



Delta Dental Premier Network

This chart is provided as a convenient summary of your coverage as a member of the NH Healthy Kids 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 dentists.** To find a participating dentist, you may ask the dental office if they participate, you may call the Northeast Delta Dental Customer Service lines (1-800-832-5700 or 603-223-1234), or you may visit the Delta Dental Web site at www.nedelta.com.

New Hampshire Healthy Kids - Silver Group Number 3463

Note: The program has no deductibles or copayments.

Coverage A Diagnostic/Preventive	Coverage B Basic/Restorative
Covered at 100% *	Covered at 100% *
<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>Simple extractions</p> <p>Stainless Steel crowns</p>

Calendar Year Maximum: \$600 per person (Coverage A and B combined)

*Benefit percentages shown are based upon the actual charge submitted to a maximum of the participating dentist's approved fees.