HealthTrust

DELTA DENTAL

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 the following coverage categories. This information is provided for summary purposes only; certain benefit limitations and exclusions may apply. For further details, please refer to your Dental Plan Description available at *www.healthtrustnh.org*.

Dental Plan Option 2

Coverage A Diagnostic/Preventive	Coverage B Basic	Coverage C Major
Deductible: None	**Deductible**: $25 Per Person, Per Year ($75 Per Family)	
Covered at 100%*	**Covered at 80%***	**Covered at 50%***
Diagnostic: Evaluations - twice in a calendar year: this includes periodic, limited, problem-focused, and comprehensive evaluations X-rays - complete series or panoramic film - once in a 5-year period; Bitewing x-rays - once in a calendar year; X-rays of individual teeth - as necessary Brush biopsy - once in a calendar year, no age limit **Preventive:** Cleanings - four per calendar year Fluoride - twice in a calendar year through age 18 Space maintainers - through age 15 Sealant application to permanent molars - once in a 3-year period per tooth, for children through age 18	**Restorative:** Amalgam (silver) fillings and/or Composite (white) fillings (anterior and posterior teeth) **Oral Surgery:** Surgical and routine extractions **Endodontics:** Root canal therapy **Periodontics:** Periodontal cleaning - four cleanings per calendar year; these may be routine (Coverage A) or periodontal (Coverage B) Treatment of gum disease Clinical crown lengthening - once in a lifetime per site **Denture Repair:** Repair of a removable denture to its original condition **Emergency Palliative Treatment**	**Prosthodontics:** Removable and fixed partial dentures (bridge); complete dentures Rebase and reline (dentures) Crowns Onlays Implants

Plan Year Maximum: $750 per person (Coverages A, B and C combined) beginning each January 1st

***Benefit percentages shown are based upon the lesser of the actual submitted charge or Delta Dental's allowance under the Plan.**

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