

Effective October 1, 2023

Your Northeast Delta Dental program includes all of the following coverage categories. This chart is provided for summary purposes only. Please refer to your benefit booklet for complete benefit information. In the event of a conflict or discrepancy between this chart and either the group contract or the benefit booklet, the contract or benefit booklet will prevail.

Type	Diagnostic & Preventive (Referred to as Coverage A)	Basic Restorative (Referred to as Coverage B)	Major Restorative (Referred to as Coverage C)	Orthodontics (Referred to as Coverage D)
Covered Services	<p>DIAGNOSTIC: Oral evaluations twice per calendar year, this includes periodic, limited, problem-focused, and comprehensive evaluations</p> <p>X-rays (complete series or panoramic film) once in a 5-year period. Bitewing x-rays once in a calendar year.</p> <p>X-rays of individual teeth as necessary</p> <p>Brush biopsy once in a 12-month period</p> <p>PREVENTIVE: Four cleanings in a calendar year. These may be any combination of routine or periodontal</p> <p>Fluoride twice in a calendar year to age 19</p> <p>Space maintainers to age 16</p> <p>Sealant application to permanent molars, once in a 3-year period per tooth, for children to age 19</p> <p>Harmful habit appliances</p> <p>EMERGENCY PALLIATIVE TREATMENT</p>	<p>RESTORATIVE: Amalgam and composite fillings</p> <p>ORAL SURGERY: Surgical and routine extractions</p> <p>ENDODONTICS: Root canal therapy</p> <p>PERIODONTICS: Treatment of gum disease</p> <p>DENTURE REPAIR: Repair of removable denture to its original condition</p>	<p>PROSTHODONTICS: Removable and fixed partial dentures (bridge); complete dentures</p> <p>Rebase and reline (dentures)</p> <p>Crowns</p> <p>Inlays</p> <p>Onlays</p> <p>Dental Implants</p>	<p>ORTHODONTICS: Correction of malposed (crooked) teeth for adults and dependent children</p>
Waiting Period	See Below	See Below	See Below	See Below
Deductible	No Deductible	\$50/\$150 Deductible Per Calendar Year, (January 1 – December 31), Per Person/Family		No Deductible
Coinsurance	Delta Dental Pays 100%	*After waiting period and deductible, Delta Dental pays 80%	*After waiting period and deductible, Delta Dental pays 50%	After waiting period, Delta Dental pays 50%
Maximum	Coverage A, B and C <i>Combined</i> Calendar Year Maximum (January 1 through December 31): \$1,500 Per Person			<u>Lifetime</u> Maximum: \$1,000 Per Person
Waiting Period	<p>Sub-location #1000: No waiting periods.</p> <p>Sub-location #1001: 12-month waiting period for Coverage C for members who join the dental plan within 90 days of union membership. Waiting periods do not apply to eligible enrollees under nineteen (19) years of age except for orthodontic benefits.</p> <p>Sub location #1002: 12-month waiting period for Coverage B, 18-month waiting period for Coverage C, and a 24-month waiting period for Coverage D for members who join the plan during the annual open enrollments. *Waiting periods do not apply to eligible enrollees and/or dependents under nineteen (19) years of age except for orthodontic benefits.</p>			
Weekly Deductions	Member Only \$10.96 ■ Member + 1 \$20.95 ■ Member + 2 or more \$30.07			

Benefit percentages shown are based on the actual charges submitted up to the Maximum Allowable Charge for participating dentists, or Delta Dental's allowance for non-participating dentists.

Delta Dental PPO plus Premier Network

You will get the best value from your Delta Dental Plan when you receive your dental care from one of our PPO (greatest savings) or Premier network participating dentists:

- ✓ **No Balance Billing:** Because participating dentists accept Northeast Delta Dental's allowed fees for services, you will typically pay less when you visit a participating dentist.
- ✓ **No Claims Paperwork:** Participating dentists will prepare and submit claims for you.
- ✓ **Direct Payment:** Northeast Delta Dental pays participating dentists directly, so you don't have to pay the covered amount up front and wait for a reimbursement check.

To find out if your dentist participates in our PPO or Premier network, you can: call your dentist, visit our website at nedelta.com, or call **Customer Service at 1-800-832-5700**.

Claim Process for Participating Dentists

Your participating dentist will submit your claim to Northeast Delta Dental (claims for any of your covered dependents should be submitted under your Subscriber ID number). Northeast Delta Dental will produce an Explanation of Benefits (available through our Benefit Lookup site at nedelta.com) detailing what has been processed under your plan's coverage. You are responsible to pay any outstanding balance directly to the dentist.

Non-Participating Dentists

If you visit a non-participating dentist, you may be required to submit your own claim and pay for services at the time they are provided. Claim forms are available by calling Northeast Delta Dental or visiting nedelta.com. Payment will be made to you, the Subscriber, unless the state in which the services are rendered requires that assignments of benefits be honored and Northeast Delta Dental receives written notice of such assignment. Payment for treatment performed by a non-participating dentist will be limited to the lesser of the dentist's actual submitted charge or Delta Dental's allowance for non-participating dentists in the geographic area in which services are provided. It is your responsibility to make full payment to the dentist.

Predetermination of Benefits

Northeast Delta Dental recommends that you ask your dentist to submit a *pre-treatment estimate* for any dental work involving costly or extensive treatment plans. Predeterminations helps avoid any potential confusion and enable us to help you estimate any out-of-pocket expenses you may incur.

Coordination of Benefits

When an individual covered under this plan has additional group coverage, the Coordination of Benefits (COB) provision described in your Dental Plan Description booklet will determine the sequence and extent of payment. If you have any questions about COB, please contact our **Customer Service Department at 1-800-832-5700**.

Identification Cards

Two identification cards will be produced and distributed shortly after your initial enrollment. Both cards are issued in your name but can be used by any family member covered under your plan. Any future cards will be issued electronically via our Benefit Lookup site accessible through nedelta.com. You can also use our smartphone app and enjoy access to dentist search, claims and coverage, and your ID card. Simply scan the QR code to the right.



Health through Oral Wellness® (HOWSM)

A healthy mouth is part of a healthy life, and Northeast Delta Dental's innovative Health through Oral Wellness program [HOW] works with your dental benefits to help you achieve and maintain better oral wellness. HOW is all about YOU because it's based on your specific oral health risk and needs. Best of all, it's secure and confidential. Here's how to get started:



1. REGISTER

Go to healththroughoralwellness.com and click on "Register Now"

2. KNOW YOUR SCORE

After you register, please take the free oral health risk assessment by clicking on "Free Assessment" in the Know Your Score section of the website

3. SHARE YOUR SCORE WITH YOUR DENTIST

The next step is to share your results with your dentist at your next dental visit. Your dentist can discuss your results with you and perform a clinical version of the assessment. Based on your risk, you may be eligible for additional preventive benefits.*

**Additional preventive benefits are subject to the provisions of your Northeast Delta Dental policy.*

Double-Up MaxSM

This Northeast Delta Dental Plan allows enrollees to double their 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, an enrollee must have a claim paid for either an oral exam or a cleaning during a calendar year (a focus on prevention), and their 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 \$2000, enrollees can ultimately achieve an annual maximum of \$4000.

~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. The calendar year maximum used in this example may not match your calendar year maximum. Please read your policy carefully.

Dental Plan Description Booklet

You will receive a Dental Plan Description booklet shortly after your enrollment. This benefit booklet describes your dental benefits and explains how to use them. Please read it carefully to understand the benefits and provisions of your Northeast Delta Dental plan.

Who is Eligible?

You, your spouse (or Civil Union Partner in states where applicable), your children up to age 26, regardless of student status, and any incapacitated dependent children, regardless of age. If enrolling one eligible dependent, all of your eligible dependents must be enrolled, unless they are covered under another dental program.

Renewability

Your plan will automatically renew for a new twelve (12) month Plan Year if the premium continues to be paid. Premiums are subject to change annually in accordance with advance notice. You or Northeast Delta Dental may choose not to renew this plan upon advance notice. The plan will not be renewed if this dental program is no longer available.

THIS INFORMATION SHOULD BE USED ONLY AS A GUIDELINE. FOR DETAILED INFORMATION ON THE TERMS, CONDITIONS, LIMITATIONS AND EXCLUSIONS, PLEASE REFER TO THE APPROPRIATE DENTAL PLAN DESCRIPTION.

Access Your Member Benefits 24/7

Enjoy 24/7 access to your benefit and claim information, print additional identification cards, read your benefit booklet and Explanation of Benefits (EOB), download our mobile app, search for a dentist, register for the Health *through* Oral Wellness® (HOW®) program, and so much more—all when it's convenient for you!

At Northeast Delta Dental we strive to give you the best experience possible. That includes technology with access to the information and tools you need, all while supporting our efforts to *go green* by reducing paper waste and our carbon footprint.



Register for
HOW®



View your benefits/
Find a dentist



Print
ID cards



Download our
mobile app



View claims and
print EOBs



Read your
dental plan booklet



Registration is simple:

1. Go to www.nedelta.com and click on **PATIENTS**
2. Click **Log In** or **Register Here** to get started!
3. Complete the registration process

Note: You will need your Subscriber ID number (found on your ID card or by calling Customer Service at 1-800-832-5700).



Find a Dentist

Finding a dentist in your area is easy!

Find a Dentist is located in the top right corner of every page.

Enter some general information about your location and network type, click **Search**, and a list of dentists serving your area will be displayed.

Note: If you are enrolled in a PPO plus Premier Program, please be sure to search both networks.

Stretch your annual maximum dollars!

If your Northeast Delta Dental plan includes our PPO network, and if you are looking for ways to save money on your dental care and lower your out-of-pocket dental expenses, consider looking for a Northeast Delta Dental PPO dentist for your care.



Health *through* Oral Wellness® (HOW®)

Health *through* Oral Wellness® is a program designed to promote better oral health and overall health for Northeast Delta Dental Members. HOW® is all about YOU because it's based on your own specific oral health risks and needs. Best of all, it's secure, confidential, and absolutely FREE.



REGISTER - Go to HealthThroughOralWellness.com and click on "Register Now"

KNOW YOUR SCORE - After you register, please take the free oral health risk assessment!

SHARE YOUR SCORE WITH YOUR DENTIST: Share your results with your dentist at your next dental visit. Your dentist can discuss your results with you and perform a clinical version of the assessment. Based on your risk, as shown on your clinical assessment, you may be eligible for additional preventive benefits at no cost if your employer participates in the HOW program.*

**Additional preventive benefits are subject to the provisions of your Northeast Delta Dental policy. Only the clinical risk assessment performed by your dentist can determine your eligibility for additional preventive benefits.*

EyeMed Vision and Hearing Discount Program

- Save up to 35% off eyewear and 40% off hearing exams.
- With **Vision Wellness**, choose from any available frame, including quality name-brand products at provider locations, including:



LENSCRAFTERS



- **Hearing Wellness** includes discounted, set pricing on thousands of hearing aids and is offered through Amplifon, the nation's largest independent hearing care network.



Learn more at www.nedelta.com or from our Customer Service Representatives at 1-800-832-5700.



Northeast Delta Dental Double-Up MaxSM Carryover Benefit

Promoting Regular Care

Northeast Delta Dental offers a Double-Up Max carryover benefit feature on select dental programs. With this feature, enrollees may double their annual maximum by accumulating \$250 a year in additional benefits for use in future coverage periods. When a dental procedure is needed that costs more than the annual maximum allows, accrued carryover benefit dollars can help make up the difference.

To Qualify

- Northeast Delta Dental must have **paid** a claim for either an oral exam or a cleaning during a Calendar Year. If enrollees don't receive one of these services, they will not be eligible to accumulate dollars for future use. This puts an emphasis on prevention.
- An enrollee's **paid** claims during the Calendar Year cannot exceed a threshold of \$500.

Guidelines

- Your dental plan must have an annual maximum based on a Calendar Year (January through December).
- Accumulated amounts may only be used after the current annual maximum has been exhausted.
- Carryover benefit amounts cannot be used toward lifetime orthodontic benefits.
- The total accumulated carryover amount cannot exceed the amount of your plan's regular annual maximum.
- If your group is effective in the carryover program between January 1 and June 30, enrollees will be eligible to begin qualifying immediately for carryover benefit dollars to be used in the following year; if your group is effective between July 1 and December 31, enrollees will be eligible to begin qualifying during the next Calendar Year for carryover benefit dollars that can be used in the subsequent year.

How it Works

The Double-Up Max feature allows enrollees to accumulate additional benefit amounts to use toward future dental expenses. The following chart is an example of how it would work for an enrollee with the assumed claims shown.

(Please note: This is only an example. Your Annual Maximum may be different than the example shown.)

	Year 1	Year 2	Year 3	Year 4	Year 5
Annual maximum amount	\$1,000	\$1,000	\$1,000	\$1,000**	\$1,000
Carryover benefit amount from previous years	\$0	\$250	\$250	\$500	\$100
Benefit dollars available	\$1,000	\$1,250	\$1,250	\$1,500	\$1,100
Enrollee's total claims paid*	\$300 (less than \$500)*	\$750 (over \$500)*	\$200 (less than \$500)*	\$1,400 (over \$500)*	\$425 (less than \$500)*
Oral exam or cleaning during year	Yes	Yes	Yes	Yes	Yes
Carryover benefit amount allowed in next Calendar Year	\$250	\$0	\$250	\$0	\$250
Accumulated carryover dollars available in next Calendar Year	\$250	\$250	\$500	\$100	\$350
Accumulated carryover dollars used	\$0	\$0	\$0	\$400**	\$0

*To receive carryover benefit dollars in the next Calendar Year, paid claims during the current Calendar Year cannot exceed a \$500 threshold.

**In year 4, total claims paid were greater than \$1,000, therefore \$400 out of the \$500 accumulated dollars available was used.

Welcome to Health *through* Oral Wellness® (HOW®) *Extra Benefits—No Additional Charge—For Those Who Need Them*

Your Northeast Delta Dental plan includes our industry-leading Health *through* Oral Wellness® (HOW®) program at no additional charge in premium. HOW® provides additional preventive benefits to members who are at risk for oral disease, helping them to achieve better oral health.

Simple and free, HOW® works like this:



STEP 1:

The dentist or hygienist performs a clinical oral health risk assessment and submits it to Northeast Delta Dental electronically and receives a score.



STEP 2:

Members scoring between 3 and 5 on a five-point scale are immediately eligible for enhanced benefits.*



STEP 3:

Everyone deserves a healthy smile. For tips on oral wellness and to take a free risk assessment, please visit [HealthThroughOralWellness.com](https://www.healththroughoralwellness.com).

*Additional preventive benefits apply toward the annual maximum and are subject to the provisions of your Northeast Delta Dental policy. Only the clinical risk assessment performed in your dental office can determine your eligibility for additional preventive benefits.

Additional Benefits May Include:

- Extra cleanings
- Fluoride varnish or topical fluoride
- Oral hygiene instruction
- Sealants
- Nutritional counseling
- Tobacco cessation counseling




FOR YOUR DENTIST

Extra Benefits—No Additional Charge—For Your At-Risk Patients


Dear Dental Colleague,

Many of your Northeast Delta Dental patients who are at risk for caries and/or periodontal disease may be eligible for additional preventive benefits at no additional charge to them through the Health *through* Oral Wellness® (HOW®) program.* (See *these benefits below.*) To assess their risk level, they need your help! Please complete an oral health risk assessment using the PreViser® clinical risk assessment tool. It is provided to you by Northeast Delta Dental at no charge.

Getting started is quick and easy—you can perform this assessment on your patients immediately. To create your free PreViser® account, please visit my.previser.com/start. If you have any questions please call Northeast Delta Dental’s Provider Services department at 1-800-537-1715, extension 1100, and/or view a training video at previser.com/free.



STEP 1:
The dentist or hygienist performs a clinical oral health risk assessment and submits it to Northeast Delta Dental electronically and receives a score.



STEP 2:
Members scoring between 3 and 5 on a five-point scale are immediately eligible for enhanced benefits.*

*Additional preventive benefits are subject to the provision of your patient’s Northeast Delta Dental policy. Only the clinical risk assessment performed by you can determine your patient’s eligibility for additional preventive benefits.

Oral Health Condition	Benefits	Frequency
Caries (Tooth Decay)	Caries Susceptibility Test Child or Adult Cleaning Fluoride Varnish or Topical Fluoride Nutritional Counseling or Oral Hygiene Instruction Sealants	Once per 12 months Combination up to 4 per 12 months ³ Combination up to 4 per 12 months Once per 12 months ¹ Once per 12 months ¹ Once per 3 years ²
Periodontal (Gum) Disease	Adult Cleaning and Periodontal Maintenance Nutritional Counseling or Tobacco Cessation Counseling or Oral Hygiene Instruction	Up to 4 per 12 months ³ Once per 12 months ⁴ Once per 12 months ⁴ Once per 12 months ⁴

*Enhanced benefits are subject to change and are subject to standard policy provisions, including, but not limited to, coinsurance percentages, copayments, and plan maximums. As with all benefits, eligibility confirmation should be obtained via Northeast Delta Dental at www.nedelta.com or from customer service at 1-800-832-5700.

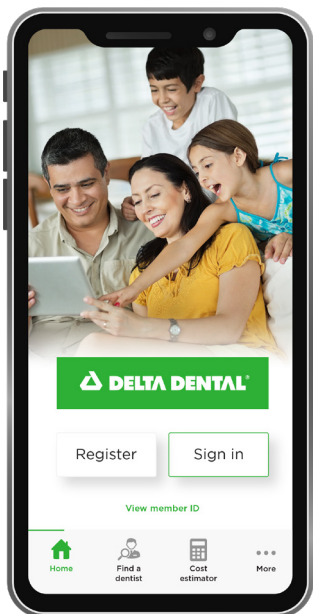
¹ Either one nutritional counseling or one oral hygiene instruction is covered in a 12-month period.
² Sealants are a covered benefit based on caries risk assessment for unrestored primary molars and for unrestored permanent premolars, and molars—one sealant per tooth every three years.
³ Combination of prophylaxis, periodontal maintenance, or full mouth debridement (once in a lifetime benefit) not to exceed four in a 12-month period.
⁴ Either one nutritional counseling, or one oral hygiene instruction, or one tobacco cessation counseling is covered in a 12-month period.

Delta Dental Mobile App

Helping members
manage their oral health



Oral health is important to Delta Dental — and to overall health! We've designed our mobile app to make it easy for your employees to make the most of their dental benefits. Members can search for a dentist near them, access ID cards and more, right on their mobile device.



Getting started

The Delta Dental Mobile App is optimized for iOS (Apple) and Android devices. To download our app on your device, visit the App Store (Apple) or Google Play (Android) and search for Delta Dental Mobile App. Or, scan the QR code at right. You will need an internet connection in order to download and use most features of our free app.

Delta Dental Mobile App features

- Quick and easy access to your membership ID card — no more looking for ID cards!
- A dentist search tool that helps members quickly find an in-network provider nearby.
- Save your preferred dentist for quick access.
- Our easy-to-use Dental Care Cost Estimator tool provides estimated cost ranges for common dental care needs. (Not available in all geographic areas.)



SCAN TO DOWNLOAD
DELTA DENTAL MOBILE APP

Please note information displayed may vary based on your particular coverage. For more information on your coverage, contact your Delta Dental company. "Delta Dental" refers to the national network of 39 independent Delta Dental companies that provide dental benefits and is a registered trademark of Delta Dental Plans Association.

Great Savings - Up to 35% off eyewear and 40% off hearing exams!

This vision and hearing discount program is available free to all Northeast Delta Dental subscribers and their dependents.



It is very important to take care of both our hearing and our vision. Vision and hearing both play a very significant role in enabling us to form and maintain social connections, which impacts our health and happiness in many ways.¹ And because Northeast Delta Dental cares about your total health and wellness, we are proud to partner with EyeMed Vision Care to include discount programs to help our members enjoy all of life's sights and sounds to the fullest:

- **EyeMed Vision Care** offers access to over 71,000 vision care providers nationwide.
- **Hearing Care Program** offered through Amplifon - the nation's largest independent hearing care network.

Hearing Wellness

Hearing loss is more common than you might think. It affects 1 in 9 Americans² and can come on so gradually you may not even notice it. But the good news is 95% of hearing loss can be easily treated with hearing aids.²

Your Hearing Discount includes:



Discounted, set pricing on thousands of hearing aids and 40% off hearing exams³ at convenient locations!



3-year warranty plus loss and damage coverage along with a low-price guarantee!

AND MORE: For more details about the discount program, visit nedelta.com/Patients/EyeMed-Discounts

To find a hearing care provider near you, visit amplifonusa.com/find-a-hearing-aid-clinic

Your EyeMed ID Card:



Your Group Number:
9231093

Your Group Name:
Delta Dental Discount

To locate the nearest EyeMed "Access Network" provider, visit our website at nedelta.com or call **1-866-246-9041**

PLEASE BRING THIS ID CARD AND FLYER TO YOUR PARTICIPATING EYEMED PROVIDER

It's easy! Simply present this ID card or flyer when you arrive at the location. The provider will do the rest!

Vision Wellness

Regular eye examinations play a crucial role in ensuring healthy vision and overall health.

- An eye examination can not only detect vision problems, but also detect the early stages of serious health problems such as diabetes and hypertension
- One in four children has an undetected vision problem that can interfere with learning according to the Vision Council of America
- Undetected eye diseases can lead to worsening eyesight and, in some cases, irreversible vision loss

Your EyeMed Vision Care includes:

- Discounts on exams, lenses, frames, and more
- Access to optometrists, ophthalmologists, opticians, and the nation's leading optical retailers:



Vision Care Services:

For details of the Vision Care Services visit nedelta.com/Patients/EyeMed-Discounts

¹ American Foundation for the Blind. "When Hearing Loss Causes More Vision Loss". February 2017.

² AmplifonUSA.com/hearing-loss-information.

³ Hearing discount cannot be combined with hearing coverage provided through a medical insurance policy.



DENTAL ENROLLMENT / CHANGE FORM

PLEASE TYPE OR PRINT LEGIBLY - IN BLUE OR BLACK INK ONLY

1. SUBSCRIBER INFORMATION - To be completed by Employee

LAST NAME (SUBSCRIBER)	FIRST NAME	BIW BADGE #	SOCIAL SECURITY / I.D. #	SEX <input type="checkbox"/> M <input type="checkbox"/> F	DATE OF BIRTH (MM-DD-YYYY)
MAILING ADDRESS		CITY	STATE	ZIP	TELEPHONE NO.
MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> DOMESTIC PARTNER		UNION <input type="checkbox"/> L6 <input type="checkbox"/> L7 <input type="checkbox"/> BMDA		E-MAIL ADDRESS TO RECEIVE HEALTH THROUGH ORAL WELLNESS' (HOW) MESSAGES	

2. GROUP INFORMATION - To be completed by Employer

GROUP NAME Union Workers Benefit Trust	STREET ADDRESS, CITY, STATE, ZIP 722 Washington St. Bath ME 04530	
GROUP NUMBER 6606	SUBLOCATION NUMBER	
EFFECTIVE DATE (MM-DD-YYYY)	EMPLOYEE DATE OF HIRE (MM-DD-YYYY)	EMPLOYEE DATE OF REHIRE (MM-DD-YYYY)

3. REASON FOR ENROLLMENT/CHANGE - Check all appropriate boxes

EXACT DATE OF STATUS CHANGE (MM-DD-YYYY)		MISCELLANEOUS CHANGE:
ADD: <input type="checkbox"/> New enrollment <input type="checkbox"/> Annual open enrollment <input type="checkbox"/> COBRA Due to: <input type="checkbox"/> Marriage <input type="checkbox"/> Birth <input type="checkbox"/> Other: <input type="checkbox"/> Adoption <input type="checkbox"/> Employment change for spouse <input type="checkbox"/> Part-time to full-time employment status	DELETE: <input type="checkbox"/> Annual open enrollment <input type="checkbox"/> Employment change for spouse <input type="checkbox"/> Full-time to part-time employment status <input type="checkbox"/> Divorce <input type="checkbox"/> Deceased <input type="checkbox"/> Retirement <input type="checkbox"/> Other Coverage <input type="checkbox"/> Other _____	<input type="checkbox"/> Name change - Previous name: _____ <input type="checkbox"/> Transfer from sublocation: _____ <input type="checkbox"/> Address change <input type="checkbox"/> Other: _____ COVERAGE LEVEL REQUESTED <input type="checkbox"/> Subscriber Only <input type="checkbox"/> Subscriber & Spouse <input type="checkbox"/> Subscriber & Child <input type="checkbox"/> Subscriber & Children <input type="checkbox"/> Family

4. DEPENDENT INFORMATION - List all dependents to be newly enrolled, or those dependents who are affected by an addition or deletion listed above in section #3. If you are enrolling some but not all of your eligible dependents, your other dependents must have coverage elsewhere.

LAST NAME (IF DIFFERENT)	FIRST NAME	DATE OF BIRTH MM-DD-YYYY	SEX M/F	RELATIONSHIP TO SUBSCRIBER	*	ADD/DELETE	E-MAIL FOR SPOUSE AND/OR DEPENDENTS OVER THE AGE OF 18

*Check if dependent is incapacitated. Legal documentation may be required.

5. OTHER GROUP COVERAGE (COORDINATION OF BENEFITS)

Will this dental coverage replace another Northeast Delta Dental Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete the following:	
POLICYHOLDER ID # / SOCIAL SECURITY #	EFFECTIVE DATE (MM-DD-YYYY)

Statements made in this document are deemed to be representations and not warranties. I represent that all information is true and correct to the best of my knowledge. I understand that by not choosing a network provider for myself or any family member, I may be responsible for higher out-of-pocket expenses. I also understand that the effective date and termination date of my membership will be determined by my employer or plan sponsor in accordance with the underwriting guidelines of Northeast Delta Dental. If my employer or plan sponsor requires employee contributions for this coverage, I authorize the deductions of these amounts from my wages. I further authorize my employer or plan sponsor to deduct any premium which is owed by me as of the date my application is approved. I understand that my dependents and I must remain enrolled and can discontinue our coverage only during open enrollment, except in the event of a qualified family status change. **By signing below I hereby accept coverage.**

This policy provides dental benefits only. Review your policy carefully.

SUBSCRIBER SIGNATURE (REQUIRED): _____ DATE: _____