

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: 1/1/2020 - 12/31/2020

Eligibility Period: 90 days

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

| | | |
|------|--------|------|
| 100% | | 100% |
| 80% | - 100% | 80% |
| 50% | 50% | 50% |

Maximum Benefits: \$1,000,000

Deductibles: \$500

Office Visit Copayments