



Northeast Delta Dental
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 Concord, NH 03302-2002
 Customer Service:
 1-800-832-5700

**Outline of Benefits
 EPISCOPAL DIOCESE OF MAINE
 Group Number: 6263-1000**

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

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

Diagnostic & Preventive (Coverage A)	100% (excluded from annual maximum)
Basic (Coverage B) - includes posterior composites	80%
Major (Coverage C)	50%
Orthodontics (Coverage D)	50%

Maximum Benefits: \$1,500 per person per benefit period excluding Ortho.
 Orthodontic benefits have a separate lifetime maximum of \$1,500 per person.

Deductibles: \$100/\$300 lifetime deductible per person/family (applies to Basic and Major benefits only).

Office Visit Copayments: None

Waiting Periods:

Basic Benefits: Coverage begins on the first day of the month following 6 months of continuous coverage.
 Major Benefits: Coverage begins on the first day of the month following 12 months of continuous coverage.
 Orthodontic Benefits: Coverage begins on the first day of the month following 24 months of continuous coverage.

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 MaxSM: Not applicable

To the extent of any provision in this Outline of Benefits conflicts with a provision in the Dental Plan Description or Summary Plan Description, the provision in the Dental Plan Description or Summary Plan Description shall supersede and take precedence.

EPISCOPAL DIOCESE OF MAINE

Outline of Coverage
Delta Dental Premier Network



Group Number: 6263

Please read your policy carefully—This Outline of Coverage provides a very brief description of the important features of your policy. This is not the insurance contract, and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and your insurance company. 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.

Diagnostic / Preventive (Coverage A)	Basic Restorative (Coverage B)	Major Restorative (Coverage C)	Orthodontics (Coverage D)
No Deductible	Lifetime Deductible per Person/Family: \$100/\$300		No Deductible
<p>DIAGNOSTIC: Oral evaluations twice in a 12-month period, this includes periodic, limited, problem-focused, and comprehensive evaluations</p> <p>X-rays (complete series or panoramic film) once in a 5-year period</p> <p>Bitewing x-rays once in a 12-month period</p> <p>X-rays of individual teeth as necessary</p> <p>Brush biopsy once in a 12-month period</p> <p>PREVENTIVE: Four cleanings in a 12-month period</p> <p>Fluoride twice in a 12-month period to age 19</p> <p>Space maintainers to age 16</p> <p>Sealant application to permanent molars, once in a 3-year period per tooth, for children to age 19</p> <p><i>Note: Expenses incurred for covered Diagnostic and Preventive services <u>do not</u> accrue to your annual maximum.</i></p>	<p>RESTORATIVE: Amalgam (silver) fillings; Composite (white) fillings</p> <p>ORAL SURGERY: Surgical and routine extractions</p> <p>ENDODONTICS: Root canal therapy</p> <p>PERIODONTICS: Periodontal maintenance (cleaning)</p> <p>Note: Cleanings are limited to four in a 12-month period; these may be routine (Coverage A) or periodontal (Coverage B), or a combination of both.</p> <p>Treatment of gum disease</p> <p>Clinical crown lengthening once in a lifetime per site</p> <p>DENTURE REPAIR: Repair of a removable denture to its original condition</p> <p>EMERGENCY PALLIATIVE TREATMENT</p>	<p>PROSTHODONTICS: Removable and fixed partial dentures (bridge); complete dentures</p> <p>Rebase and reline (dentures)</p> <p>Crowns</p> <p>Onlays</p> <p>Implants</p>	<p>ORTHODONTICS: Correction of malposed (crooked) teeth for adults and dependent children</p>
Delta Dental Pays: 100% No Waiting Period	Delta Dental Pays: 80% After a 6-Month Waiting Period	Delta Dental Pays: 50% After a 12-Month Waiting Period	Delta Dental Pays: 50% After a 24-Month Waiting Period
Calendar Year Maximum: \$1500 per Person Health through Oral Wellness® program included (please see reverse for details)			Lifetime Maximum: \$1500 per Person