

## Here's a Closer Look at the Dental Coverage Available:

*This chart is provided for summary purposes only; in the event of a conflict or discrepancy between the chart and either the group contract or the benefit booklet, the contract or benefit booklet will prevail.*

	OPTION II	OPTION III	OPTION VI	OPTION VII	OPTION VIII
<b>COVERAGE A</b> (no deductible) <b>Diagnostic:</b> Examinations; X-rays <b>Preventive:</b> Cleanings; fluoride, space maintainers, sealants for children, and oral cancer screening	+Table of Allowances  75%*	100%*	100%*	100%*	100%*
<b>DEDUCTIBLE</b> (person/family) per calendar year (on B & C only)	\$0	\$0	\$0	\$25/\$75	\$25/\$75
<b>COVERAGE B</b> (after deductible) Certain fillings; Extractions; Root canal therapy; Periodontal treatment; Repair of a removable denture; Emergency treatment; crown lengthening	+Table of Allowances  50%*	+Table of Allowances  50%*	50%*	70%*	80%*
<b>COVERAGE C</b> (after deductible) <b>Prosthodontics:</b> Bridges, crowns, dentures, onlays	+Table of Allowances 50%*	+Table of Allowances 50%*	50%*	50%*	50%*
<b>COVERAGE D</b> (no deductible) <b>Orthodontics:</b> Correction of crooked teeth	50%*	50%*	50%*	50%*	50%*
<b>MAXIMUM</b> per person, per calendar year (A, B & C only)	\$1,000	\$1,250	\$1,000	\$1,250	\$1,500
<b>LIFETIME MAXIMUM</b> (D only) Per child to age 19 Per child and adult	\$1,000 -----	\$1,000 -----	\$1,250 -----	----- \$1,250	----- \$1,500

+ Table of Allowances - Based upon Maximum Allowable Amounts – Employers may choose only one of the above options for their employees.

\* Benefit percentages shown are based upon the actual charge submitted to a maximum of the participating dentist's approved fees, or Northeast Delta Dental's allowance for non-participating dentists.

**Please call the NHMTA office at 603-224-7337 for more detailed program information and rates.**

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