# Bowdoin College Effective: January 202 ñ

Outline of Coverage

Delta DentaPPO PlueremierNetwork



Group Number: 6625

# Northeast Delta Dental

Diagnostic / Preventive (Coverage A)	Basic Restorative (Coverage B)	Major Restorative (Coverage C)
No Deductible	Calendar Year Deductible per Person/Family: \$50/\$150	

#### DIAGNOSTIC

Evaluations wice in a 12month period; this includes periodic, limited, problem-focused, and comprehensive evaluations.

X-rays (complete series or panoramic film) once inyæār period

Bitewing xrays once in a 12 nonth period

X-rays of individual teeth as necessary

Brush biopsy once in a 4/2 onth period

**PREVENTIVE** 

### Delta Dental PPO plus Premier Network

You will get the best value from your Delta Dental Plan when you receive your dental care from one of our A healthy mouth is part of a healthy life, and Northeast Delta Dental's PPO (greatest savings) or Premier network participating dentists:

innovative Health through Oral Wellness program (HOW) works with your

No Balance Billing: Because participating dentists accept Northeast Delta Dental's allowed fees for services, you will typically pay less when you visit a participating dentist.

No Claims Paperwork: Participating dentists will prepare and submit claims for you.

Direct Payment: Northeast Delta Dental pays participating dentists directly, so you don't have to pay the covered **a**nount up front and wait for a reimbursement check.

To find out if your dentist participates in our PPO or Premier network, you can: call your dentist, visit our website at nedelta.compr call Customer Service at800-832-5700.

### Claim Process for Paritoating Dentists

Your participating dentist will submit your claim to Northeast Delta Dental (claims for any of your covered dependents should be submitted under your subscriber ID number). Northeast Delta Dental will produce an Explanation of Benefit(available through our Benefitookup site at nedelta.com) detailing what has been processed under your plan's coverage. You are responsible to pay any outstanding balance directly to the dentist.

# Non-Participating Dentists

If you visit a norparticipating dentist, you may be required to submit your own claim and pay for services at the time they are provided. Claim forms are available/isixing nedelta.com or by calling Northeast Delta Dental. Payment will be made to you, the Subscriber, unless the state in which the services are rendered requires that assignment of benefits be honored and Northeast Delta Dental receives written notice of such assignment. Payment for treatment performed by a mount input dentist will be limited to the lesser of the dentist's actual submitted charge or Delta Dental's allowance for paorticipating dentists in the geographic area in which services are provided. It is your responsibility to make full payment to the dentist.

#### Predetermination of Benefits

Northeast Lelta Dental recommends that you ask your dentist to submit atpretment estimatefor any dental work involving costly or extensive treatment plans. Predeterminations helps avoid any potential confusion and enable us to help you estimate any off-pocket expenses you may incur.

#### Coordination of Benefits

When an individual covered under this plan has additional group coverage, the Coordination of Benefits (COB) provision described in your Dental Plan Description booklet will determine the sequence payment. If you have any questions about COB, please contact our Customer Service Department at 1 832-5700.

### **Identification Cards**

Identification cards will be produced and distributed shortly after your initial enrollment. Any future cards will be issued electronically via our Benefit Lookup site accessible through nedelta.com. You can also use the Delta Dental mobile app and enjoy access to dentist search, claims and coverage, and your ID card.

# Health through Oral Wellne®(HOW)

rA healthy mouth is part of a healthy life, and Northeast Delta Dental's innovative Health through Oral Wellness program (HOW) works with your dental benefits to help you achieve and maintain better oral wellness. ItsOW all about YOU because it's based on your specific oral health risk and needs. Best of all, it's secure and confidential. Here's how to get started:

#### 1. REGISTER

Go to healththroughoralwellness.comnd click on "Register Now."

#### 2. KNOW YOUR SCORE

After you register, please take the free oral Itbaisk assessment by clicking on "Free Assessment" in the