

Outline of Benefits
COLLEGE OF THE ATLANTIC
Group Number: 61097-1000

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

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 composites	80%
Major (Coverage C) - includes implant services	50%
Orthodontics (Coverage D)	50%

Maximum Benefits: \$2000 per person per benefit period excluding Ortho.
Orthodontic benefits have a separate lifetime maximum of \$1500 per person.

Deductibles: \$100/\$300 lifetime deductible per person/family (applies to Basic and Major benefits only).

Office Visit Copayments: None

Waiting Periods:

Basic Benefits: No waiting period.

Major Benefits: Coverage begins on the first day of the month following 6 months of continuous coverage.

Orthodontic Benefits: Coverage begins on the first day of the month following 6 months of continuous coverage.

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 MaxSM:

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.

To the extent of any provision in this Outline of Benefits conflicts with a provision in the Dental Plan Description or Summary Plan Description, the provision in the Dental Plan Description or Summary Plan Description shall supersede and take precedence.