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**Coverage Summary for**  
**Northeastern University – Enhanced Plan**  
**Group Number:**  
001209  
**Benefits Effective: 01/01/2015**

**Deductible: \$50 per individual / \$100 per family. Deductible waived for Diagnostic and Preventive categories.**  
**Calendar Year Maximum: \$2,000 per person.**

Category / Procedure	Qualifications	Co-insurance	
		In Network	Out of Network*
<b>Diagnostic</b> Comprehensive Evaluation Periodic Oral Exam Full Mouth X- rays Bitewing X-rays Single Tooth X-rays	Once every 60 months. Once every 6 months. Once every 60 months. Once every 6 months. As needed.	100%	100%
<b>Preventive</b> Teeth Cleaning Fluoride Treatments Space Maintainers  Sealants  Chlorhexidine Mouthrinse  Fluoride Toothpaste	Once every 6 months. Once every 6 months for members under age 19. Required due to the premature loss of teeth. For members under age 14 and not for the replacement of primary or permanent anterior teeth. Unrestored permanent molars, every 4 years per tooth for members through age 15. Sealants are also covered for members aged 16 up to age 19 for those who had a recent cavity and are at risk for decay. This is a covered benefit only when administered and dispensed in the dentist's office following scaling and root planing. This is a covered benefit only when administered and dispensed in the dentist's office following periodontal surgery.	100%	100%
<b>Restorative</b> Silver Fillings White Fillings (Front Teeth) White Fillings (Back Teeth)  Temporary Fillings Stainless Steel Crowns	Once every 24 months per surface per tooth. Once every 24 months per surface per tooth. Covered only for single surfaces. Once every 24 months per surface, per tooth, multi-surfaces will be processed as a silver filling and the patient is responsible up to the submitted charge. Once per tooth. Once every 24 months per primary tooth, after a pulpotomy.	80%	80%
<b>Oral Surgery</b> Simple Extractions Surgical Extractions	Once per tooth. Once per tooth.	80%	80%
<b>Periodontics</b> Periodontal Surgery Scaling and Root Planing Periodontal Cleaning	One surgical procedure per quadrant, in 36 months. Once in 24 months, per quadrant. Once every 3 months following active periodontal treatment. Not to be combined with preventive cleanings.	80%  100%	80%  100%
<b>Endodontics</b> Root Canal Treatment Vital Pulpotomy	Once per tooth. Limited to deciduous teeth.	80%	80%
<b>Prosthetic Maintenance</b> Bridge or Denture Repair Rebase or Reline of Dentures Recement of Crowns & Onlays	Once within 12 months, same repair. Once within 36 months. Once per tooth.	80%	80%
<b>Emergency Dental Care</b> Minor treatment for Pain Relief General Anesthesia	Three occurrences in 12 months. General anesthesia and IV Sedation are allowed with covered surgical impacted wisdom teeth only.	80%	80%
<b>Prosthodontics</b> Dentures Fixed Bridges and Crowns Implants – Only in lieu of a three unit bridge	Once within 60 months. When part of a bridge. Once within 60 months. An Endosteal Implant is covered to replace one missing tooth, and when all adjacent teeth are healthy and do not require crowns. Once per 60 months per Implant. Pre-estimates are recommended.	50%	50%
<b>Major Restorative</b> Crowns	When teeth cannot be restored with regular fillings. Once within 60 months per tooth.	50%	50%
<b>Orthodontics:</b> Covered at 50% of Maximum Plan Allowance charges up to age 19. \$1,000 separate LIFETIME maximum. <b>Dependent Eligibility:</b> Eligible dependents covered up to age 26.			

## Additional Benefit Information

Deductible waived for periodontal cleanings.
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**This plan is eligible for Rollover Maximum:** Rollover Max dollars do not apply to orthodontic services. To qualify for Rollover Max, you must receive at least one cleaning or oral exam in the plan year. You must be enrolled for dental coverage before the 4<sup>th</sup> quarter of the calendar year and your paid claims must not exceed the maximum "threshold" amount.

Your calendar year maximum benefit amount.	If your total yearly claims don't exceed this threshold amount...	Then you can roll over this amount to use next year, and beyond.	Your accumulated rollover total is capped at this amount.
\$2,000	\$800	\$600	\$1,500

\*Non-participating dentists may balance bill. Subscribers are responsible for the difference between the non-participating maximum plan allowance and the full fee charged by the dentist.

## Delta Dental PPO Plus Premier



### Easy Access and Great Value – Your Delta Dental Networks

As a Delta Dental PPO *Plus Premier* subscriber, you have access to two of Delta Dental's extensive national networks- Delta Dental PPO, with more than 207,000 participating dentist locations and Delta Dental Premier, the largest dental network in the country with more than 290,000 dentist locations. Three out of four dentists nationwide participate in one or both of these networks.

You will enjoy great benefits when you receive your dental care from a participating dentist in either the Delta Dental PPO or Delta Dental Premier networks.

- Both networks offer discounted fees and a no balance billing policy.
- You will receive good value from Delta Dental Premier network dentists who generally accept discounted fees.
- You will enjoy the greatest savings when visiting Delta Dental PPO network dentists due to even deeper discounts.
- If you choose to receive services from a non-participating dentist, you will have higher out-of-pocket costs as the Delta Dental contract rates and the no balance billing policy do not apply.

Simply visit [www.deltadentalma.com](http://www.deltadentalma.com) to find a participating dentist in your area.

### Learn more at [deltadentalma.com](http://deltadentalma.com)

You can find more information about your benefits plan in the Delta Dental Member Guide, available from your benefits administrator or online at [www.deltadentalma.com](http://www.deltadentalma.com). In the guide, you can learn how to use your benefits, how to find a dentist or specialist, how the claims and appeal processes work, and more about keeping a healthy mouth for life. Visit [www.deltadentalma.com](http://www.deltadentalma.com) to find plan information, review eligibility status, check on claim status, or find a dentist. If you have any questions or need additional information, you can call customer service at 1-800-872-0500.

The information on this coverage summary should be used only as a guideline for your dental benefits plan. For detailed information on your group's plan, riders, terms and conditions, or limitations and exclusions, refer to your plan's Subscriber Certificate, which is available through your benefits administrator. If you receive a treatment after you have exhausted your maximum or if you receive a treatment that will cause you to exceed your maximum, you may be billed at the dentist's normal rate rather than Delta Dental's negotiated rate.

**Your Plan is Administered by:**  
**Delta Dental of Massachusetts**  
**1-800-872-0500**  
**[www.deltadentalma.com](http://www.deltadentalma.com)**

**465 Medford Street**  
**Boston, MA 02129**