



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

**Outline of Benefits**  
**SAU #37-MANCHESTER SCHOOL DISTRICT**  
**Group Number: 163**

**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:**

Diagnostic & Preventive (Coverage A)	100%
Basic (Coverage B)	60%
Major (Coverage C) - includes implant services	50%

**Maximum Benefits:** \$1500 per person per benefit period excluding Orthodontics.

**Deductibles:** None

**Office Visit Copayments:** None

**Waiting Periods:**

Basic Benefits: No waiting period.

Major Benefits: No waiting period.

**Dependent Age Limits:**

Dependent Children are covered up to age 26.

**Double-Up Max<sup>SM</sup>:** Not applicable

To the extent of any provision in this Outline of Benefits conflicts with a provision in the Dental Plan Description or Summary Plan Description, the provision in the Dental Plan Description or Summary Plan Description shall supersede and take precedence.