

Summary of Dental Benefits

This chart is provided as a convenient summary of your coverage as a member of the NH Healthy Kids Silver program. The complete benefits, terms, limitations and exclusions are contained in the Dental Plan Description (DPD). **To receive treatment for covered services, you must receive services from the national network of participating Delta Dental Premier dentists.** To find a participating dentist, you may ask the dental office if they participate, you may call Northeast Delta Dental Customer Service (1-800-832-5700 or 603-223-1234), or you may visit the Northeast Delta Dental web site at www.nedelta.com.

New Hampshire Healthy Kids Silver Program Group Number 3463

| Diagnostic/Preventive (Coverage A) | Basic Restorative (Coverage B) | Major Restorative (Coverage C) |
|--|--|---|
| Deductible: \$0 – There is no deductible on the program. | | |
| Covered at 100% ** | Covered at 50% ** | Covered at 50% ** |
| <p>Diagnostic: Evaluations – once in a 6-month period</p> <p>X-rays (complete series or panoramic film) once in a 3-year period; bitewing x-rays once in a 12-month period; x-rays of individual teeth as necessary</p> <p>Oral cancer screening – once in a 12-month period</p> <p>Preventive: Cleanings – once in a 6-month period</p> <p>Fluoride once in a 12-month period to age 19</p> <p>Space maintainers to age 16</p> <p>Sealant application to permanent molars, once in a lifetime per tooth, for children to age 15</p> | <p>Basic Restorative: Amalgam (silver) fillings Composite (white) fillings (anterior teeth only)</p> <p>Oral Surgery: Surgical and routine extractions</p> <p>Endodontics: Root canal therapy</p> <p>Periodontics: Periodontal cleaning (Maintenance procedures) <i>One cleaning is covered in a 6 month period, routine (Preventive) or periodontal (Basic), but not both.</i></p> <p>Treatment of gum disease Clinical crown lengthening - once per lifetime per site</p> <p>Denture Repair: Repair of a removable denture to its original condition</p> <p>Emergency Palliative Treatment</p> | <p>Major Restorative: Removable and fixed partial dentures (bridge); complete dentures</p> <p>Rebase and reline (dentures)</p> <p>Crowns</p> <p>Onlays</p> |

Calendar Year Maximum: \$600 per person (Diagnostic/Preventive, Basic & Major combined)

**Benefit percentages shown are based upon the actual charge submitted to a maximum of the participating dentist's approved fees, or Delta Dental's allowance for nonparticipating dentists.

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