HealthTrust

DELTA DENTAL

Outline of Benefits

This Outline of Benefits is an important part of your Dental Plan Description that describes the specific coverage categories and level of Benefits provided under your employer's HealthTrust Dental Plan. This information is only an outline of your coverage; certain Benefit limitations, exclusions and other terms and conditions apply. For further details, please refer to your Dental Plan Description and other information about your Dental Plan coverage available through your account on HealthTrust's Secure Enrollee Portal (SEP) at *www.healthtrustnh.org*.

Dental Plan Option 4

Coverage A Diagnostic/Preventive	Coverage B Basic
Deductible: None	**Deductible**: $25 Per Person, Per Year ($75 Per Family)
Covered at 100%*	**Covered at 80%***
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 resin (white) fillings **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 tooth **Denture Repair:** Repair of a removable denture to its original condition **Emergency Palliative Treatment:** Treatment for the relief of pain

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

Plan Year: January 1 through December 31

Plan Year Maximum: $750 per person (Coverages A and B combined)

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. 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.

General Information

The **Dental Plan Description** describes the Benefits of your Plan and tells you how to use your Plan. You can access the Dental Plan Description (DPD) through your account on HealthTrust's Secure Enrollee Portal (SEP) at ***www.healthtrustnh.org*** or by calling HealthTrust's Enrollee Services at 800.527.5001. Please review the DPD and this Outline of Benefits in order to understand the Benefits and terms and conditions of your employer's HealthTrust Dental Plan.

Identification Cards. Upon your initial enrollment in a HealthTrust Dental Plan, identification (ID) cards for each covered individual will be mailed to you. Each card will be issued in the covered individual's and Enrollee's name. Digital ID cards are available through your account on HealthTrust's Secure Enrollee Portal (SEP) at ***www.healthtrustnh.org***.

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. If you have questions regarding eligibility, please contact your employer or HealthTrust's Enrollee Services at 800.527.5001.

The Importance of Utilizing a Delta Dental PPO or a Premier Network Participating Dentist

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.

Ask your Dentist if he/she participates with Delta Dental. For a current list of Participating Dentists in your area, visit ***www.healthtrustnh.org***, click on the "Dental" button, then click on the button that says, "Dental Plan Provider Directories;" or log in to your account on HealthTrust's SEP and click on the Delta Dental button.

Claim Processing

Claim Process for Participating Dentists

Your Participating Dentist will submit your claim directly to Northeast Delta Dental. A Participating Dentist will not charge you at the time of treatment for covered services, but may request payment for non-covered services, Deductibles or Co-payments. Northeast Delta Dental will produce an Explanation of Benefits (available through HealthTrust's SEP) 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 Non-Participating Dentist, you may be required to submit your own claim and pay for services at the time they are provided. Claim forms are available on HealthTrust's website. 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 Non-Participating Dentist will be limited to the lesser of the Dentist's submitted charge or Northeast Delta Dental's allowance for Non-Participating 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 detailing what has been processed under your Plan's coverage. The EOB, which will indicate the amount you need to pay, will be available by logging into your account on HealthTrust's SEP and clicking on the "Delta Dental" button.

Predetermination of Benefits

HealthTrust and Northeast Delta Dental **strongly** encourage Predetermination of cases involving extensive treatment plans. Although it is not required, Predetermination helps avoid any potential confusion regarding the 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.

Benefits or Claims Questions

If you have Benefits or claims questions, please contact Northeast Delta Dental's Customer Service at 800.832.5700 or 603.223.1234.