



Now add DeltaVision[®]
for just pennies a day!



Northeast Delta Dental The #1 Choice of Maine Employers

 **DELTA DENTAL[®]**



**78 Million Americans
Can't Be Wrong!**

Voluntary and Contributory
Dental and Vision Plans for Groups
with 51-100 Enrolled Employees

Welcome

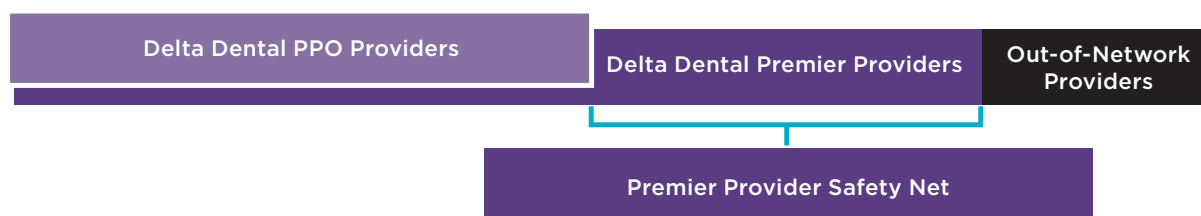
to Northeast Delta Dental



We cover nearly 900,000 of your neighbors throughout Maine, New Hampshire, and Vermont. Delta Dental member companies serve more than 78 million people in more than 149,000 groups across the United States.

Delta Dental's panel of dentists is the nation's most extensive. To learn more about our networks, please view our award-winning video series at www.nedelta.com/Better-Benefits/Network-Selector.

- The **Delta Dental PPOSM** network has more than 108,000 dentists accessible in more than 266,000 dentist locations. This is the network used by our **Basic, Preferred, and Premium Plans**.
- The **Delta Dental Premier[®]** network is the largest in the country, with more than 154,000 dentists accessible in more than 332,000 dentist locations. Our **Basic Plus, Preferred Plus, and Premium Plus Plans** use this network and the PPO network (**PPO plus Premier**), providing patients with our unique safety net feature:



Northeast Delta Dental members are free to see *any* dentist they wish but generally receive the most value from their benefits when receiving care from a participating provider. Find yours at www.nedelta.com.

Eligibility

All qualified employer groups with between 2-100 enrolled employees are eligible. The employer group agrees to sponsor the plan, sign the contract application, and make payments to Northeast Delta Dental. All employees and their dependents are eligible after an initial eligibility (probationary) period chosen by the employer. Dependent coverage continues up to age 26. Incapacitated children may remain enrolled regardless of age.

Choices

- Select your contribution level:
 - Voluntary** (no employer contribution or minimum participation requirement), or
 - Contributory** (employer pays at least 50% of the employee only rate [no minimum participation requirement]).
- Select your network option: **Delta Dental PPOSM** or **PPO plus Premier**, as defined above.
- Select your office visit copayment level: None, \$10, or \$20.
- Choose your plan design(s).
- Select your rate tier (3- or 4-tier).

Application

- The employer completes a contract application.
- Each employee completes an enrollment form.
- The first month's premium is included with the enrollment material.
- A copy of the prior carrier's most recent dental invoice and current benefit booklet (if applicable) is included with the enrollment material.
- After enrolling, you'll enjoy the convenient option of managing your group's dental enrollment in a secure, real-time environment online through the Northeast Delta Dental Group Administrator Portal.
- You can also elect to receive and pay your bill electronically.

Questions

If you have questions about our dental plans or would like to enroll, please contact your insurance agent; call us toll-free in **Maine** at 1-800-260-3788, **New Hampshire** at 1-800-537-1715, or **Vermont** at 1-800-329-2011; or visit us at www.nedelta.com.

Our small group plans offer the following valuable features:

The Delta Dental Difference®



You are free to see any dentist you wish, but you will get the best value from your Northeast Delta Dental plan when you receive your care from a participating dentist. Of the claims we process, 96% are from network providers. The benefits of seeing a participating dentist include:

- **No Balance Billing** - Because participating dentists accept our allowances for services, you will normally pay less when you visit a participating dentist.
- **No Up-Front Payments** - Participating dentists agree not to charge their Delta Dental patients up front for covered services.
- **No Claims Paperwork** - Participating dentists will prepare and submit claims on your behalf.
- **Direct Payment** - Northeast Delta Dental pays the dentist directly, so you don't have to pay the covered amount up front and wait to be reimbursed.

Double-Up MaxSM Benefits When You Need Them



Dental services can be expensive, and sometimes an annual maximum of \$1,000 or even \$2,000 isn't enough. Now members can **double their annual maximum** by earning an additional \$250 per year for use in future benefit periods. Here's how it works:

- To qualify for the carryover, an enrollee must have a claim paid for either an oral exam or a cleaning during a calendar year (a focus on prevention), and their total paid claims cannot exceed \$500 during the same calendar year.
- The carryover will accumulate for each year of qualification up to an amount equal to the original annual maximum. If, for example, the annual maximum is \$1,000, members can ultimately achieve an annual maximum of \$2,000.
- This feature does not apply to orthodontic benefits.
- **Groups with effective dates of July–December will begin qualifying the following calendar year.**

Guarantee Of Service ExcellenceSM



We guarantee our service. Northeast Delta Dental developed the region's first comprehensive service guarantee program backed by a meaningful cash refund policy. The Guarantee Of Service ExcellenceSM program guarantees seven major areas of service.

Vision



DeltaVision®, the insured vision plan (voluntary and contributory), is available in Maine and New Hampshire, starting at under \$3.00 per employee per month. Our dental plans also include a free vision discount program in Maine, New Hampshire, and Vermont, with discounts of up to 35% off eyewear purchased through the EyeMed network.

Go Green with eBilling



We all know a lot of documents end up in the circular file, and that is why we encourage electronic delivery of your plan materials. We can produce your plan materials electronically for email delivery and/or posting to your intranet site. Our **eBilling** site also offers the option to receive and pay your invoices electronically. Northeast Delta Dental's **mobile app** gives you access to dentist search, claims and coverage, and your ID card right on your Apple or Android mobile device. Going green is good for the environment and it is the best way to give your employees access to the most up-to-date information.

Health *through* Oral Wellness®



When it comes to dental benefits, one size does not fit all. That is why all of our small group plans include our Health *through* Oral Wellness® Program, better known as HOW®. HOW® provides additional benefits at no additional charge to members at higher risk for oral disease. By providing benefits matched to individual needs, HOW® allows members to receive the extra care they need to achieve better oral and overall health.

Ask us how you can take advantage of these great features today!

Delta Dental PPOSM Plans

Our Basic, Preferred, and Premium plans utilize the Delta Dental PPOSM network of participating dentists. These providers agree to fee schedules as payment in full. The Delta Dental PPOSM provides deeper discounts that result in savings to groups and enrollees.

As with all of the Delta Dental networks, PPO network dentists agree to processing policies and are prohibited from billing and collecting fees in excess of the agreed-upon schedule. This means valuable balance billing protection for your employees.

This product allows enrollees to visit any dentist but offers additional savings when visiting a Delta Dental PPOSM network dentist. Premier network providers are also reimbursed at the PPO fee schedule but may only balance bill up to the Premier network fee schedule. Patients seeing non-network providers are responsible for any difference between the submitted charges and our allowances for non-network providers.

Groups may offer any one or two plan options:

	Basic ¹	Preferred ¹	Premium ¹
Office Visit Copay Options	\$0, \$10, or \$20	\$0, \$10, or \$20	\$0, \$10, or \$20
Diagnostic and Preventive	100%	100%	100%
Basic Restorative	60%	70%	80%
Major Restorative (After a six-month Waiting Period ²)	50%	50%	50%
One-time Deductible Per Person/Family (Applies to Basic and Major only)	\$50/\$150	\$75/\$225	\$100/\$300
Calendar Year Maximum with Double-Up MaxSM	\$1,000 up to \$2,000	\$1,500 up to \$3,000	\$2,000 up to \$4,000
Orthodontic Lifetime Maximum (After a six-month Waiting Period ²)	50% up to \$1,000	50% up to \$1,250	50% up to \$1,500

¹Orthodontia may be added to any plan. Eligible groups offering two plans must include or exclude orthodontia on both plans.

²Waiting period waived for employees and dependents covered immediately prior to the effective date of this plan when this plan is replacing an existing group dental policy that includes services to which the waiting period applies.

The Delta Dental Difference[®]

- No balance billing
- No up-front payments
- No claims paperwork
- One-time deductibles
- Add DeltaVision[®] for pennies a day
- HOW[®] comes standard—additional preventive benefits for at-risk patients... at no additional cost.[†]

DOUBLE-UP MAXSM Benefits when you need them

Members can double their annual maximum by earning an additional \$250 per year for use in future benefit periods.

[†]Subject to the provisions of your Northeast Delta Dental benefits.



Diagnostic and Preventive – Coverage A

Oral exams twice in a 12-month period; Cleanings twice in a 12-month period (limit includes Periodontal cleanings under Basic Restorative); Bitewing x-rays once in a 12-month period; X-rays of individual teeth as necessary; Brush biopsy once in a 12-month period; Fluoride twice in a 12-month period to age 15; Sealant application to permanent molars, once in a lifetime per tooth, for children to age 15

Basic Restorative – Coverage B

Amalgam (silver) and composite (white) fillings; Full-mouth/panoramic x-rays once in a five-year period; Periodontal cleanings (maintenance procedures); Oral surgery (routine extractions); Space maintainers to age 15; Emergency palliative treatment

Major Restorative – Coverage C

Oral surgery (complex extractions and other surgical procedures); Removable and fixed partial dentures (bridges); Complete dentures; Denture rebase and relines; Denture repair; Crowns and crown lengthening; Implants; Onlays; Treatment of gum disease (periodontics); Root canal therapy (endodontics)

Orthodontic Rider – Coverage D

Correction of crooked teeth for adults and dependent children

Delta Dental PPO plus Premier Plans

Our Basic Plus, Preferred Plus, and Premium Plus plans utilize both the Delta Dental PPOSM and the Delta Dental Premier[®] networks of participating dentists. Delta Dental PPO plus Premier affords all of the benefits of Delta Dental PPOSM with a plus: enrolled patients who access a participating Delta Dental Premier dentist (who is not in the PPO network) still receive the benefit of reduced dental fees, and thus enjoy balance billing protection.

This product supplies patients with our unique safety net feature, providing network access that is unequalled in the industry. As with all of the Delta Dental networks, dentists agree to processing policies and are prohibited from billing and collecting fees in excess of the agreed-upon fees. This product allows enrolled patients to visit any dentist but offers additional savings when visiting participating providers. Patients seeing non-network providers are responsible for any difference between the submitted charges and our allowances for non-network providers.

Groups may offer any one or two plan options:

	Basic Plus ¹	Preferred Plus ¹	Premium Plus ¹
Office Visit Copay Options	\$0, \$10, or \$20	\$0, \$10, or \$20	\$0, \$10, or \$20
Diagnostic and Preventive	100%	100%	100%
Basic Restorative	60%	70%	80%
Major Restorative (After a six-month Waiting Period ²)	50%	50%	50%
One-time Deductible Per Person/Family (Applies to Basic and Major only)	\$50/\$150	\$75/\$225	\$100/\$300
Calendar Year Maximum with Double-Up MaxSM	\$1,000 up to \$2,000	\$1,500 up to \$3,000	\$2,000 up to \$4,000
Orthodontic Lifetime Maximum (After a six-month Waiting Period ²)	50% up to \$1,000	50% up to \$1,250	50% up to \$1,500

¹Orthodontia may be added to any plan. Eligible groups offering two plans must include or exclude orthodontia on both plans.

²Waiting period waived for employees and dependents covered immediately prior to the effective date of this plan when this plan is replacing an existing group dental policy that includes services to which the waiting period applies.

Diagnostic and Preventive – Coverage A

Oral exams twice in a 12-month period; Cleanings twice in a 12-month period (limit includes Periodontal cleanings under Basic Restorative); Bitewing x-rays once in a 12-month period; X-rays of individual teeth as necessary; Brush biopsy once in a 12-month period; Fluoride twice in a 12-month period to age 15; Sealant application to permanent molars, once in a lifetime per tooth, for children to age 15

Basic Restorative – Coverage B

Amalgam (silver) and composite (white) fillings; Full-mouth/panoramic x-rays once in a five-year period; Periodontal cleanings (maintenance procedures); Oral surgery (routine extractions); Space maintainers to age 15; Emergency palliative treatment; Treatment of gum disease (periodontics); Root canal therapy (endodontics)

Major Restorative – Coverage C

Oral surgery (complex extractions and other surgical procedures); Removable and fixed partial dentures (bridges); Complete dentures; Denture rebase and relines; Denture repair; Crowns and crown lengthening; Implants; Onlays

Orthodontic Rider – Coverage D

Correction of crooked teeth for adults and dependent children

The Delta Dental Difference[®]



- No balance billing
- No up-front payments
- No claims paperwork
- One-time deductibles
- Add DeltaVision[®] for pennies a day
- HOW[®] comes standard—additional preventive benefits for at-risk patients... at no additional cost.[†]

DOUBLE-UP MAXSM Benefits when you need them

Members can double their annual maximum by earning an additional \$250 per year for use in future benefit periods.

[†]Subject to the provisions of your Northeast Delta Dental benefits.

Voluntary* Monthly 4-Tier Dental Rates
For Maine Groups With 51-100 Enrolled Employees
 (With Orthodontic Coverage)

\$0 Office Visit Copay Plans and Rates		PPO Plans			PPO plus Premier Plans		
		Basic	Preferred	Premium	Basic Plus	Preferred Plus	Premium Plus
51-100 Enrolled Employees With orthodontic coverage	Employee	\$28.22	\$32.48	\$37.01	\$34.07	\$39.26	\$45.31
	Employee + Spouse	\$52.90	\$60.87	\$69.36	\$63.84	\$73.58	\$84.90
	Employee + Child(ren)	\$56.53	\$65.07	\$74.14	\$68.24	\$78.65	\$90.75
	Family	\$90.97	\$103.85	\$119.05	\$112.56	\$128.55	\$148.90

\$10 Office Visit Copay Plans and Rates		PPO Plans			PPO plus Premier Plans		
		Basic	Preferred	Premium	Basic Plus	Preferred Plus	Premium Plus
51-100 Enrolled Employees With orthodontic coverage	Employee	\$26.23	\$30.18	\$34.33	\$31.97	\$36.84	\$42.47
	Employee + Spouse	\$49.15	\$56.56	\$64.34	\$59.91	\$69.04	\$79.60
	Employee + Child(ren)	\$52.54	\$60.46	\$68.77	\$64.04	\$73.80	\$85.08
	Family	\$84.90	\$96.94	\$110.86	\$105.95	\$121.01	\$140.03

\$20 Office Visit Copay Plans and Rates		PPO Plans			PPO plus Premier Plans		
		Basic	Preferred	Premium	Basic Plus	Preferred Plus	Premium Plus
51-100 Enrolled Employees With orthodontic coverage	Employee	\$24.21	\$27.85	\$31.64	\$29.88	\$34.44	\$39.63
	Employee + Spouse	\$45.36	\$52.20	\$59.28	\$55.99	\$64.53	\$74.27
	Employee + Child(ren)	\$48.49	\$55.79	\$63.37	\$59.85	\$68.98	\$79.39
	Family	\$78.77	\$89.93	\$102.56	\$99.34	\$113.46	\$131.08

Voluntary* Monthly 3-Tier Dental Rates
For Maine Groups With 51-100 Enrolled Employees
 (With Orthodontic Coverage)

\$0	Office Visit Copay Plans and Rates	PPO Plans			PPO plus Premier Plans		
		Basic	Preferred	Premium	Basic Plus	Preferred Plus	Premium Plus
51-100 Enrolled Employees With orthodontic coverage	Employee	\$28.22	\$32.48	\$37.01	\$34.07	\$39.26	\$45.31
	Employee + One	\$51.55	\$59.30	\$67.65	\$62.33	\$71.85	\$82.99
	Family	\$88.49	\$101.02	\$115.81	\$109.49	\$125.05	\$144.85

\$10	Office Visit Copay Plans and Rates	PPO Plans			PPO plus Premier Plans		
		Basic	Preferred	Premium	Basic Plus	Preferred Plus	Premium Plus
51-100 Enrolled Employees With orthodontic coverage	Employee	\$26.23	\$30.18	\$34.33	\$31.97	\$36.84	\$42.47
	Employee + One	\$47.92	\$55.14	\$62.78	\$58.53	\$67.46	\$77.83
	Family	\$82.59	\$94.30	\$107.83	\$103.07	\$117.71	\$136.22

\$20	Office Visit Copay Plans and Rates	PPO Plans			PPO plus Premier Plans		
		Basic	Preferred	Premium	Basic Plus	Preferred Plus	Premium Plus
51-100 Enrolled Employees With orthodontic coverage	Employee	\$24.21	\$27.85	\$31.64	\$29.88	\$34.44	\$39.63
	Employee + One	\$44.26	\$50.92	\$57.88	\$54.72	\$63.07	\$72.67
	Family	\$76.63	\$87.48	\$99.77	\$96.63	\$110.37	\$127.51

Groups may offer one or two plans. If offering two plans, both plans must be Voluntary, both must be 3- or 4-tier, and both networks must be PPO or both networks must be PPO plus Premier.

***No minimum employer contribution or minimum participation level required.**

Rates are guaranteed for one year from original effective date for groups effective **1/1/2019 - 12/31/2019**.
 Please refer to the product brochure for information regarding provider networks and plan designs.

**Contributory* Monthly 4-Tier Dental Rates
For Maine Groups With 51-100 Enrolled Employees
(No Orthodontic Coverage)**

\$0	Office Visit Copay Plans and Rates	PPO Plans			PPO plus Premier Plans		
		Basic	Preferred	Premium	Basic Plus	Preferred Plus	Premium Plus
51-100 Enrolled Employees No orthodontic coverage	Employee	\$24.98	\$28.74	\$32.74	\$30.18	\$34.79	\$40.14
	Employee + Spouse	\$46.81	\$53.86	\$61.35	\$56.56	\$65.20	\$75.22
	Employee + Child(ren)	\$50.03	\$57.57	\$65.58	\$60.46	\$69.69	\$80.40
	Family	\$76.48	\$87.78	\$100.50	\$95.52	\$109.64	\$126.93

\$10	Office Visit Copay Plans and Rates	PPO Plans			PPO plus Premier Plans		
		Basic	Preferred	Premium	Basic Plus	Preferred Plus	Premium Plus
51-100 Enrolled Employees No orthodontic coverage	Employee	\$23.18	\$26.68	\$30.33	\$28.31	\$32.62	\$37.61
	Employee + Spouse	\$43.44	\$49.99	\$56.85	\$53.06	\$61.13	\$70.48
	Employee + Child(ren)	\$46.44	\$53.44	\$60.76	\$56.71	\$65.35	\$75.34
	Family	\$71.07	\$81.57	\$93.15	\$89.63	\$102.89	\$119.00

\$20	Office Visit Copay Plans and Rates	PPO Plans			PPO plus Premier Plans		
		Basic	Preferred	Premium	Basic Plus	Preferred Plus	Premium Plus
51-100 Enrolled Employees No orthodontic coverage	Employee	\$21.38	\$24.60	\$27.91	\$26.43	\$30.47	\$35.06
	Employee + Spouse	\$40.06	\$46.09	\$52.31	\$49.52	\$57.10	\$65.71
	Employee + Child(ren)	\$42.82	\$49.27	\$55.91	\$52.94	\$61.03	\$70.24
	Family	\$65.60	\$75.30	\$85.73	\$83.73	\$96.11	\$110.97

Contributory* Monthly 4-Tier Dental Rates
For Maine Groups With 51-100 Enrolled Employees
 (With Orthodontic Coverage)

\$0	Office Visit Copay Plans and Rates	PPO Plans			PPO plus Premier Plans		
		Basic	Preferred	Premium	Basic Plus	Preferred Plus	Premium Plus
51-100 Enrolled Employees With orthodontic coverage	Employee	\$25.29	\$29.11	\$33.16	\$30.52	\$35.18	\$40.59
	Employee + Spouse	\$47.40	\$54.55	\$62.15	\$57.20	\$65.92	\$76.08
	Employee + Child(ren)	\$50.65	\$58.31	\$66.43	\$61.14	\$70.47	\$81.31
	Family	\$81.49	\$93.06	\$106.68	\$100.82	\$115.18	\$133.42

\$10	Office Visit Copay Plans and Rates	PPO Plans			PPO plus Premier Plans		
		Basic	Preferred	Premium	Basic Plus	Preferred Plus	Premium Plus
51-100 Enrolled Employees With orthodontic coverage	Employee	\$23.50	\$27.05	\$30.77	\$28.64	\$33.01	\$38.07
	Employee + Spouse	\$44.04	\$50.68	\$57.67	\$53.68	\$61.86	\$71.34
	Employee + Child(ren)	\$47.08	\$54.18	\$61.64	\$57.37	\$66.13	\$76.26
	Family	\$76.06	\$86.85	\$99.32	\$94.91	\$108.42	\$125.49

\$20	Office Visit Copay Plans and Rates	PPO Plans			PPO plus Premier Plans		
		Basic	Preferred	Premium	Basic Plus	Preferred Plus	Premium Plus
51-100 Enrolled Employees With orthodontic coverage	Employee	\$21.69	\$24.97	\$28.35	\$26.77	\$30.86	\$35.52
	Employee + Spouse	\$40.64	\$46.79	\$53.12	\$50.17	\$57.83	\$66.57
	Employee + Child(ren)	\$43.44	\$50.01	\$56.78	\$53.63	\$61.81	\$71.16
	Family	\$70.56	\$80.58	\$91.89	\$88.98	\$101.65	\$117.45

**Contributory* Monthly 3-Tier Dental Rates
For Maine Groups With 51-100 Enrolled Employees
(No Orthodontic Coverage)**

		PPO Plans			PPO plus Premier Plans			
		Basic	Preferred	Premium	Basic Plus	Preferred Plus	Premium Plus	
\$0 Office Visit Copay Plans and Rates	51-100 Enrolled Employees No orthodontic coverage	Employee	\$24.98	\$28.74	\$32.74	\$30.18	\$34.79	\$40.14
	Employee + One	\$45.32	\$52.17	\$59.48	\$54.94	\$63.37	\$73.18	
	Family	\$74.39	\$85.39	\$97.76	\$92.92	\$106.66	\$123.47	
\$10 Office Visit Copay Plans and Rates	51-100 Enrolled Employees No orthodontic coverage	Employee	\$23.18	\$26.68	\$30.33	\$28.31	\$32.62	\$37.61
	Employee + One	\$42.07	\$48.44	\$55.13	\$51.53	\$59.43	\$68.57	
	Family	\$69.13	\$79.34	\$90.61	\$87.19	\$100.08	\$115.76	
\$20 Office Visit Copay Plans and Rates	51-100 Enrolled Employees No orthodontic coverage	Employee	\$21.38	\$24.60	\$27.91	\$26.43	\$30.47	\$35.06
	Employee + One	\$38.79	\$44.67	\$50.74	\$48.13	\$55.51	\$63.93	
	Family	\$63.81	\$73.25	\$83.39	\$81.45	\$93.49	\$107.95	

**Contributory* Monthly 3-Tier Dental Rates
For Maine Groups With 51-100 Enrolled Employees
(With Orthodontic Coverage)**

\$0 Office Visit Copay Plans and Rates		PPO Plans			PPO plus Premier Plans		
		Basic	Preferred	Premium	Basic Plus	Preferred Plus	Premium Plus
51-100 Enrolled Employees With orthodontic coverage	Employee	\$25.29	\$29.11	\$33.16	\$30.52	\$35.18	\$40.59
	Employee + One	\$46.18	\$53.13	\$60.61	\$55.84	\$64.37	\$74.36
	Family	\$79.27	\$90.53	\$103.77	\$98.08	\$112.04	\$129.78

\$10 Office Visit Copay Plans and Rates		PPO Plans			PPO plus Premier Plans		
		Basic	Preferred	Premium	Basic Plus	Preferred Plus	Premium Plus
51-100 Enrolled Employees With orthodontic coverage	Employee	\$23.50	\$27.05	\$30.77	\$28.64	\$33.01	\$38.07
	Employee + One	\$42.93	\$49.39	\$56.25	\$52.43	\$60.44	\$69.76
	Family	\$73.99	\$84.48	\$96.62	\$92.32	\$105.47	\$122.07

\$20 Office Visit Copay Plans and Rates		PPO Plans			PPO plus Premier Plans		
		Basic	Preferred	Premium	Basic Plus	Preferred Plus	Premium Plus
51-100 Enrolled Employees With orthodontic coverage	Employee	\$21.69	\$24.97	\$28.35	\$26.77	\$30.86	\$35.52
	Employee + One	\$39.65	\$45.62	\$51.87	\$49.03	\$56.52	\$65.11
	Family	\$68.64	\$78.38	\$89.40	\$86.55	\$98.89	\$114.25

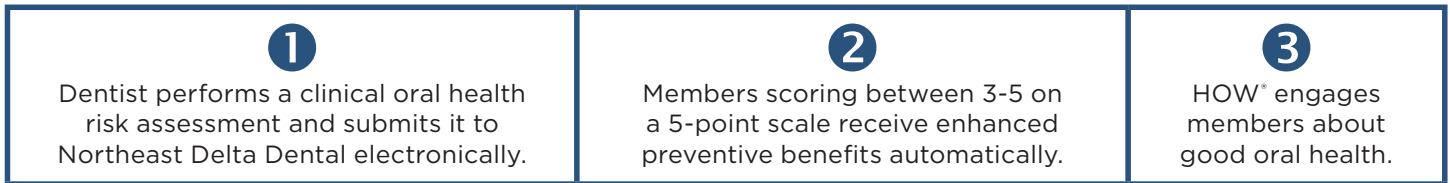
Groups may offer one or two plans. If offering two plans, both plans must be Contributory, both must be 3- or 4-tier, both networks must be PPO or both networks must be PPO plus Premier, and both must include or both must exclude orthodontic coverage.

*Requires an employer contribution of at least 50% of the employee rate. There is no minimum participation requirement.
Rates are guaranteed for one year from original effective date for groups effective 1/1/2019 – 12/31/2019.
Please refer to the product brochure for information regarding provider networks and plan designs.

Extra Benefits—at No Extra Charge—for Those Who Need Them

All of Northeast Delta Dental’s group plans include our industry-leading Health *through* Oral Wellness® (HOW®) program at no additional charge. Based on the concept of patient-centered oral health, HOW® provides additional preventive benefits to members who are at risk for oral disease, thereby helping them achieve better oral and overall health.

At-risk members are identified through the use of a clinical risk assessment tool that we have provided to dentists at no charge. Eligible members who receive a score of 3 to 5 on a 5-point scale automatically receive additional benefits based on their oral health condition. HOW® is simple and free and it works like this:



Summary of Enhanced Benefits

Oral Health Condition	Benefits	Frequency
Caries (Tooth Decay)	Caries Susceptibility Test Child or Adult Cleaning Fluoride Varnish or Topical Fluoride Nutritional Counseling or Oral Hygiene Instruction Sealants	Once per 12 months Combination up to 4 per 12 months Combination up to 4 per 12 months Once per 12 months ¹ Once per 12 months ¹ Once per 3 years ²
Periodontal (Gum) Disease	Adult Cleaning Nutritional Counseling or Tobacco Cessation Counseling or Oral Hygiene Instruction Full Mouth Debridement Periodontal Maintenance	Up to 4 per 12 months ³ Once per 12 months ⁴ Once per 12 months ⁴ Once per 12 months ⁴ Once in a lifetime ³ Up to 4 per 12 months ³

Members can register for HOW® at www.HealthThroughOralWellness.com to receive information about the oral health topics of their choosing. Enhanced benefits are subject to change and are subject to standard policy provisions, including, but not limited to, coinsurance percentages, copayments, and plan maximums. As with all benefits, eligibility confirmation should be obtained via Northeast Delta Dental’s Benefit Lookup site at www.nedelta.com or from customer service at 1-800-832-5700.

¹ Either one nutritional counseling or one oral hygiene instruction is covered in a 12-month period.
² Sealants are a covered benefit based on caries risk assessment for unrestored primary molars and for unrestored permanent premolars, and molars—one sealant per tooth every three years.
³ Combination of prophylaxis, periodontal maintenance, or full mouth debridement (once in a lifetime benefit) not to exceed four in a 12-month period.
⁴ Either one nutritional counseling, or one oral hygiene instruction, or one tobacco cessation counseling is covered in a 12-month period.

Welcome to DeltaVision®



DeltaVision®

The insured vision plan for employers
in Maine and New Hampshire

Help your employees see clearly. Add a DeltaVision plan today.

- DeltaVision is supported by an **EyeMed Vision Care network with more than 65,000 providers at over 26,500 locations nationwide**. This network offers a broad mix of independent providers, local optical retailers, and nationally recognized retailers (where **approximately 60% of all vision care dollars are spent**), to include:



- Members are free to see any optical provider they choose, either in-network or out-of-network. They will receive the most value from their DeltaVision benefits when they receive a **care** from in-network providers.
- Members receive a **40% discount** off all additional complete prescription eyeglass purchases and a **15% discount** off all additional conventional contact lens purchases after their funded benefit has been used. The frequency is unlimited and available at all in-network provider locations.
- Members receive ID cards and have access to **live customer service 102 hours per week** (the most in the industry), including nights and weekends.

Check out our *Traditional* as well as our newly-added *Hardware Only* plans.

DeltaVision® Plan Summary	
Exam - comprehensive, with dilation as necessary (Comprehensive Spectacle Exam)	Member pays copay; plan pays balance
Contact Lens Fit and Follow-up: Standard Lenses	Member pays up to \$55
Contact Lens Fit and Follow-up: Premium Lenses	30% off the retail price
Frames - Any available frame at provider location.	Plan pays frame allowance amount, then 20% off balance
Standard Plastic Lenses	
Single Vision	Member pays copay; plan pays balance
Bifocal	Member pays copay; plan pays balance
Trifocal	Member pays copay; plan pays balance
Lens Options	
UV Coating / Tint / Standard scratch resistance	Member pays \$5
Standard polycarbonate	Member pays \$40
Standard anti-reflective coating	Member pays \$45
Standard progressive (add-on to bifocal)	Member pays \$65
Other add-ons and services	20% off retail
Contact Lenses - In lieu of spectacle lenses (contact lens allowance covers materials only)	
Conventional	Plan pays contact lens allowance
Disposable	Plan pays contact lens allowance
Medically Necessary	Paid in full
Laser Vision Correction - LASEK or PRK For a location near you, and the discount authorization, please call 1-877-5LASEK.	35% off retail price or 5% off promotional price
Non-Network Reimbursement	
Exam	Up to \$25
Single Vision Lens	Up to \$25
Lineal Bifocal	Up to \$40
Lineal Trifocal	Up to \$55
Frame*	Up to \$25
Contact*	Up to \$120
*Varies depending upon your In-Network Allowance.	

Traditional

DeltaVision® Plan Summary Hardware Only Plan	
Exam - comprehensive, with dilation as necessary (Comprehensive Spectacle Exam)	Member pays copay; plan pays balance
Contact Lens Fit and Follow-up: Standard Lenses	Member pays up to \$55
Contact Lens Fit and Follow-up: Premium Lenses	30% off the retail price
Frames - Any available frame at provider location.	Plan pays frame allowance amount, then 20% off balance
Standard Plastic Lenses	
Single Vision	Member pays copay; plan pays balance
Bifocal	Member pays copay; plan pays balance
Trifocal	Member pays copay; plan pays balance
Lens Options	
UV Coating / Tint / Standard scratch resistance	Member pays \$5 for each
Standard polycarbonate	Member pays \$40
Standard anti-reflective coating	Member pays \$45
Standard progressive (add-on to bifocal)	Member pays \$65
Other add-ons and services	20% off retail price
Contact Lenses - In lieu of spectacle lenses (contact lens allowance covers materials only)	
Conventional	Plan pays contact lens allowance amount, then 15% off balance
Disposable	Plan pays contact lens allowance, member pays balance
Medically Necessary	Paid in full
Laser Vision Correction - LASEK or PRK For a location near you, and the discount authorization, please call 1-877-5LASEK.	35% off retail price or 5% off promotional price
Non-Network Reimbursement	
Exam	Up to \$25
Single Vision Lens	Up to \$40
Lineal Bifocal	Up to \$55
Lineal Trifocal	Up to \$70
Frame*	Up to \$25
Contact*	Up to \$120
*Varies depending upon your In-Network Allowance.	

Hardware Only

To Enroll a Group

Provide the following to Northeast Delta Dental prior to the first of the month in which the coverage is to be effective:

- An application for group vision coverage completed and signed by the employer.
- Completed enrollment forms for all enrolling employees.
- A binder check for the first month's premium.

Rate Guarantees

Rates are guaranteed for 36 months when the vision plan takes effect on a current Northeast Delta Dental plan anniversary or if the vision plan is a standalone benefit. Rates for a vision plan effective off a dental plan anniversary are guaranteed for 24 months plus the number of months to get to a common anniversary.

Our Guarantee

The Service: Smooth Implementation of a DeltaVision Plan.

The Guarantee: Successful implementation will be determined through feedback provided by the group.

The Refund: The group will be reimbursed the administration fee charged for its second month of service (not to exceed \$500) if the service guarantee is not met.

DeltaVision is underwritten by Red Tree Insurance Company, Inc., a Northeast Delta Dental company. Claims processing, claims service, and provider network administration for DeltaVision are provided under contract, by EyeMed Vision Care, LLC and its affiliate, First American Administrators, Inc.

Two-person groups may not consist of spouses or unmarried individuals residing at the same address.

DeltaVision Plan Summary

	Network Benefit
Exam - comprehensive, with dilation as necessary (Comprehensive Spectacle Exam)	Member pays copay; plan pays balance
Contact Lens Fit and Follow-up: Standard Lenses	Member pays up to \$55
Contact Lens Fit and Follow-up: Premium Lenses	10% off the retail price
Frames - Any available frame at provider location.	Plan pays frame allowance amount, then 20% off balance

Standard Plastic Lenses

Single Vision	Member pays copay; plan pays balance
Bifocal	Member pays copay; plan pays balance
Trifocal	Member pays copay; plan pays balance

Lens Options

UV Coating / Tint / Standard scratch resistance	Member pays \$15 for each
Standard polycarbonate	Member pays \$40
Standard anti-reflective coating	Member pays \$45
Standard progressive (add-on to bifocal)	Member pays \$65
Other add-ons and services	20% off retail price

Contact Lenses - In lieu of spectacle lenses (contact lens allowance covers materials only)

Conventional	Plan pays contact lens allowance amount, then 15% off balance
Disposable	Plan pays contact lens allowance, member pays balance
Medically Necessary	Paid in full
Laser Vision Correction - Lasik or PRK For a location near you, and the discount authorization, please call 1-877-5LASER6.	15% off retail price or 5% off promotional price

Non-Network Reimbursement	
Exam	Up to \$35
Single Vision Lens	Up to \$25
Lined Bifocal	Up to \$40
Lined Trifocal	Up to \$55
Frame*	Up to \$75
Contacts*	Up to \$120
*Varies depending upon your In-Network Allowance.	



*Offered to employers with a minimum of two employees enrolled in the plan.
Two-person groups may not consist of spouses or unmarried individuals residing at the same address.*


Vision Benefits*	\$130 Plans			\$150 Plans			\$180 Plans		
Allowances:									
Frames	\$ 130			\$ 150			\$ 180		
Contacts	\$ 130			\$ 150			\$ 180		
Frequency (in months)									
Examination	12			12			12		
Lenses or Contact Lenses	12			12			12		
Frame	24			24			24		
Copayments:									
Exams	\$ 10	\$ 10	\$ 20	\$ 10	\$ 10	\$ 20	\$ 10	\$ 10	\$ 20
Lenses	\$ 10	\$ 25	\$ 20	\$ 10	\$ 25	\$ 20	\$ 10	\$ 25	\$ 20
VOLUNTARY - Employer contributes 0% - 49% of total premium									
3-Tier - Monthly Rates									
Employee Only	\$6.74	\$6.13	\$5.76	\$7.75	\$7.07	\$6.69	\$8.56	\$7.88	\$7.51
Employee + One Dependent	\$11.56	\$10.52	\$9.89	\$13.28	\$12.12	\$11.49	\$14.70	\$13.53	\$12.88
Family	\$20.70	\$18.82	\$17.69	\$23.75	\$21.70	\$20.56	\$26.30	\$24.20	\$23.05
4-Tier - Monthly Rates									
Employee Only	\$6.74	\$6.13	\$5.76	\$7.75	\$7.07	\$6.69	\$6.07	\$7.88	\$7.51
Employee + Spouse	\$13.17	\$11.97	\$11.25	\$15.11	\$13.79	\$13.08	\$11.84	\$15.39	\$14.66
Employee + Child(ren)	\$12.77	\$11.61	\$10.90	\$14.65	\$13.38	\$12.68	\$11.49	\$14.92	\$14.21
Family	\$19.95	\$18.13	\$17.05	\$22.90	\$20.90	\$19.81	\$17.95	\$23.30	\$22.19
NON-VOLUNTARY - Employer contributes 50% - 100% of total premium									
3-Tier - Monthly Rates									
Employee Only	\$4.43	\$3.96	\$3.72	\$5.64	\$5.06	\$4.81	\$6.28	\$5.67	\$5.44
Employee + One Dependent	\$7.60	\$6.79	\$6.39	\$9.67	\$8.68	\$8.25	\$10.78	\$9.73	\$9.33
Family	\$13.59	\$12.14	\$11.43	\$17.31	\$15.52	\$14.78	\$19.27	\$17.41	\$16.70
4-Tier - Monthly Rates									
Employee Only	\$4.43	\$3.96	\$3.72	\$5.64	\$5.06	\$4.81	\$6.28	\$5.67	\$5.44
Employee + Spouse	\$8.65	\$7.72	\$7.27	\$11.02	\$9.87	\$9.40	\$12.26	\$11.07	\$10.62
Employee + Child(ren)	\$8.38	\$7.49	\$7.05	\$10.68	\$9.57	\$9.12	\$11.88	\$10.73	\$10.29
Family	\$13.10	\$11.69	\$11.02	\$16.69	\$14.96	\$14.24	\$18.55	\$16.76	\$16.08

* These plans reflect the most popular plans. Contact your producer or Northeast Delta Dental marketing representative to see other plans.

RATES ARE VALID FOR INITIAL EFFECTIVE DATES JANUARY 2019 THROUGH DECEMBER 2019, AND ARE GUARANTEED FOR UP TO 36 MONTHS. SEE DELTAVISION® PRODUCT BROCHURE FOR DETAILS.

DeltaVision Plan Summary

Hardware Only Plan

		Network Benefit
Frames		
Any available frame at provider location.		Plan pays frame allowance amount, then 20% off balance
Standard Plastic Lenses		
Single Vision		Member pays copay; plan pays balance
Bifocal		Member pays copay; plan pays balance
Trifocal		Member pays copay; plan pays balance
Lens Options		
UV Coating / Tint / Standard scratch resistance		Member pays \$15 for each
Standard polycarbonate		Member pays \$40
Standard anti-reflective coating		Member pays \$45
Standard progressive (add-on to bifocal)		Member pays \$65
Other add-ons and services		20% off retail price
Contact Lenses - In lieu of spectacle lenses (contact lens allowance covers materials only)		
Conventional		Plan pays contact lens allowance amount, then 15% off balance
Disposable		Plan pays contact lens allowance, member pays balance
Medically Necessary		Paid in full
Laser Vision Correction - Lasik or PRK For a location near you, and the discount authorization, please call 1-877-5LASER6.		15% off retail price or 5% off promotional price
Non-Network Reimbursement		
Single Vision Lens	Up to \$25	
Lined Bifocal	Up to \$40	
Lined Trifocal	Up to \$55	
Frame*	Up to \$75	
Contacts*	Up to \$120	
*Varies depending upon your In-Network Allowance.		

Offered to employers with a minimum of two employees enrolled in the plan.

Two-person groups may not consist of spouses or unmarried individuals residing at the same address.

Hardware Only Plan

Vision Benefits*	\$130 Plans			\$150 Plans			\$180 Plans		
Allowances:									
Frames	\$ 130			\$ 150			\$ 180		
Contacts	\$ 130			\$ 150			\$ 180		
Frequency (in months)									
Lenses or Contact Lenses	12			12			12		
Frame	24			24			24		
Copayments:									
Lenses	\$ 10	\$ 25	\$ 20	\$ 10	\$ 25	\$ 20	\$ 10	\$ 25	\$ 20
VOLUNTARY - Employer contributes 0% - 49% of total premium									
3-Tier - Monthly Rates									
Employee Only	\$4.93	\$4.30	\$4.50	\$5.90	\$5.24	\$5.45	\$6.72	\$6.05	\$6.28
Employee + One Dependent	\$8.44	\$7.37	\$7.72	\$10.12	\$8.99	\$9.36	\$11.54	\$10.37	\$10.78
Family	\$15.10	\$13.19	\$13.82	\$18.12	\$16.07	\$16.74	\$20.65	\$18.56	\$19.27
4-Tier - Monthly Rates									
Employee Only	\$4.93	\$4.30	\$4.50	\$5.90	\$5.24	\$5.45	\$6.72	\$6.05	\$6.28
Employee + Spouse	\$9.61	\$8.38	\$8.78	\$11.52	\$10.22	\$10.64	\$13.13	\$11.80	\$12.26
Employee + Child(ren)	\$9.31	\$8.13	\$8.52	\$11.17	\$9.92	\$10.33	\$12.74	\$11.44	\$11.88
Family	\$14.53	\$12.70	\$13.30	\$17.45	\$15.48	\$16.12	\$19.88	\$17.87	\$18.55
NON-VOLUNTARY - Employer contributes 50% - 100% of total premium									
3-Tier - Monthly Rates									
Employee Only	\$3.45	\$2.98	\$3.11	\$4.66	\$4.06	\$4.27	\$5.29	\$4.68	\$4.90
Employee + One Dependent	\$5.90	\$5.11	\$5.34	\$7.99	\$6.97	\$7.32	\$9.09	\$8.04	\$8.41
Family	\$10.58	\$9.15	\$9.55	\$14.30	\$12.48	\$13.10	\$16.26	\$14.39	\$15.06
4-Tier - Monthly Rates									
Employee Only	\$3.45	\$2.98	\$3.11	\$4.66	\$4.06	\$4.27	\$5.29	\$4.68	\$4.90
Employee + Spouse	\$6.72	\$5.82	\$6.07	\$9.10	\$7.93	\$8.33	\$10.34	\$9.15	\$9.57
Employee + Child(ren)	\$6.52	\$5.64	\$5.88	\$8.82	\$7.70	\$8.07	\$10.02	\$8.87	\$9.28
Family	\$10.18	\$8.81	\$9.19	\$13.76	\$12.01	\$12.61	\$15.64	\$13.85	\$14.49

* These plans reflect the most popular plans. Contact your producer or Northeast Delta Dental marketing representative to see other plans.

RATES ARE VALID FOR INITIAL EFFECTIVE DATES JANUARY 2019 THROUGH DECEMBER 2019, AND ARE GUARANTEED FOR UP TO 36 MONTHS. SEE DELTAVISION® PRODUCT BROCHURE FOR DETAILS.



Dental benefits can improve your employees' health and help you manage healthcare costs.

Americans lose more than
164,000,000 hours of work
every year due to dental disease.¹

Because preventive exams and procedures are 100 percent covered, your employees can get dental issues addressed before they become costly, painful problems that require time away from work.

This preventive benefit also extends to overall health—signs and symptoms of more than 120 diseases, including diabetes and heart disease, appear in the mouth.² Early detection and treatment of these conditions typically makes them easier and less costly to manage.

Here's to Your Health!

People who visit the dentist at least once a year are more likely to report good oral health—and those who say they have good oral health are more likely to report good or better overall well-being.³

Offering dental benefits and encouraging employees to use them may help you keep health insurance costs and rates down over time.

¹Oral Health in America: A Report of the Surgeon General, <https://www.nidcr.nih.gov/datastatistics/surgeongeneral/report/executivesummary.htm>

²Steven L. Bricker, Robert P. Langlais, and Craig S. Miller, *Oral Diagnosis, Oral Medicine and Treatment Planning* (Philadelphia: Lea & Febiger, 1994).

³Delta Dental 2017 Adult Oral Health Survey



Northeast Delta Dental is committed to providing exceptional service to all its customers. To emphasize our commitment, our *Guarantee Of Service Excellence*SM program guarantees the following seven major areas of service and reinforces them with our comprehensive group refund policy.



We Guarantee Our Service.

1	SMOOTH IMPLEMENTATION TO NORTHEAST DELTA DENTAL	Successful implementation will be determined by you through the results of a survey.	Refund: Your group will be reimbursed the administration fee charged for the second month of service per your contract.
2	EXCEPTIONAL CUSTOMER SERVICE	We will resolve inquiries immediately or guarantee an initial update within one business day.	Refund: Your group will be reimbursed \$50 per occurrence.
3	QUICK PROCESSING OF CLAIMS	During the course of a contract year, 90% of your group's accurately completed claim forms will be processed within 15 calendar days.	Refund: Your group will be reimbursed the administration fee for its last month of service per your contract.
4	NO INAPPROPRIATE BILLING BY PARTICIPATING DENTISTS	Patients will not be charged for more than the appropriate co-payments at the time of service or for any difference between a participating dentist's submitted fee and our approved amount.	Refund: Your group will be reimbursed \$50 per occurrence.
5	ACCURATE AND QUICK TURNAROUND OF IDENTIFICATION CARDS	Accurate identification cards will be available within 15 calendar days upon receipt of a completed enrollment form.	Refund: Your group will be reimbursed \$25 per pair of identification cards.
6	TIMELY EMPLOYEE BOOKLETS	Standard Plan Description Booklets and/or Outlines of Benefits will be available within 15 calendar days of request, finalized benefits change, or receipt of signed contract.	Refund: Your group will be reimbursed \$50 per occurrence.
7	MARKETING SERVICE CONTACTS	You will receive at least two Marketing service contacts during a contract term.	Refund: Your group will be reimbursed \$50 per occurrence.

*Delta Dental was recently ranked #1 "Best Dental Coverage" for the tenth time in the *Benefits Selling Readers' Choice Awards*.

Investing in Our Communities

As a not-for profit 501(c)(4) company, Northeast Delta Dental is proud to represent Main Street, not Wall Street. Our mission drives our work in the communities we serve. We focus on bringing better oral health to all residents in Maine, New Hampshire, and Vermont, one smile at a time. With our programs and community work, we help people achieve their personal best oral health and improve their overall health.

Northeast Delta Dental invests over \$1 million annually in support of programs focusing on preventing dental disease, expanding access to care, educating communities on proper oral hygiene/dental care, understanding the connections between oral and overall health. Too many communities are without a dentist. We are committed to addressing this problem by providing loan repayment options for dentists willing to practice in underserved or rural areas and scholarships for students studying in the oral health field.

Many employees volunteer time and energy to bringing smiles where they're needed most. And we encourage it! Every day, Northeast Delta Dental employees strive to contribute meaningful work to the businesses we serve and the communities in which we live.

Outcomes for 2017



51

Participants—one fourth of our workforce—in at least one run/walk event



31

Dental students/professionals who received scholarships or loans through our investments



\$955,000

Total philanthropic contributions made to improve oral health through Foundation and corporate grants benefiting organizations across our communities



2,695

In-kind hours contributed by our management team on nonprofit boards



\$475,000

Invested in scholarships, dental loan repayment programs, and residency programs



77%

Percentage of Foundation giving directed to dental care for Medicaid or uninsured patients

Northeast Delta Dental

Delta Dental Plan of Maine

1022 Portland Road
Suite Two
Saco, ME 04072-9674
Telephone: 207-282-0404
Fax: 207-282-0505

Delta Dental Plan of New Hampshire

One Delta Drive
PO Box 2002
Concord, NH 03302-2002
Telephone: 603-223-1000
Fax: 603-223-1199

Delta Dental Plan of Vermont

12 Bacon Street
Suite B
Burlington, VT 05401-6140
Telephone: 802-658-7839
Fax: 802-865-4430