Maximum:** $1,500 per Person

*Any applicable waiting period is waived for employees and dependents covered immediately prior to the original effective date of this plan when this plan is replacing an existing group dental policy that includes the services to which the waiting period applies. New enrollees, effective after the group's original effective date, are subject to waiting periods, unless moving from one Northeast Delta Dental plan to this Northeast Delta Dental plan with no more than one month gap in coverage. Waiting periods do not apply to eligible enrollees under nineteen (19) years of age except for orthodontic benefits.*

OOC 010120
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, 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) 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 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 help avoid any potential confusion and enable us to help you estimate any out-of-pocket expenses you may incur.

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.

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. You can also use our smartphone app and enjoy access to dentist search, claims and coverage, and your ID card. Simply scan the QR code to the right.

Health through Oral Wellness® (HOW®)
A healthy mouth is part of a healthy life, and Northeast Delta Dental’s innovative Health through Oral Wellness program (HOW) works with your dental benefits to help you achieve and maintain better oral wellness. HOW is all about YOU because it’s based on your specific oral health risk and needs. Best of all, it’s secure and confidential. Here’s how to get started:

1. REGISTER
Go to healththroughoralwellness.com and click on “Register Now.”

2. KNOW YOUR SCORE
After you register, please take the free oral health risk assessment by clicking on “Free Assessment” in the Know Your Score section of the website.

3. SHARE YOUR SCORE WITH YOUR DENTIST
The next step is to share your results with your dentist at your next dental visit. Your dentist can discuss your results with you and perform a clinical version of the risk assessment. Based on your risk, you may be eligible for additional preventive benefits.*

*Additional preventive benefits are subject to the provisions of your Northeast Delta Dental policy.

Dental Plan Description Booklet
You will receive a Dental Plan Description booklet shortly after your enrollment or it can be located on your company intranet, if applicable. This Dental Plan Description booklet describes your dental benefits and explains how to use them. Please read it carefully to understand the benefits and provisions of your Northeast Delta Dental plan.

Who is Eligible?
You, your spouse, domestic partner, (or Civil Union Partner in states where applicable), your children up to age 26, regardless of student status, and any incapacitated dependent children, regardless of age.

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.