

# Dental Plan Description



*Healthy Kids SILVER*

*Dental Program*

*Group # 3463*

**Northeast Delta Dental**

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## Welcome to Northeast Delta Dental

We would like to take this opportunity to welcome you to the long list of satisfied customers of Northeast Delta Dental.

This Dental Plan Description Booklet gives you important information about your child's dental benefits. **For instance, one of the most important aspects of the New Hampshire Healthy Kids dental program is that you must access services through a Participating Dentist who participates in Delta Dental's National Network.** For a list of Participating dentists, call Northeast Delta Dental at 800-832-5700 or 603-223-1234, ask your dentist if he/she is a Participating Dentist, or visit our website at **[www.nedelta.com](http://www.nedelta.com)**

If you have any questions regarding your dental plan, please contact the New Hampshire Healthy Kids Corporation at 603-228-2925 or toll free at 877-464-2447. If you have any claims questions, please contact Northeast Delta Dental's Customer Service department at 603-223-1234 or 800-832-5700.

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Northeast Delta Dental welcomes you to the growing number of people receiving benefits through our dental care programs.

This booklet describes the benefits of the program and tells you how to use your plan. Please read it carefully to understand the benefits and provisions of your Delta Dental Plan. But, before you turn the page, we'd like you to know something about us...

- Northeast Delta Dental is a not-for-profit organization established and supported by Dentists to make dental care more available to the general public.
- Northeast Delta Dental is affiliated with a national association known as Delta Dental Plans Association which provides dental care programs in all states and territories.
- A substantial majority of Dentists in Maine, New Hampshire, and Vermont participate in Northeast Delta Dental through Participating Dentist Agreements.

You are encouraged to take advantage of your Northeast Delta Dental Plan since good oral health is an important part of your overall general health.

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## **I. Who Is Covered**

NOTE: For purposes of this Section, "you" means the covered child.

1. **Who Is Covered Under This Program.** You are covered under the Contract provided you continue to meet the eligibility criteria listed here:
  - (a) you must be at least one year old, but less than 19 years old, and
  - (b) you cannot be eligible for public health programs including Healthy Kids Gold, Medicaid and Medicare, and
  - (c) with certain exceptions (as determined by the New Hampshire Healthy Kids Corporation), you cannot have been enrolled in a health plan in the last six months prior to the effective date of this program.
2. **When Coverage Begins.** Your coverage begins upon the effective date as determined by the New Hampshire Healthy Kids Corporation.
3. **Persons Not Eligible For Membership.**
  - (a) Children who do not meet the eligibility criteria listed.
  - (b) Children who were previously enrolled in New Hampshire Healthy Kids whose coverage lapsed due to non-payment of premium are not eligible for three months following termination.
4. **Notification.** A condition of membership is your agreement to notify New Hampshire Healthy Kids Corporation in writing immediately of any changes in address or any changes in status which would affect your child's eligibility. This includes changes in family income, family size and/or if you obtain other insurance coverage.
5. **Disclosure of Coverage.** Another condition of membership is your agreement to provide information regarding all other health benefit coverage(s) under which you may be entitled to benefits.

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## II. Definitions

1. **Agreement:** the contract between New Hampshire Healthy Kids and Northeast Delta Dental to provide dental benefits to eligible children.
2. **Benefit Period:** the length of time for which you are eligible to receive benefits as specified in the Outline of Benefits (Section IV, page 5 of this booklet).
3. **Covered Benefits:** the dental care referred to in the Agreement.
4. **Delta Dental:** the Delta Dental Plans in Maine, New Hampshire, and Vermont, collectively known as Northeast Delta Dental.
5. **Dental Plan Description:** this document. The Dental Plan Description together with the Agreement form the terms and conditions under which Delta Dental will administer your dental benefit program.
6. **Dentist:** for the sake of Healthy Kids Silver program, such an individual licensed to practice dentistry in Maine, New Hampshire, Vermont and a Participating Dentist with Northeast Delta Dental.
7. **Maximum:** the dollar amount Delta Dental will pay in any Benefit Period
8. **Non-Participating Dentist:** a Dentist who has not filed fees with Delta Dental and has not signed a Participating Dentist Agreement.
9. **Participating Dentist:** a Dentist whose fees are filed with and/or accepted by Delta Dental, and who has signed a Participating Dentist Agreement. A Participating Dentist will abide by such uniform rules and regulations as are prescribed from time to time by Delta Dental.
10. **Predetermination:** an administrative procedure by which the dentist submits his treatment plan and diagnostic aids, i.e., x-rays, periodontal charting, etc. to Delta Dental in advance of performing dental services. Delta Dental recommends that you ask your dentist to request predetermination of proposed services which are considered to be other than brief or routine. Predetermination provides an estimate of what Delta Dental will pay for the services, which helps avoid confusion and misunderstanding between you and your dentist.
11. **Processing Policies:** policies approved by Delta Dental, as may be amended from time to time, to be used in processing treatment plans for predetermination and for claims payment. These Processing Policies are based on generally accepted standards of dental practice.
12. **Subscriber:** a child who has met the eligibility requirements established by New Hampshire Healthy Kids and has been accepted for enrollment in the program.

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### III. How To File A Claim

#### To Use Your Plan Follow These Steps:

1. Please read this Dental Plan Description carefully to familiarize yourself with the benefits and provisions of your dental plan.
2. **In order to receive full benefits under this dental plan, you must access services through a national network of Delta Dental Participating Dentists. Please check with your dental office to verify participating status, call 800-832-5700 and speak to a Customer Service Representative, or visit our website at [www.nedelta.com](http://www.nedelta.com).**

When you visit your dental office, inform them that you are covered under a Northeast Delta Dental program and show your identification card. Your Dentist will perform an evaluation and plan the course of treatment. When the treatment has been completed, the claim form will be sent to Delta Dental for payment for covered services.

3. Participating Dentists will have claim forms available in their offices. A Participating Dentist will not charge at the time of treatment for covered services, but may request payment for non-covered services. Delta Dental will pay the Participating Dentist directly and send a Notification of Benefits form to you which will indicate the amount you should pay, if any, to your Dentist.
4. You or someone in the dental office must fill in the patient information portion of the claim form. Please be sure information is complete and accurate to ensure the prompt and correct payment of your claim.

#### **Predetermination of Benefits:**

When requesting Predetermination of Benefits, your Dentist should send the claim form and diagnostic aids to Delta Dental. The resulting predetermination voucher is sent to your dentist. It is an estimate of Covered Benefits, Delta Dental's financial obligation and your financial obligation, if any exists.

Predetermination does not guarantee payment. Payment is based upon benefits selected in the Agreement and allowable charges at the time the dental care is rendered.

A Predetermination procedure requires only a minimal amount of time and should not interfere with scheduling your appointments. You and your Dentist should review this Predetermination before proceeding with treatment.

**NOTE:** If you have any questions about your plan, please check with New Hampshire Healthy Kids Corporation or call or write to: Customer Service Department, Northeast Delta Dental, One Delta Drive, PO Box 2002, Concord, New Hampshire 03302-2002 (603-223-1234). The toll free number is 800-832-5700. All correspondence with Delta Dental should include your group name and number, your identification number and your telephone number.

#### IV. Outline of Benefits

##### Coverage A (Diagnostic & Preventive) Benefits

<b>Diagnostic:</b>	Evaluations and radiographs (x-rays) to determine required dental treatment  Limited oral evaluation  Oral evaluation – once in any period of six (6) consecutive months. This can be a comprehensive or periodic evaluation provided by a specialist or a general Dentist.  Radiographs – complete series or panoramic film once in any period of three (3) consecutive years; bitewing films (x-rays) once in any period of twelve (12) consecutive months; films of individual teeth as necessary
<b>Preventive:</b>	Specific procedures employed to prevent the occurrence of dental disease  Prophylaxis (cleaning) – once in any period of six (6) consecutive months (child prophylaxis through age 12 (twelve), adult prophylaxis thereafter).  Fluoride treatment – once in any period of twelve (12) consecutive months through age eighteen (18)  Space Maintainers  Sealants

**Delta Dental Pays 100%**

##### Coverage A Exclusions and Limitations:

1. A panoramic film, with or without accompanying bitewings, is considered the same as a complete series and is paid as such.
2. Sealant benefit limitation:
  - (a) Sealant benefit is provided only to Eligible Dependents fourteen (14) years of age or younger.
  - (b) Sealant benefit includes the application of sealants to caries-free (no decay) and restoration-free permanent molars.
  - (c) Sealant benefit is provided no more than once in a lifetime per tooth.
3. A limited oral evaluation, when done in conjunction with a procedure (other than radiographs) on the same visit is considered a part of, and included in the fee for, the procedure and is not a covered benefit. Patient is responsible for any additional fee.
4. Payment for additional periapical radiographs within a thirty-day (30-day) period of a complete series or panoramic film, unless there is evidence of trauma, is subject to consultants' review. A separate fee may not be charged by Participating Dentists.
5. Space maintainers are a covered benefit for Eligible Dependents fifteen (15) years of age or younger when a space is being maintained for an erupting permanent tooth.

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**Coverage B (Basic) Benefits**

**Restorative:** Amalgam restorations (silver fillings)  
Resin restorations (white fillings), anterior teeth only

**Simple Extractions**

**Delta Dental Pays 100%**

**CALENDAR YEAR MAXIMUM: \$600 Per Person**

**Coverage B Exclusions and Limitations:**

1. Local anesthesia done in conjunction with a restoration or an extraction is considered a component of the complete procedure. A separate fee may not be charged by Participating Dentists.
2. Resin restorations in posterior teeth (white fillings in bicuspid and molars) are optional. An allowance will be paid equal to an amalgam (silver) restoration. If performed, patient is responsible for any additional fee.
3. Payment is made for one (1) restoration in each tooth surface irrespective of the number of combinations of restorations placed. A separate fee may not be charged by Participating Dentists.
4. Routine post-operative visits are considered part of, and included in the fee for, the total procedure. A separate fee may not be charged by Participating Dentists.
5. An adjustment will be made for two (2) or more restoration surfaces which are normally joined together. A separate fee may not be charged by Participating Dentists.

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## V. Exclusions and Limitations

### Exclusions:

Unless otherwise listed in the Outline of Benefits (Section IV, page 5), the following shall be excluded:

1. Benefits or services for injuries or conditions compensable under Worker's Compensation or Employer's Liability laws.
2. Benefits or services which are determined by Delta Dental to be rendered to correct congenital malformations, cosmetic surgery, or dentistry for cosmetic reasons.
3. Benefits and services started prior to the date of eligibility.
4. Prescription drugs, premedications, and/or relative analgesia, charges for hospitalization, general anesthesia, preventive control programs, periodontal splinting, myofunctional therapy, treatment of temporomandibular joint (TMJ) dysfunction, equilibration, and gnathological reporting.
5. Charges for failure to keep a scheduled visit with the Dentist.
6. Charges for completion of claim forms is not a Delta Dental benefit nor may a charge be made to a subscriber by a Participating Dentist.
7. Benefits and services which are not within the classes of benefits defined in this Dental Plan Description.
8. Appliances, procedures or restorations for: (a) increasing vertical dimension; (b) altering, restoring or maintaining occlusion; (c) replacing tooth structure lost by attrition or abrasion; (d) correcting congenital or developmental malformations; (e) esthetic purposes; and (f) implantology techniques.
9. Dental Care rendered by other than a Dentist will not be a benefit, except that scaling or cleaning of teeth and topical application of fluoride and such other treatment performed by a licensed dental hygienist will be a benefit, as long as the treatment is rendered under the supervision and guidance of a Dentist, in accordance with generally accepted dental practice standards.
10. Those services and benefits excluded by Delta Dental's Processing Policies.
11. Charges for services or supplies for which no charge would have been made in the absence of dental coverage.
12. Charges for services or supplies received as a result of dental disease, defect, or injury due to an act of war, declared or undeclared.

### Limitations:

The benefits to be provided to eligible children under this Agreement shall be limited as follows:

1. **Optional Treatment:** In all cases in which the subscriber selects a more expensive service than is customarily provided, Delta Dental will pay the applicable percentage of the fee for the service which is customarily provided to restore the tooth to contour and function. The subscriber shall be responsible for the remainder of the Dentist's fee.

#### Example:

A tooth can be satisfactorily restored with amalgam (silver). However, if you choose to have the tooth restored with gold, Delta Dental will only pay the amount that it would have paid to restore the tooth with amalgam. You are responsible for the difference in cost.

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## **VI. General Claims Inquiry**

After a claim is submitted by your dentist and processed by Delta Dental, you will be sent a Notification of Benefits form. This notice will explain the benefits that were paid on your behalf, let you know if any services are denied and give you the reason(s) for the denial.

If you have any questions regarding your benefits, you may call Delta Dental for an explanation at 603-223-1234. The toll-free number is 800-832-5700. You will be connected directly to our Customer Service department.

The Customer Service Representative will need to know the claim number which is located at the top of your Notification of Benefits form, or if that information is not available, the child's social security number. This will enable a quick response to your inquiry.

## **VII. Disputed Claims Procedure**

After you have followed the General Claims Inquiry procedure and have reason to believe your benefit determination was not in accordance with the Agreement between Delta Dental and New Hampshire Healthy Kids Corporation, you have the option of using Delta Dental's Disputed Claims Procedure. This may be requested within six (6) months of the issuing of Delta Dental's original Notification of Benefits. It is recommended that your written request for a review of your claim be personally delivered or mailed certified mail, return receipt requested, to the Vice President, Professional Relations, Northeast Delta Dental, One Delta Drive, PO Box 2002, Concord, New Hampshire, 03302-2002 but you may also submit your request by standard mail.

Your request for a review of your claim should reference the claim(s) in question, state your name and address, and the reasons you think the denial should be evaluated, and any additional materials you wish to present.

You may be requested to provide additional documents as necessary to make such a review and will promptly review your claim. If the claim is wholly or partially denied, you will be furnished with a notice of the decision within thirty (30) days after receipt of the disputed claim. The written notice will include:

1. the specific reason(s) for denial, and
2. the specific reference to the provision upon which the denial is based.

If your request for review results in an additional payment, it will be made within fifteen (15) working days of Delta Dental's response. If you do not receive notice within the thirty day (30-day) period, the claim is considered denied in order that you may proceed to the Disputed Claims Review Procedure.

If you are not satisfied by the outcome of your appeal to the review committee, please contact the New Hampshire Healthy Kids Corp. toll free at 877-464-2447. Healthy Kids staff will work with you to review the claim and help clarify any misunderstanding.

Alternatively, you may contact the Office of the Ombudsman at the State of New Hampshire Department of Health and Human Services at 800-852-3345, extension 6941.

## **VIII. Disputed Claims Review Procedure**

The Disputed Claims Review Procedure allows you to request a review from Delta Dental's appropriate Review Committee after receipt of written notification of the denial of your claim. You or your duly authorized representative may appeal to the Committee by filing a request for review before the final appeal date set forth in Delta Dental's notice denying the claim, or, if no date is given, within six (6) months of the notice.

Your written request should be sent certified mail, (return receipt requested) to the Review Committee at the Northeast Delta Dental address noted previously. It must state specifically the reasons for requesting a review. It should contain issues and comments stating why you believe Delta Dental's response was incorrect. Not later than 30 days after receipt of your request, the Review Committee will render its decision.

If you desire, you may request a hearing from the Review Committee to consider matters raised in your appeal. If a hearing is granted, you are entitled to representation by legal counsel or other duly authorized representatives, to request the presence of a stenographer to transcribe the hearing, to present evidence, to request the testimony of witnesses at the hearing, and to cross-examine witnesses. You or your representative may review the Agreement and related pertinent documents. A decision will be rendered as soon as possible, but not later than 60 days after receipt of your written request for the hearing. The decision of the Review Committee will be in writing and will include specific reasons for the decision.

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**IX. Termination**

Benefit entitlement may be automatically terminated:

1. On the last day of the month in which a required payment has not been made.
2. On the last day of the month for which the subscriber no longer meets the eligibility requirements of the New Hampshire Healthy Kids program.

**X. General Conditions****Change of Status:**

A condition of membership is your agreement to notify New Hampshire Healthy Kids Corporation in writing immediately of any changes in address or any changes in status which would affect your child's eligibility. This includes changes in family income, family size, enrollment in public health programs and/or if you obtain other insurance coverage.

**Assignment:**

Benefits of subscribers are personal and cannot be transferred.

**Right of Recovery:**

Delta Dental will succeed to the subscriber's right of recovery against any third person or organization that may be liable. The subscriber will authorize Delta Dental to do whatever is necessary to secure such rights.

**Doctor-Patient Relationship:**

The subscriber has the freedom to choose any Dentist. Dentists rendering service under the Agreement are independent contractors and will maintain the traditional doctor-patient relationship. The Dentist will be solely responsible to the patient for dental advice and treatment and any resulting liability.

**Loss of Eligibility During Treatment:**

If a subscriber loses eligibility while receiving dental treatment, only covered services received while eligible will be considered for payment.

**Maintaining Your Privacy:**

Northeast Delta Dental respects and carefully preserves the privacy and confidentiality of Subscribers. As part of that protection, compliance with all state and federal laws regarding privacy of personal and health information is maintained. For a copy of Northeast Delta Dental's Notice of Privacy Practices, that describes in detail our respective privacy practices or, if you have any questions about the privacy of your health information, please contact:

Privacy Officer  
Northeast Delta Dental  
One Delta Drive  
PO Box 2002  
Concord, NH 03302-2002  
(800) 537-1715

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## **XI. Questions and Answers**

### **1. May I Choose Any Dentist?**

In order to receive dental benefits, you must seek care from a national network of Delta Dental Participating Dentists.

### **2. Will Delta Dental Make Payment Directly to the Dentist or Will I Receive Payment?**

Delta Dental will make payment directly to the Participating Dentist.

### **3. How Much of the Dental Bill Do I Pay?**

You are responsible for the amount shown on your Notification of Benefits form which will include any charges for optional treatment or specific exclusions of your program.

### **4. Am I Covered for all Dental Services?**

No. Your Covered Benefits are described in this booklet. These Covered Benefits are governed by the Exclusions, Limitations, and Delta Dental's current Processing Policies, and the terms of the Agreement between New Hampshire Healthy Kids and Northeast Delta Dental.

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## *Notes*

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**Northeast Delta Dental**  
**One Delta Drive**  
**PO Box 2002**  
**Concord, NH 03302-2002**  
**[www.nedelta.com](http://www.nedelta.com)**

**Customer Service**  
**603-223-1234**  
**800-832-5700**  
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