Outline of Benefits
Community College System of NH
Group Number: 11000-11100, 12100, 13100, 14100, 15100, 16100, 17100, 18100, 19100

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

Benefit percentages paid by Northeast Delta Dental after any applicable Waiting Periods and/or Copayments:
(Benefit percentages shown are based on the actual charge submitted to a maximum of the Participating Dentist’s approved fees or Northeast Delta Dental’s allowance for Non-Participating Dentists.)

Diagostic & Preventive (Coverage A) 100%
Basic (Coverage B) 80%
Major (Coverage C) 50%
Orthodontics (Coverage D) 50%

Maximum Benefits: $1200 per person per benefit period excluding Ortho
Orthodontic benefits have a separate lifetime maximum of $1200 per person.

Deductibles: $25 benefit period deductible per person (applies to Basic and Major benefits only). Any expense incurred during the last 3 months of a calendar year which is applied against an individual’s deductible will also reduce his/her deductible for the next year.

Office Visit Copayments: None

Waiting Periods: None

Your benefits include Domestic Partner Coverage. Please contact your employer for more details.

NHGRP OOB 10/12 (03/13)