



Northeast Delta Dental
 One Delta Drive
 PO Box 2002
 Concord, NH 03302-2002
 Customer Service:
 1-800-832-5700

Outline of Benefits
CALEDONIA CENTRAL SU
Group Number: 7777-378, 379, 380, 381, 383, 384, 385

For more information on your benefits, please refer to your Dental Plan Description (DPD) or Summary Plan Description (SPD).

Benefit Period: July 1 through June 30

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)	80%

Maximum Benefits: \$1,500 per person per benefit period excluding Orthodontics.

Deductibles: None

Office Visit Copayments: None

Waiting Periods:
 Basic Benefits: No waiting period.
 Major Benefits: No waiting period.

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: Not applicable

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.