

Dental Plan Summary

This summary describes the level of coverage under your employer's Local Government Center HealthTrust Dental Plan for services performed by dentists who participate in the Delta Dental Premier network. Employees and their eligible dependents are free to visit *any* dentist, participating or nonparticipating. Visit Delta Dental's Web site at www.nedelta.com for an updated list of participating dentists. Your Local Government Center Dental Plan includes all of the following coverage categories. This information is provided for summary purposes only; certain benefit limitations may apply. Please refer to your Dental Plan Description for complete benefit information. In the event of a conflict or discrepancy between this summary and either the Plan Document or the Dental Plan Description, the Plan Document or the Dental Plan Description will prevail.

Dental Plan Option 4B

Coverage A Diagnostic/Preventive	Coverage B Basic
Deductible: None	Deductible: \$50 Per Person, Per Year (\$150 Per Family)
Covered at * 100%	Covered at * 80%
<p>Diagnostic: Evaluations - twice in a calendar year</p> <p>X-rays - complete series or panoramic film once in a 3-year period; bitewing x-rays - once in a calendar year; x-rays of individual teeth as necessary</p> <p>Oral cancer screening - once in a calendar year</p> <p>Preventive: Cleanings (routine and/or periodontal) - twice per calendar year through 6/30/08; four per calendar year beginning 7/1/08</p> <p>Fluoride - twice in a calendar year through age 18</p> <p>Space maintainers - through age 15</p> <p>Sealant application to permanent molars - once in a 3-year period per tooth, for children through age 18</p>	<p>Restorative: Amalgam (silver) fillings and/or Composite (white) fillings (anterior and posterior teeth)</p> <p>Oral Surgery: Surgical and routine extractions</p> <p>Endodontics: Root canal therapy</p> <p>Periodontics: Periodontal cleaning (maintenance procedures - routine and/or periodontal) - twice per calendar year through 6/30/08; four per calendar year beginning 7/1/08</p> <p>Treatment of gum disease</p> <p>Denture Repair: Repair of a removable denture to its original condition</p> <p>Emergency Palliative Treatment</p>

Contract Year Maximum: \$750 per person (Coverages A and B combined) beginning each July 1st

*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 non-participating dentist

Delta Dental Premier Dentist Network

You'll get the best value from your Plan when you receive your dental care from a Delta Dental Premier participating dentist:

- ▲ **No balance billing:** Because participating dentists accept Delta Dental's approved amount for service, you will normally pay less when you visit a participating dentist.
- ▲ **No claim forms:** Participating dentists will prepare and submit claim forms for you.
- ▲ **Direct payment:** Northeast Delta Dental pays the dentist 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 is part of the Delta Dental Premier network, call your dentist or visit Delta Dental's Web site at www.nedelta.com. Click on Locate a Dentist, then Local or National Dentist Directory. You can also call Delta Dental's Customer Service Department at 800.832.5700 or 603.223.1234.

Claim Submission Process

Participating Dentists

- ▲ Present your ID card to the dentist at the time of your visit.
- ▲ The dentist will submit your claim to Northeast Delta Dental.
- ▲ Northeast Delta Dental will send you a Notification of Benefits detailing what has been processed under your Plan's coverage. You are responsible to pay any remaining balance directly to the dentist.

Nonparticipating Dentists

Your Plan provides coverage regardless of the patients' choice of dentists, participating or not. When visiting a nonparticipating dentist within the Northeast Delta Dental operating area of Maine, New Hampshire and Vermont, payment for services rendered will be based on the lesser of the dentist's actual submitted charge or Delta Dental's allowance for nonparticipating dentists. The patient may be required to submit the claim directly and pay for the services at the time they are provided. The Notification of Benefits and the claim payment will go to the subscriber; the patient will be responsible for any remaining balance. (In Maine, the claim payment will go to the subscriber unless a valid assignment of benefits has been received).

When visiting a nonparticipating dentist outside the Northeast Delta Dental operating area, payment for services rendered will be based on the lesser of the dentist's actual submitted charge or an amount equal to a selected percentile of a nationally-recognized database for the area in which the services were provided. The patient may be required to submit the claim directly and pay for the services at the time they are provided; the patient will be responsible for any remaining balance. The Notification of Benefits will go to the subscriber. The claim payment will go to the dentist unless the claim is marked "paid," otherwise it will be sent to the subscriber. (In Maine, the claim payment will go to the subscriber unless a valid assignment of benefits has been received).



PO Box 617
Concord, NH 03302-0617
603.224.7447
800.527.5001
www.nhlgc.org

Predetermination of Benefits

Northeast Delta Dental strongly encourages predetermination of cases involving costly or extensive treatment plans. Although it's not required, predetermination helps avoid any potential confusion regarding Delta Dental's payment and your financial obligation to the dentist.

Coordination of Benefits

When a covered individual under this Plan has additional group 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 Delta Dental's Customer Service department at 800.832.5700 or 603.223.1234.

Identification Card

Two identification cards from Delta Dental will be produced and distributed shortly after your enrollment. Both cards are issued in the subscriber's name, but can be used by everyone covered under the Plan.

Dental Plan Description

You will receive a Dental Plan Description shortly after your enrollment. The Dental Plan Description describes the benefits of your Plan and tells you how to use your Plan. Please read it carefully to understand the benefits and provisions of your Local Government Center HealthTrust Dental Plan.

Who is Eligible

All eligible employees and their dependents, defined as:

- Spouse/civil union partner;
- Unmarried, dependent children from age 2 to age 19;
- Unmarried, dependent children age 19 to age 26 who meet further eligibility criteria; and
- Incapacitated dependent children, regardless of age.

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 Local Government Center at 800.527.5001.

Claims Questions

If you have further questions, please contact Northeast Delta Dental's Customer Service department at 800.832.5700 or 603.223.1234.

This summary should be used only as a guideline for your dental plan coverage. For detailed information on your Plan's terms, conditions, limitations, exclusions and guarantees, please refer to your Dental Plan Description or consult your employer.



Northeast Delta Dental
One Delta Drive
P.O. Box 2002
Concord, NH 03302-2002
www.nedelta.com