This chart represents the level of coverage for services performed by dentists who participate in the Delta Dental Premier network. Employees and their eligible dependents are free to visit any dentist, participating or nonparticipating. Visit our Web site at www.nedelta.com for an updated list of participating dentists. Your Northeast Delta Dental program includes all of the following coverage categories. This chart is provided for summary purposes only; certain benefit limitations may apply. Please refer to your benefit booklet for complete benefit information. In the event of a conflict or discrepancy between the chart and either the group contract or the benefit booklet, the contract or benefit booklet will prevail.

Franklin Pierce University  
Group Number: 3106

<table>
<thead>
<tr>
<th>Diagnostic/Preventive Coverage A</th>
<th>Basic Coverage B</th>
<th>Major Coverage C</th>
<th>Orthodontics Coverage D</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Deductible:</strong> None</td>
<td><strong>Deductible:</strong> $50 Per Person, Per Year ($150 Per Family)</td>
<td><strong>Deductible:</strong> None</td>
<td><strong>Orthodontics:</strong> None</td>
</tr>
</tbody>
</table>

**Covered at *100 %**

**Diagnostic:**  
- Evaluations - once in a 6-month period
- X-rays (Complete series or panoramic film) once in a 3-year period
- Bitewing x-rays once in a 12-month period
- X-rays of individual teeth as necessary
- Oral cancer screening or Brush Biopsy, once in a 12 month period

**Preventive:**  
- Cleanings four in a 12-month period
- Fluoride twice in a 12-month period to age 19
- Space maintainers to age 16
- Sealant application to permanent molars, once in a three year period per tooth for children to age 19

**Covered at *60%**

**Restorative:**  
- Amalgam (silver) fillings
- Composite (white) fillings (anterior teeth only)

**Oral Surgery:**  
- Surgical and routine extractions

**Endodontics:**  
- Root canal therapy

**Periodontics:**  
- Periodontal maintenance (cleaning)
  
  Four cleanings are covered in a 12-month period; this can be routine (Coverage A) or Periodontal (Coverage B), in any combination.
  
  Treatment of gum disease

**Denture Repair:**  
- Repair of a removable denture to its original condition

**Emergency Palliative Treatment**:

**Calendar Year Maximum:** $1,000 per person (Coverages A, B and C combined)  
**Orthodontic Lifetime Maximum:** $ 1,500 Per Person

*Benefit percentages shown are based upon the actual charge submitted to a maximum of the participating dentist's approved fees, or Delta Dental's allowance for nonparticipating dentists.