

**Outline of Benefits**  
**UNIVERSITY OF NEW ENGLAND**  
**Group Number: 6392-5004, 5418**  
**High Plan**

For more information on your benefits, please refer to your Dental Plan Description (DPD) or Summary Plan Description (SPD).

**Benefit Period:** January 1 through December 31

**Eligibility Period:** Determined by the Employer.

**Benefit percentages paid by Northeast Delta Dental after any applicable Waiting Periods and/or Copayments:**

Diagnostic & Preventive (Coverage A)	100%
Basic (Coverage B) - includes posterior resin restorations	80%
Major (Coverage C)	50%

**Maximum Benefits:** \$1,500 per person per benefit period.

**Deductibles:** \$25/\$75 benefit period deductible per person/family (applies to Basic and Major benefits only).

**Office Visit Copayments:** None

**Waiting Periods:**

Basic Benefits: No waiting period.

Major Benefits: No waiting period.

**Dependent Age Limits:**

Dependent Children are covered up to age 26.

Your benefits include Domestic Partner Coverage. Please contact your employer for more details.

**Double-Up Max<sup>SM</sup>:**

This Northeast Delta Dental Plan allows you to double your calendar year maximum by earning an additional \$250 per year for use in future benefit periods. Here is how it works:

- To qualify for the carryover, you must have a claim paid for either an oral exam or a cleaning during a calendar year (a focus on prevention), and your total paid claims cannot exceed \$500 during the same calendar year.
- The carryover will accumulate for each year of qualification up to an amount equal to the plan's original calendar year maximum. If, for example, the calendar year maximum is \$1,000, enrollees can ultimately achieve an annual maximum of \$2,000
- This feature does not apply to orthodontic benefits.

Please note: Groups first effective during July - December will begin qualifying for the carryover the following calendar year for benefit dollars that can be used in the subsequent year.