



Northeast Delta Dental
 One Delta Drive
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 Concord, NH 03302-2002
 Customer Service:
 603-223-1234
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**Outline of Benefits
 Chittenden Central Supervisory Union
 Group Number: 7437-0001, 0002, 0003, 0004**

Calendar Year for Benefits - January 1 through December 31.

Eligibility - Begins on the first of the month following date of hire.

Waiting Periods: N/A

Eligible Persons – Subject to the “Eligibility” provision above, employees and their dependents may be enrolled. Your employer pays the full cost for all persons enrolled. If enrolling dependents, all dependents must be enrolled for the term of the Agreement. A newborn child is automatically covered for the first thirty-one (31) days following birth. Coverage will continue if the child is formally enrolled within the first thirty-one days following birth or the child may be enrolled thereafter at any open enrollment or as of the first day of the month following the month of the child’s second birthday.

Benefit Coverages and Percentages Paid by Northeast Delta Dental -

Diagnostic & Preventive	100%
Basic	80%
Major	60%
Orthodontics	60%

The following are benefit exceptions for your group:

Diagnostic & Preventive – Emergency palliative treatment is covered under Basic; prophylaxis, routine or periodontal maintenance procedure, is covered twice in a calendar year; bitewing x-rays are covered twice in a calendar year; fluoride is covered once in a calendar year to age 19; sealants are a covered benefit once per tooth every 3 calendar years (limited to posterior teeth), up to age 14; x-rays (complete series or panoramic film) once in any 3 calendar years.

Basic –Recementing a bridge is covered under Basic.

Orthodontic – Appliances to control harmful habits are covered once per person per lifetime (one appliance).

Maximum Benefit - The maximum amount which your plan will pay is \$1000 per person per Calendar Year for Diagnostic & Preventive, Basic and Major benefits. Orthodontic benefits have a separate **lifetime** maximum of \$1000 for each Subscriber, Spouse and Dependent child.

Deductible - There is a \$25 deductible per person per Calendar Year with a family deductible maximum of \$75 per Calendar Year. This deductible is applied to Basic, Major and Orthodontic benefits.

Contribution – Chittenden Central Supervisory Union pays the full cost for all eligible employees and their dependent(s).

Benefit percentages shown are based upon the actual charge submitted to a maximum of the Participating Dentist's approved fees or Northeast Delta Dental's allowance for Non-Participating Dentists.