



Northeast Delta Dental
One Delta Drive
PO Box 2002
Concord, NH 03302-2002
Customer Service:
603-223-1234
800-832-5700

**Outline of Benefits
Orleans Central SU**

Group Number: 7777-0751, 0752, 0753, 0754, 0755, 0756, 0757, 0758, 0759

Contract Year for Benefits – July 1 through June 30.

Eligibility – Determined by the employer.

Waiting Periods: N/A

Eligible Persons - Subject to the "Eligibility" provision above, employees and their dependents may be enrolled. Your employer pays a portion of the cost for all enrolled employees. An employee may enroll fewer than all dependents. A newborn child is automatically covered for the first thirty-one (31) days following birth. Coverage will continue if the child is formally enrolled within the first thirty-one days following birth or the child may be enrolled thereafter at any open enrollment or as of the first day of the month following the month of the child's second birthday.

Benefit Coverages and Percentages Paid by Northeast Delta Dental -

Diagnostic & Preventive	100%
Basic	50%
Major -includes implant services	50%

Maximum Benefit - The maximum amount which your plan will pay is \$750 per person per Contract Year for Diagnostic & Preventive, Basic and Major benefits.

Deductible – There is no deductible.

Contribution – The employer pays at least 50% for all eligible employees. The dependent coverage is optional.

Benefit percentages shown are based upon the actual charge submitted to a maximum of the Participating Dentist's approved fees or Northeast Delta Dental's allowance for Non-Participating Dentists.

OOB07/07