



Northeast Delta Dental
One Delta Drive
PO Box 2002
Concord, NH 03302-2002
Customer Service:
1-800-832-5700

Outline of Benefits
CHAMPLAIN COLLEGE
ENHANCED PLAN
Group Number: 71171-2000, 6200

For more information on your benefits, please refer to your Dental Plan Description (DPD) or Summary Plan Description (SPD).

Benefit Period: January 1 through December 31

Eligibility Period: Determined by the Employer.

Benefit percentages paid by Northeast Delta Dental after any applicable Waiting Periods and/or Copayments:

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|--|------|
| Diagnostic & Preventive (Coverage A) | 100% |
| Basic (Coverage B) - includes posterior resin restorations | 80% |
| Major (Coverage C) | 50% |
| Orthodontics (Coverage D) | 50% |

Maximum Benefits: \$2,000 per person per benefit period excluding Orthodontics.
Orthodontic benefits have a separate lifetime maximum of \$2,000 per adult and child

Deductibles: \$25/\$75 benefit period deductible per person/family (applies to Basic and Major benefits only).

Office Visit Copayments: None

Waiting Periods:

Basic Benefits: No waiting period.

Major Benefits: No waiting period.

Orthodontic Benefits: No waiting period.

Dependent Age Limits:

Dependent Children are covered up to age 26.

Double-Up MaxSM: Not applicable