

University of New England
 High Option
 Group Number: 6392-5004
 Effective January 1, 2024

Outline of Coverage Delta Dental PPO Plus Premier Network



Northeast Delta Dental

Read Your Dental Plan Description Carefully—This Outline of Coverage provides a very brief description of the important features of your dental benefits plan. This is not the insurance contract, and only the actual policy provisions will control. The Dental Plan Description itself sets forth in detail the rights and obligations of both you and your insurance company. It is therefore important that you READ YOUR Dental Plan Description CAREFULLY! Not all time limitations and exclusions are shown herein. Benefit percentages shown are based on the actual charges submitted up to the Maximum Allowable Charge for participating dentists, or Delta Dental's allowance for non-participating dentists.

Diagnostic / Preventive (Coverage A)	Basic Restorative (Coverage B)	Major Restorative (Coverage C)
No Deductible	Calendar Year Deductible per Person/Family: \$25/\$75	

DIAGNOSTIC
 Evaluations twice in a 12-mo Q QT38.683le ph(2)jp4(04(

	No Waiting Period	Delta Dental Pays: 50% No Waiting Period
Calendar Year Maximum: \$1,500 up to \$3,000 per Person with Double-Up Max Health through Oral Wellness® program included (please see reverse for details)		

