

Outline of Coverage
Delta Dental PPO Plus Premier Network



Northeast Delta Dental

)" \$
! " "

Read Your Dental Plan Description Carefully—This Outline of Coverage provides a very brief description of the important features of your dental benefits plan. This is not the insurance contract, and only the actual policy provisions will control. The Dental Plan Description itself sets forth in detail the rights and obligations of both you and your insurance company. It is therefore important that you READ YOUR Dental Plan Description CAREFULLY! 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	Basic Restorative	Major Restorative
<p>DIAGNOSTIC</p> <p>! "</p> <p>! "</p> <p>! "</p> <p>PREVENTIVE</p> <p>! "</p> <p>! "</p> <p>! "</p> <p>! "</p>	<p>RESTORATIVE</p> <p>ORAL SURGERY</p> <p>ENDODONTICS</p> <p>PERIODONTICS</p> <p><i>Note Cleanings are limited to two in a 12-month period; these may be routine (Coverage A) or periodontal (Coverage B), or a combination of both.</i></p> <p>DENTURE REPAIR</p> <p>EMERGENCY PALLIATIVE TREATMENT</p>	<p>PROSTHODONTICS</p>
<p>Delta Dental Pays: 100%</p>	<p>Delta Dental Pays: 80%</p>	<p>Delta Dental Pays: 50%</p>
<p>Calendar Year Maximum: \$1,500 up to \$3,000 per Person with Double- 8 S 0 D [h</p>		

Delta Dental PPO plus Premier Network