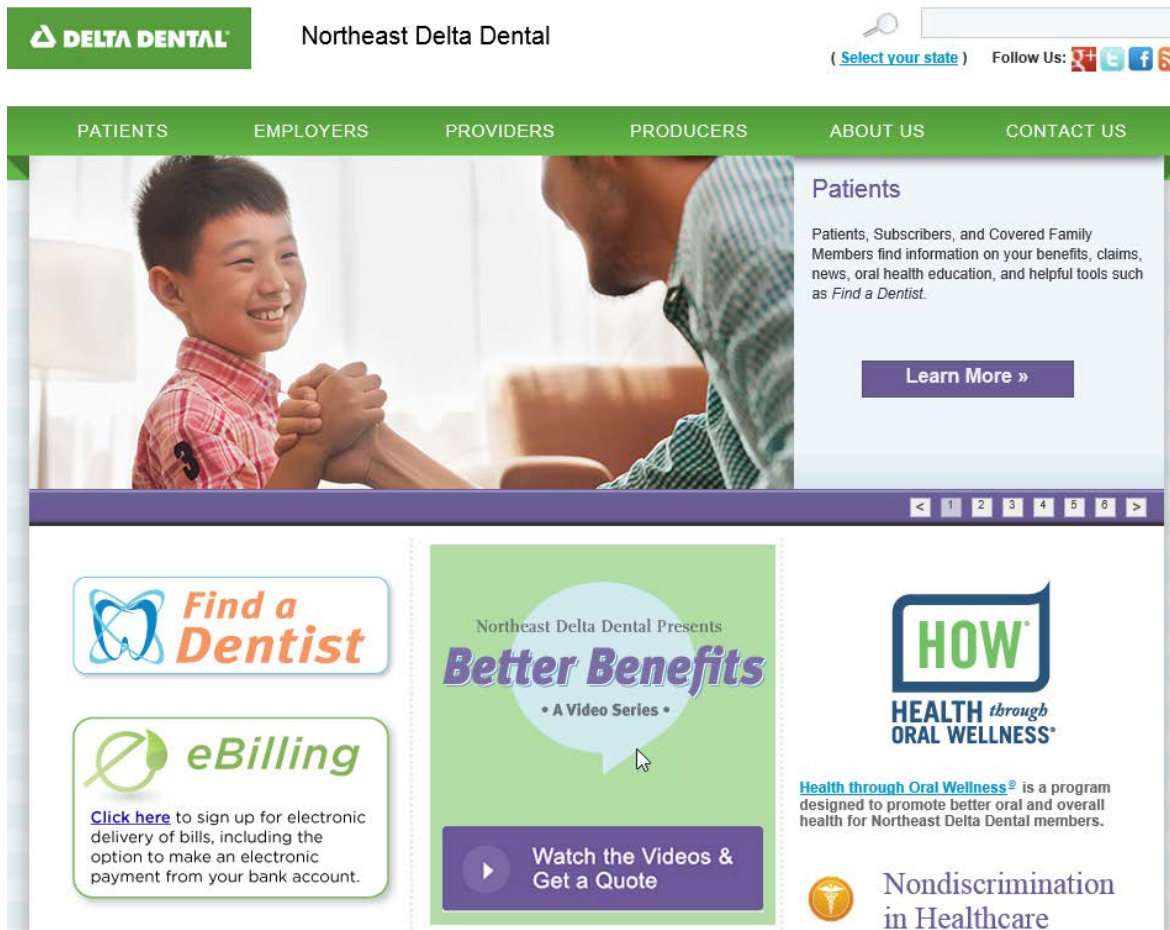


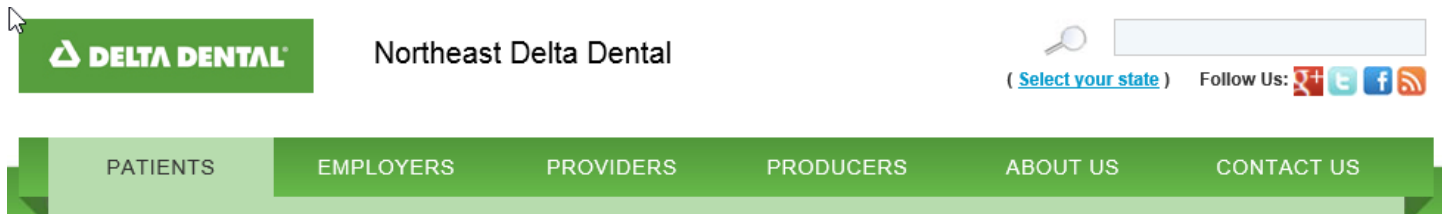
# Navigating Northeast Delta Dental's My Benefit Web Page for Patients

Follow these instructions to view your eligibility and benefit information.

Go to our web page [www.nedelta.com](http://www.nedelta.com)



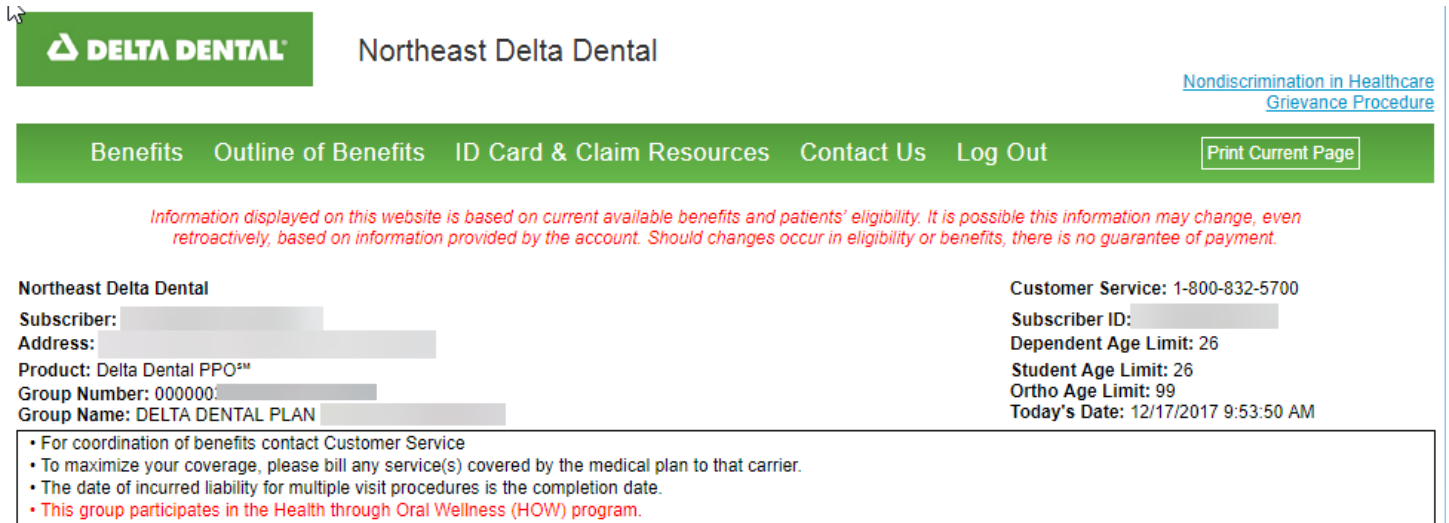
Select Patients in the top green ribbon



Select the purple LOG IN button to access the Patients page.

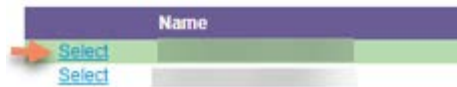


View benefit information. Special messages are noted in the box below Group Name.

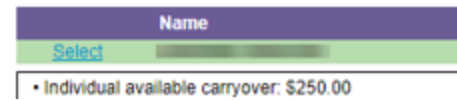


Name	Relationship	Birthday	Effective Date	Termination Date
<a href="#">Select</a>	Subscriber		03/01/2017	Active

Choose Select next to the Name of the covered member to view benefit information.



New: Individual available carryover benefits displays.



New: Individual HOW benefits display per qualification. Example below reflects Caries and Perio additional HOW benefits.

Name	Relationship	Birthday	Effective Date	Termination Date
<a href="#">Select</a>	Subscriber		09/01/2017	Active

- Individual available carryover: \$250.00
- This individual has additional benefits for both CARIES and for PERIO through the Health through Oral Wellness program, which includes the caries susceptibility test (D0425) once per 12 month period; prophylaxis codes (D1120, D1110, D4346, D4910) combination up to 4 per 12 month period or per calendar year; and Full Mouth Debridement (D4355) once per lifetime, which counts toward the frequency for cleanings. Fluoride treatments (D1206/D1208) with no age restrictions-combination up to 4 per 12 month period or per calendar year; Sealants with no age restrictions (D1351) for unrestored primary molars and for unrestored permanent bicuspids and molars; and either one Nutritional Counseling (D1310) or Tobacco Cessation Counseling (D1320) or Oral Hygiene Instruction (D1330) is covered in a 12 month period.

Perio additional HOW benefits

This individual has additional benefits for PERIO through the Health through Oral Wellness program, which includes the prophylaxis codes (D1120, D1110, D4346, D4910) combination up to 4 per 12 month period or per calendar year; one Nutritional Counseling (D1310) or Tobacco Cessation Counseling (D1320) or Oral Hygiene Instruction (D1330) in a 12 month period; and Full Mouth Debridement (D4355) once per lifetime, which counts toward the frequency for cleanings.

Caries additional HOW benefits

This individual has additional benefits for CARIES through the Health through Oral Wellness program, which includes the caries susceptibility test (D0425) once per 12 month period; prophylaxis codes (D1120, D1110, D4346, D4910) combination up to 4 per 12 month period or per calendar year; and Full Mouth Debridement (D4355) once per lifetime, which counts toward the frequency for cleanings. Fluoride treatments (D1206/D1208) with no age restrictions-combination up to 4 per 12 month period or per calendar year; Sealants with no age restrictions (D1351) for unrestored primary molars and for unrestored permanent bicuspids and molars; and either one Nutritional Counseling (D1310) or Oral Hygiene Instruction (D1330) is covered in a 12 month period.

Benefits:

Benefits are listed by ADA Service Type.

<b>Service Type</b>
<a href="#">Adjunctive Dental Services</a>
<a href="#">Anesthesia</a>
<a href="#">Dental Prophylaxis</a>
<a href="#">Diagnostic Lab</a>

Select underlined Service Type to see covered ADA procedure codes. These codes are specific to your plan.

<b>Service Type</b>
<a href="#">Adjunctive Dental Services</a> D9110, D9310, D9999
<a href="#">Anesthesia</a> D9223, D9243
<a href="#">Dental Prophylaxis</a> D1110, D1120, D4346, D4355

Waiting Period will either display number of Months, MET or NONE.

<b>Waiting Period</b> 6 MONTHS	<b>Waiting Period</b> MET	<b>Waiting Period</b> NONE
-----------------------------------	------------------------------	-------------------------------

Co-Pay:

The plan benefit reflects the patient's responsibility per provider network.

Delta Dental PPO		Delta Dental Premier		Out of Network	
Patient Pays	Deductible Applies	Patient Pays	Deductible Applies	Patient Pays	Deductible Applies
20%	NO	20%	NO	20%	NO
20%	NO	20%	NO	20%	NO
20%	NO	20%	NO	20%	NO
20%	NO	20%	NO	20%	NO
50%	NO	50%	NO	50%	NO

Procedure Exceptions include group procedure codes with different waiting periods or copays.

Procedure Exceptions	Waiting Period	Delta Dental PPO	
		Patient Pays	Deductible Applies
D0425 - Caries suscept test	NONE	0%	NO
D0484 - Consultation on slides	NONE	0%	NO
D1310 - Nutritional counseling	NONE	0%	NO
D1320 - Tobacco counseling	NONE	0%	NO
D1330 - Oral hygiene instruction	NONE	0%	NO
D1550 - Recem space maintainer	NONE	0%	NO
D2391 - Resin based comp 1 surf	NONE	0%	NO

Maximums and Deductibles:

View benefit balances based on product type and dentist participation on the Maximums & Deductibles tab.

Benefit Levels | **Maximums & Deductibles** | Limitations | Claims | Pretreatment Estimate

Benefit Period: 01/01/2017 - 12/31/2017

**Benefit Balances :**

<b>Delta Dental PPO</b>	
Individual: All Covered Classes (Excluding Ortho)	\$1600.00 per year, \$755.80 remaining
Individual: Orthodontics	\$1500.00 lifetime, \$1500.00 remaining
<b>Delta Dental Premier</b>	
Individual: All Covered Classes (Excluding Ortho)	\$1600.00 per year, \$755.80 remaining
Individual: Orthodontics	\$1500.00 lifetime, \$1500.00 remaining
<b>Out of Network</b>	
Individual: All Covered Classes (Excluding Ortho)	\$1600.00 per year, \$755.80 remaining
Individual: Orthodontics	\$1500.00 lifetime, \$1500.00 remaining

**Deductibles :**

<b>Delta Dental PPO</b>	
Individual: All Covered Classes (Excluding Diagnostic & Preventive and Ortho)	\$50.00 per year, \$0.00 remaining
Family: All Covered Classes (Excluding Diagnostic & Preventive and Ortho)	\$100.00 per year, \$0.00 remaining
<b>Delta Dental Premier</b>	
Individual: All Covered Classes (Excluding Diagnostic & Preventive and Ortho)	\$50.00 per year, \$0.00 remaining
Family: All Covered Classes (Excluding Diagnostic & Preventive and Ortho)	\$100.00 per year, \$0.00 remaining
<b>Out of Network</b>	
Individual: All Covered Classes (Excluding Diagnostic & Preventive and Ortho)	\$50.00 per year, \$0.00 remaining
Family: All Covered Classes (Excluding Diagnostic & Preventive and Ortho)	\$100.00 per year, \$0.00 remaining

Limitations:

Select this tab to view covered procedures, time frequency and the procedure search feature.

New feature Procedure Search replaces Recent Treatment summary tab.

**Procedure Search:** D  - Tth # (optional):   [Tooth Chart](#)

Enter a valid procedure code in the box following the "D" and refine your search by adding a tooth number in the box following the Tth# (optional), and select Search button. Please enter a two digit number or letter in the Tth# (optional) field.

Example:

Procedure Search: D  - Tth # (optional):   [Tooth Chart](#)

Limitations information:

Procedure: D1110 (Prophylaxis-adult)  
 Time Limitation: 2 in a 12 month period  
 Age Limit Low: 0  
 Age Limit High: 0  
 Procedure Grouping: D1110, D1120, D4346, D4355, D4910

Recent Treatments (last 4):

06/22/2017 (D1110)  
 09/08/2016 (D1110)  
 02/05/2015 (D1110)  
 07/24/2014 (D1110)

Procedure Search: D  - Tth # (optional):   [Tooth Chart](#)

Limitations information:

Procedure: D2391 (Resin based comp 1 surf)  
 Time Limitation: 1 in a 24 month period  
 Age Limit Low: 0  
 Age Limit High: 0  
 Procedure Grouping: D2391, D2392, D2393, D2394

Recent Treatments (last 4):

10/20/2016 (D2391) - Tth: 31 Surface(s): L  
 09/08/2016 (D2391) - Tth: 31 Surface(s): B  
 08/07/2014 (D2393) - Tth: 31 Surface(s): MOL  
 08/07/2014 (D2392) - Tth: 29 Surface(s): DO

Please note you cannot search by tooth number alone. If code is not covered, it will return as a non-covered service.

Procedure Search: D  - Tth # (optional):   [Tooth Chart](#)

**1352 is a non covered service**

Service Type displays Frequencies and Limitations.

\* Select underlined service type to see covered ADA procedure codes.

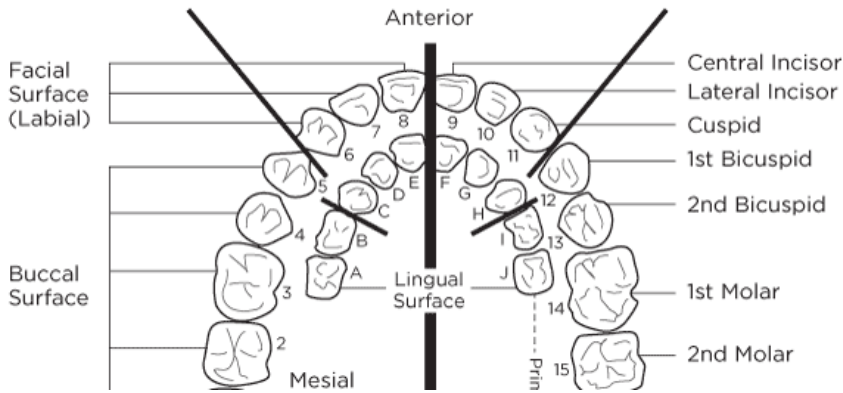
Service Type	Frequencies	Limitations
<u>Dental Crowns</u>	1 in a 7 year period	Procedure level tooth limits apply
<u>Dental Implants</u>	1 in a lifetime	Procedure level tooth limits apply
<u>Dental Prophylaxis</u>	4 in 1 calendar year	Prophylaxis, Periodontal Maintenance or Full Mouth Debridement
<u>Diagnostic Lab</u>	1 in a 12 month period	

Procedure Exceptions display the codes that vary by Frequencies and Limitations.

Procedure Exceptions	Frequencies	Limitations
D0425 - Caries suscept test	1 in a 12 month period	
D1310 - Nutritional counseling	1 in a 12 month period	
D1320 - Tobacco counseling	1 in a 12 month period	
D1330 - Oral hygiene instruction	1 in a 12 month period	
D2910 - Recem partial cov rest	1 in a lifetime	Tooth/Quadrant/Arch limits apply

Select the underlined Tooth Chart for your reference.

- Tth # (optional):  Search [Tooth Chart](#) close



Claims:

Select the Claims tab to view claim details.

Choose Select next to the Name of the covered member who you want to view claim information.

Name
Select
Select

Select [View](#) to see entire claim.

Benefit Levels
Maximums & Deductibles
Limitations
Claims
Pretreatment Estimate

**Claims by Individual** (based on individual selected above)


	Claim #	Date of Service	Patient	Status	Dentist Name
View	20170	01-04-2017		Processed	
View	2017.	04-04-2017		Processed	
View	2017	06-28-2017		Processed	

◀ Previous Year
Current Year
Next Year ▶



### Claim Status Report

Benefits described in this document are not a guarantee of payment. Specific information regarding general exclusions and limitations to include waiting periods are noted in the Dental Plan Description booklet. We mail Notification of Benefits to our subscribers and participating dentists. If you have any questions, please email our Customer Service Department at [nedelta@nedelta.com](mailto:nedelta@nedelta.com) or call our Customer Service Department at 1-800-832-5700 Monday through Friday from 8:00am to 4:45pm (ET).

Please click on the processing policy number/text icon  when available below to view additional information related to the procedure performed.

Please click on the yellow column headings to view a more detailed description.

#### General Claim Information

Claim Number:	20171250000101	Patient Name:	[REDACTED]
Provider Name:	[REDACTED]	Patient DOB:	[REDACTED]
Subscriber ID:	[REDACTED]	Subscriber Name:	[REDACTED]
Delta Payment:	\$546.00	Patient Responsibility	\$234.00
Coordination of Benefits:	\$0.00	Deductible:	\$0.00

Claim Received  
06-14-2017

Claim Status  
Pre-Determination

#### Treatment Information

Tooth No.	Date of Service	Proc.No.	Procedure Description	Amount Submitted	Amount Approved	Amount Allowed	Applied to Deduct	Plan Co-Pay %	OV Co-Pay	Patient Payment	Plan Payment
31	06-14-2017	D2950	Core buildup	\$160.00	\$130.00	\$130.00	\$0.00	70	0	\$39.00	\$91.00
31	06-14-2017	D2740	Crown-porc/ceramic	\$750.00	\$650.00	\$650.00	\$0.00	70	0	\$195.00	\$455.00

Pretreatment Estimate:

Select the Pretreatment Estimate tab to view estimates. Select [View](#) to see entire estimate.

Benefit Levels
Maximums & Deductibles
Limitations
Claims
Pretreatment Estimate

Claims by Individual (based on individual selected above)

	Claim #	Date of Service	Patient	Status	Dentist Name
<a href="#">View</a>	20171	06-14-2017	[REDACTED]	Pre-Determination	[REDACTED]

← Previous Year
Current Year
Next Year →

Benefit Levels
Maximums & Deductibles
Limitations
Claims
Pretreatment Estimate


Claims by Individual (based on individual selected above)

	Claim #	Date of Service	Patient	Status	Dentist Name
<a href="#">View</a>	2017	[REDACTED]	[REDACTED]	Pre-Determination	[REDACTED]
<a href="#">View</a>	2017	[REDACTED]	[REDACTED]	Pre-Determination	[REDACTED]
<a href="#">View</a>	2017	[REDACTED]	[REDACTED]	Pre-Determination	[REDACTED]

← Previous Year
Current Year
Next Year →

Claim Status Report

Benefits described in this document are not a guarantee of payment. Specific information regarding general exclusions and limitations to include waiting periods are noted in the Dental Plan Description booklet. We mail Notification of Benefits to our subscribers and participating dentists. If you have any questions, please email our Customer Service Department at [nedelta@nedelta.com](mailto:nedelta@nedelta.com) or call our Customer Service Department at 1-800-832-5700 Monday through Friday from 8:00am to 4:45pm (ET).

Please click on the processing policy number/text icon  when available below to view additional information related to the procedure performed.

Please click on the yellow column headings to view a more detailed description.

General Claim Information

Claim Number:	[REDACTED]	Patient Name:	[REDACTED]
Provider Name:	[REDACTED]	Patient DOB:	[REDACTED]
Subscriber ID:	[REDACTED]	Subscriber Name:	[REDACTED]
Delta Payment:	\$1,039.20	Patient Responsibility	\$508.80
Coordination of Benefits:	\$0.00	Deductible:	\$0.00

Claim Received

Claim Status  
Pre-Determination

Treatment Information


Tooth No.	Date of Service	Proc.No.	Procedure Description	Amount Submitted	Amount Approved	Amount Allowed	Applied to Deduct	Plan Co-Pay %	OV Co-Pay	Patient Payment	Plan Payment
19		D2750	Crown-porc/high noble	\$1,497.00	\$1,248.00	\$1,044.00	\$0.00	80	0	\$412.80	\$835.20
19		D2950	Core buildup	\$338.00	\$300.00	\$255.00	\$0.00	80	0	\$96.00	\$204.00

Explanation of Benefits (EOB) is available for printing.

General Claim Information												
Claim Number: [REDACTED]				Patient Name: [REDACTED]								
Provider Name: [REDACTED]				Patient DOB: [REDACTED]								
Subscriber ID: [REDACTED]				Subscriber Name: [REDACTED]								
Delta Payment: \$70.00				Patient Responsibility: \$14.00								
Coordination of Benefits: \$0.00				Deductible: \$0.00								
<u>Claim Received</u> 07-03-2017			<u>Claim Status</u> Processed			<u>Paid Date</u> 07-05-2017			<u>Paid To</u> Provider		<u>Check Number</u> 8410204	
Treatment Information												
Tooth No.	Date of Service	Proc.No.	Procedure Description	Amount Submitted	Amount Approved	Amount Allowed	Applied to Deduct	Plan Co-Pay %	OV Co-Pay	Patient Payment	Plan Payment	Processing Policy
	06-30-2017	D0140	Ltd oral eval prob focus	\$104.00	\$84.00	\$70.00	\$0.00	100	0	\$14.00	\$70.00	

Print EOB

Select Print EOB button to view the Explanation of Benefits.



Northeast Delta Dental  
PO Box 2002  
Concord, NH 03302-2002

**EXPLANATION OF BENEFITS (EOB)**  
THIS IS NOT A BILL  
PAYABLE BENEFITS HAVE BEEN ISSUED TO THE PROVIDER LISTED BELOW

Subscriber: [REDACTED]      Date Paid: 07-05-2017

**NORTHEAST DELTA DENTAL**

Customer Service  
ONE DELTA DR. P.O. BOX 2002  
CONCORD, NH 03302-2002  
(800) 832-5700  
(603) 223-1234

E-MAIL: NEDELTA@NEDELTA.COM  
TTY: (800) 332-5905  
www.nedelta.com

TOTAL FEE SUBMITTED	\$ 104.00
TOTAL PATIENT PAYMENT TO PROVIDER	\$ 14.00
TOTAL PLAN PAYMENT	\$ 70.00

Dental Benefit Program for Group Number: [REDACTED]      Group: [REDACTED]      Sublocation: 0004196      Division: 0000

**NOTICES**

IF YOUR CLAIM HAS BEEN DENIED IN WHOLE OR IN PART, YOU MAY REQUEST A REVIEW OF THE CLAIM DECISION WITHIN SIX (6) MONTHS OF THE DATE OF THIS EXPLANATION OF BENEFITS. YOUR REQUEST FOR REVIEW SHOULD BE SENT TO: VICE PRESIDENT, PROFESSIONAL RELATIONS, NORTHEAST DELTA DENTAL, ONE DELTA DRIVE, P.O. BOX 2002, CONCORD, NH 03302-2002. IF ANY PART OF THE CLAIM REMAINS DENIED AFTER THE CLAIM REVIEW, YOU MAY APPEAL TO THE DISPUTED CLAIMS REVIEW COMMITTEE BY THE DATE SPECIFIED IN THE INITIAL REVIEW DECISION LETTER OR, IF NO DATE IS GIVEN, WITHIN SIX (6) MONTHS OF THE NOTICE. YOUR APPEAL SHOULD BE MAILED TO THE VICE PRESIDENT, PROFESSIONAL RELATIONS AT THE ADDRESS GIVEN ABOVE. YOU MAY ALSO BRING SUIT UNDER SECTION 502(A) OF ERISA. PLEASE REFER TO YOUR DENTAL PLAN DESCRIPTION FOR FULL DETAILS OF YOUR COVERAGE AND DISPUTED CLAIMS PROCEDURES.

**CLAIM INFORMATION**

CLAIM NUMBER: [REDACTED]	PATIENT NAME: [REDACTED]	DATE OF BIRTH: [REDACTED]	PROVIDER NAME: [REDACTED]
--------------------------	--------------------------	---------------------------	---------------------------

TOOTH NO.	DATE OF SERVICE	PROC. NO.	DESCRIPTION OF SERVICE	SUBMIT	APPR	ALLOW	DED	PLAN %	OVCP	PT PAY	PLAN PAYMENT	CFR	PROCESSING POLICY
	06-30-2017	D0140	Ltd oral eval prob focus	\$104.00	\$84.00	\$70.00	\$0.00	100	0	\$14.00	\$70.00	\$20.00	

\*CONTRACTUAL FEE REDUCTION

**Processing Policies**

PAYMENT / PREDETERMINATION OF PAYMENT OF THESE SERVICES IS DETERMINED IN ACCORDANCE WITH THE SPECIFIC TERMS OF THE SUBSCRIBER'S DENTAL PLAN OR WITH THE TERMS OF DELTA DENTAL'S AGREEMENTS WITH DELTA DENTAL NETWORK DENTISTS. PROCEDURES REQUIRING PROFESSIONAL JUDGMENT FOR BENEFIT DETERMINATION HAVE BEEN REVIEWED BY A DENTAL CONSULTANT.

WE WILL, OF COURSE, BE AVAILABLE TO YOU TO DISCUSS THE POSITION WE HAVE TAKEN. SHOULD YOU, HOWEVER, WISH TO TAKE THIS MATTER UP WITH THE NEW HAMPSHIRE INSURANCE DEPARTMENT, IT MAINTAINS A SERVICE DIVISION TO INVESTIGATE COMPLAINTS AT 21 SOUTH FRUIT ST., SUITE 14, CONCORD NH 03301. THE NEW HAMPSHIRE INSURANCE DEPARTMENT CAN BE REACHED, TOLL FREE, BY DIALING 1-800-852-3416.

THE AMOUNT SHOWN AS TOTAL PATIENT PAYMENT TO PROVIDER IS THE AMOUNT PAYABLE TO THE PROVIDER. UP TO DATE BENEFIT INFORMATION, INCLUDING MAXIMUM DOLLARS REMAINING, IS AVAILABLE ON OUR WEBSITE AT NEDELTA.COM.