# Outline of Benefits

This Outline of Benefits describes the level of coverage under your employer's HealthTrust Dental Plan for services performed by dentists who participate in the Delta Dental PPO and Delta Dental Premier networks. Employees and their eligible dependents are free to visit any dentist, participating or nonparticipating. Visit Northeast Delta Dental's Web site at [www.nedelta.com](http://www.nedelta.com) for an updated list of participating dentists.

Your employer’s HealthTrust Dental Plan includes the following coverage categories. This information is provided for summary purposes only; certain benefit limitations and exclusions may apply. For further details, please refer to your Dental Plan Description available at [www.healthtrustnh.org](http://www.healthtrustnh.org).

## Dental Plan Option 4  LOW

<table>
<thead>
<tr>
<th>Coverage A</th>
<th>Coverage B</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Diagnostic/Preventive</strong></td>
<td><strong>Basic</strong></td>
</tr>
<tr>
<td><strong>Deductible</strong>: None</td>
<td><strong>Deductible</strong>: $25 Per Person, Per Year ($75 Per Family)</td>
</tr>
<tr>
<td><strong>Covered at 100%</strong></td>
<td><strong>Covered at 80%</strong></td>
</tr>
</tbody>
</table>

**Diagnostic:**
- Evaluations - twice in a calendar year; this includes periodic, limited, problem-focused, and comprehensive evaluations
- X-rays - complete series or panoramic film - once in a 5-year period; Bitewing x-rays - once in a calendar year; X-rays of individual teeth - as necessary
- Brush biopsy - once in a calendar year, no age limit

**Preventive:**
- Cleanings - four per calendar year
- Fluoride - twice in a calendar year through age 18
- Space maintainers - through age 15
- Sealant application to permanent molars - once in a 3-year period per tooth, for children through age 18

**Restorative:**
- Amalgam (silver) fillings and/or Composite (white) fillings (anterior and posterior teeth)

**Oral Surgery:**
- Surgical and routine extractions

**Endodontics:**
- Root canal therapy

**Periodontics:**
- Periodontal cleaning - four cleanings per calendar year; these may be routine (Coverage A) or periodontal (Coverage B)
- Treatment of gum disease
- Clinical crown lengthening - once in a lifetime per site

**Denture Repair:**
- Repair of a removable denture to its original condition

**Emergency Palliative Treatment**

**Plan Year Maximum**: $750 per person (Coverages A and B combined) beginning each July 1st

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*Benefit percentages shown are based upon the lesser of the actual submitted charge or Delta Dental's allowance under the Plan.*

*Rev. 07/16*
Delta Dental PPO and Premier Networks
You’ll get the best value from your Plan when you receive your
dental care from one of Delta Dental’s PPO or Premier network
participating dentists, including:

▲ No Balance Billing: Participating dentists agree not to charge any
difference between their fees and Delta Dental’s allowed fees.
Because participating dentists accept 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 claim forms 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, you can: call your dentist,
visit Northeast Delta Dental’s website at www.nedelta.com or call
Northeast Delta Dental’s Customer Service at 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 Northeast
Delta Dental’s Benefit Lookup site at www.nedelta.com) detailing
what has been processed under your Plan’s coverage. You are
responsible to pay any outstanding balance directly to the dentist.

Claim Process for Nonparticipating Dentists
Your Plan provides coverage regardless of your choice of dentist,
participating or not. If you visit a nonparticipating 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 calling Northeast
Delta Dental or visiting www.nedelta.com. Payment will be made to
you, the Subscriber, unless the state in which the services are
rendered requires that assignment of benefits (directing that payment
be sent to the dentist) be honored and Northeast Delta Dental receives
written notice of such assignment. Payment for treatment performed
by a nonparticipating dentist will be limited to the lesser of the
dentist’s actual submitted charge or Delta Dental’s allowance for
nonparticipating dentists in the geographic area in which services are
provided. It is your responsibility to ensure that full payment is made
to the dentist. Northeast Delta Dental will produce an Explanation of
Benefits (available through Northeast Delta Dental’s Benefit Lookup
site at www.nedelta.com) detailing what has been processed under
your Plan’s coverage.

Predetermination of Benefits
HealthTrust and Northeast Delta Dental strongly encourage
predetermination of cases involving costly or extensive treatment
plans. Although it’s not required, predetermination helps avoid any
potential confusion regarding your Plan’s payment and your financial
obligation to the dentist.

Coordination of Benefits
When an individual covered under this Plan has additional dental
coverage, the Coordination of Benefits provision described in your
Dental Plan Description will determine the sequence and extent of
payment. If you have any questions, please contact Northeast Delta
Dental’s Customer Service at 800.832.5700 or 603.223.1234.

Identification Card
Upon your initial enrollment in a HealthTrust Dental Plan, two
identification cards from Northeast Delta Dental will be produced and
distributed. Both cards are issued in the subscriber’s name, but can be
used by everyone covered under the Plan. Any additional or
replacement cards will be available through Northeast Delta Dental’s

Dental Plan Description
The Dental Plan Description describes the benefits of your Plan and
tells you how to use your Plan. You can access your Dental Plan
Description by going to www.healthtrustinh.org. Please review this
document in order to understand the benefits and provisions of your
employer’s HealthTrust Dental Plan.

Who is Eligible
All eligible employees and their eligible dependents, generally
defined as:
• Spouse;
• Dependent children from age 2 to age 26;
• Unmarried, incapacitated dependent children age 26 or
older.
Please refer to the Dental Plan Description for additional information
regarding dependent eligibility.

Eligibility or Benefits Questions
If you have questions regarding eligibility or benefits, please contact
your employer or HealthTrust’s Enrollee Services at 800.527.5001.

Claims Questions
If you have further questions, please contact Northeast Delta Dental’s
Customer Service at 800.832.5700 or 603.223.1234.

Further Information
This Outline of Benefits should be used only as a guideline for your
dental plan coverage. For detailed information on your Plan’s terms,
conditions, limitations and exclusions, please refer to your Dental
Plan Description or consult your employer. In the event of a conflict
or discrepancy between this Outline of Benefits and either the Dental
Plan Description or Plan Document, the Dental Plan Description or
the Plan Document will control.

To obtain a hard copy of the Dental Plan Description or Plan
Document, contact your employer or HealthTrust’s Enrollee Services
at 800.527.5001.
Outline of Benefits

This Outline of Benefits describes the level of coverage under your employer’s HealthTrust Dental Plan for services performed by dentists who participate in the Delta Dental PPO and Delta Dental Premier networks. Employees and their eligible dependents are free to visit any dentist, participating or nonparticipating. Visit Northeast Delta Dental’s Web site at www.nedelta.com for an updated list of participating dentists. Your employer’s HealthTrust Dental Plan includes the following coverage categories. This information is provided for summary purposes only; certain benefit limitations and exclusions may apply. For further details, please refer to your Dental Plan Description available at www.healthtrustnh.org.

## Dental Plan Option 1C  HIGH

<table>
<thead>
<tr>
<th>Coverage A Diagnostic/Preventive</th>
<th>Coverage B Basic</th>
<th>Coverage C Major</th>
<th>Coverage D Orthodontics</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Deductible:</strong> $0 There is no deductible on this plan</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Covered at 100%*</th>
<th>Covered at 80%*</th>
<th>Covered at 50%*</th>
<th>Covered at 50%*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Diagnostic:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Evaluations - twice in a calendar year: this includes periodic, limited, problem-focused, and comprehensive evaluations</td>
<td>Restorative: Amalgam (silver) fillings and/or Composite (white) fillings (anterior and posterior teeth)</td>
<td>Prosthodontics: Removable and fixed partial dentures (bridge); complete dentures</td>
<td>Orthodontics: Correction of crooked teeth for adults and children</td>
</tr>
<tr>
<td>X-rays - complete series or panoramic film - once in a 5-year period; Bitewing x-rays - once in a calendar year; X-rays of individual teeth - as necessary</td>
<td>Oral Surgery: Surgical and routine extractions</td>
<td>Rebase and reline (dentures)</td>
<td></td>
</tr>
<tr>
<td>Brush biopsy - once in a calendar year, no age limit</td>
<td>Endodontics: Root canal therapy</td>
<td>Crowns</td>
<td></td>
</tr>
<tr>
<td><strong>Preventive:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cleanings - four per calendar year</td>
<td>Periodontics: Periodontal cleaning - four cleanings per calendar year; these may be routine (Coverage A) or periodontal (Coverage B)</td>
<td>Onlays</td>
<td></td>
</tr>
<tr>
<td>Fluoride - twice in a calendar year through age 18</td>
<td>Treatment of gum disease</td>
<td>Implants</td>
<td></td>
</tr>
<tr>
<td>Space maintainers - through age 15</td>
<td>Clinical crown lengthening - once in a lifetime per site</td>
<td></td>
<td></td>
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<td>Sealant application to permanent molars - once in a 3-year period per tooth, for children through age 18</td>
<td>Denture Repair: Repair of a removable denture to its original condition</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency Palliative Treatment</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Plan Year Maximum:** $1,000 per person (Coverages A, B and C combined) beginning each July 1st

**Orthodontic Lifetime Maximum:** $1,000 Per Person

*Benefit percentages shown are based upon the lesser of the actual submitted charge or Delta Dental’s allowance under the Plan.*
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- **No Balance Billing**: Participating dentists agree not to charge any difference between their fees and Delta Dental’s allowed fees. Because participating dentists accept 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 claim forms for you.

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