

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](http://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

Diagnostic/Preventive Coverage A	Basic Coverage B	Major Coverage C	Orthodontics Coverage D
<b>Deductible:</b> None	<b>Deductible:</b> \$50 Per Person, Per Year (\$150 Per Family)		<b>Deductible:</b> None
<b>Covered at *100 %</b>	<b>Covered at * 60%</b>	<b>Covered at * 50%</b>	<b>Covered at *50 %</b>
<b>Diagnostic:</b> 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  <b>Preventive:</b> 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	<b>Restorative:</b> Amalgam (silver) fillings Composite (white) fillings (anterior teeth only)  <b>Oral Surgery:</b> Surgical and routine extractions  <b>Endodontics:</b> Root canal therapy  <b>Periodontics:</b> Periodontal maintenance (cleaning)  <i>Four cleanings are covered in a 12-month period; this can be routine (Coverage A) or Periodontal (Coverage B), in any combination.</i>  Treatment of gum disease  <b>Denture Repair:</b> Repair of a removable denture to its original condition  <b>Emergency Palliative Treatment</b>	<b>Prosthodontics:</b> Removable and fixed partial dentures (bridge); complete dentures  Rebase and reline (dentures)  Crowns  Onlays  Implants	<b>Orthodontics:</b> Correction of crooked teeth for children to age 19
<b>Calendar Year Maximum:</b> \$1,000 per person (Coverages A, B and C combined)			<b>Orthodontic Lifetime Maximum:</b> \$ 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.