



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

Outline of Benefits  
SD ASSOCIATES  
Group Number: 71170-3202376

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

Eligibility Period: Determined by the Employer.

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

Diagnostic & Preventive (Coverage A)	100%
Basic (Coverage B)	80%
Major (Coverage C)	50%
Orthodontics (Coverage D)	50%

Maximum Benefits: \$2,000 per person per benefit period excluding Orthodontics.  
Orthodontic benefits have a separate lifetime maximum of \$1,500 per adult and child

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

Office Visit Copayments: None

Waiting Periods:

Waiting periods do not apply to eligible enrollees under nineteen (19) years of age, except for orthodontic benefits.

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

Major Benefits: Coverage begins on the first day of the month following 12 months of continuous coverage.

Orthodontic Benefits: Coverage begins on the first day of the month following 12 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 Max<sup>SM</sup>:

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.