



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

**Outline of Benefits
GRAND ISLE SU
Group Number: 7777-1054**

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

Benefit Period: July 1 through June 30

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

| | |
|--|------|
| Diagnostic & Preventive (Coverage A) | 100% |
| Basic (Coverage B) - includes posterior composites | 85% |
| Major (Coverage C) | 50% |

Maximum Benefits: \$1,500 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.

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

Double-Up MaxSM: 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.