HealthTrust

DELTA DENTAL

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 1A

Coverage A Diagnostic/Preventive	Coverage B Basic	Coverage C Major	Coverage D Orthodontics
Deductible: $0 There is no deductible on this plan			
Covered at 100%*	**Covered at 80%***	**Covered at 50%***	**Covered at 50%***
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**	**Prosthodontics:** Removable and fixed partial dentures (bridge); complete dentures Rebase and reline (dentures) Crowns Onlays Implants	**Orthodontics:** Correction of crooked teeth for dependent children through the end of the month in which the child turns 19
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.**

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 Benefit Lookup site at ***www.nedelta.com***.

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.healthtrustnh.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.