

Outline of Benefits

This Outline of Benefits describes the level of coverage under your employer's HealthTrust Dental Plan for services performed by dentists who participate in the Delta Dental PPO and Delta Dental Premier networks. Employees and their eligible dependents are free to visit *any* dentist, participating or nonparticipating. Visit Northeast Delta Dental's Web site at www.nedelta.com for an updated list of participating dentists. Your employer's HealthTrust Dental Plan includes all of the following coverage categories. This information is provided for summary purposes only; certain benefit limitations may apply. Please refer to your Dental Plan Description available at www.healthtrustnh.org — log on to the secure coverage section, then click on the "HealthTrust Dental Coverage" link in the purple "Learn More" box located in the lower right-hand corner of the screen. In the event of a conflict or discrepancy between this Outline of Benefits and either the Plan Document or the Dental Plan Description, the Plan Document or the Dental Plan Description will prevail.

Dental Plan Option 4 **LOW**

Coverage A Diagnostic/Preventive	Coverage B Basic
Deductible: None	Deductible: \$25 Per Person, Per Year (\$75 Per Family)
Covered at * 100%	Covered at * 80%
<p>Diagnostic: Evaluations - twice in a calendar year</p> <p>X-rays - complete series or panoramic film once in a 3-year period; bitewing x-rays - once in a calendar year; x-rays of individual teeth as necessary</p> <p>Oral cancer screening/brush biopsy - once in a calendar year, no age limit</p> <p>Preventive: Cleanings (routine and/or periodontal) - four per calendar year</p> <p>Fluoride - twice in a calendar year through age 18</p> <p>Space maintainers - through age 15</p> <p>Sealant application to permanent molars - once in a 3-year period per tooth, for children through age 18</p>	<p>Restorative: Amalgam (silver) fillings and/or Composite (white) fillings (anterior and posterior teeth)</p> <p>Oral Surgery: Surgical and routine extractions</p> <p>Endodontics: Root canal therapy</p> <p>Periodontics: Periodontal cleaning (maintenance procedures - routine and/or periodontal) - four per calendar year</p> <p>Treatment of gum disease</p> <p>Clinical crown lengthening</p> <p>Denture Repair: Repair of a removable denture to its original condition</p> <p>Emergency Palliative Treatment</p>

Contract Year Maximum: \$750 per person (Coverages A and B combined) beginning each July 1st

*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 non-participating dentists.

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Dental Plan Option 1C HIGH

Coverage A Diagnostic/Preventive	Coverage B Basic	Coverage C Major	Coverage D Orthodontics
Deductible: \$0 There is no deductible on this plan			
Covered at * 100%	Covered at * 80%	Covered at * 50%	Covered at * 50%
<p>Diagnostic: Evaluations - twice in a calendar year</p> <p>X-rays - complete series or panoramic film once in a 3-year period; bitewing x-rays - once in a calendar year; x-rays of individual teeth as necessary</p> <p>Oral cancer screening/brush biopsy - once in a calendar year, no age limit</p> <p>Preventive: Cleanings (routine and/or periodontal) - four per calendar year</p> <p>Fluoride - twice in a calendar year through age 18</p> <p>Space maintainers - through age 15</p> <p>Sealant application to permanent molars - once in a 3-year period per tooth, for children through age 18</p>	<p>Restorative: Amalgam (silver) fillings and/or Composite (white) fillings (anterior and posterior teeth)</p> <p>Oral Surgery: Surgical and routine extractions</p> <p>Endodontics: Root canal therapy</p> <p>Periodontics: Periodontal cleaning (maintenance procedures - routine and/or periodontal) - four per calendar year</p> <p>Treatment of gum disease</p> <p>Clinical crown lengthening</p> <p>Denture Repair: Repair of a removable denture to its original condition</p> <p>Emergency Palliative Treatment</p>	<p>Prosthetics: Removable and fixed partial dentures (bridge); complete dentures</p> <p>Rebase and reline (dentures)</p> <p>Crowns</p> <p>Onlays</p> <p>Implants</p>	<p>Orthodontics: Correction of crooked teeth for adults and children</p>
Contract Year Maximum: \$1,000 per person (Coverages A, B and C combined) beginning each July 1st			Orthodontic Lifetime Maximum: \$1,000 Per Person

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