Bennington College
Group Number: 70038

Outline of Coverage – Premium Plus
Delta Dental PPO plus Premier

DELTA DENTAL

Read Your Policy Carefully—This Outline of Coverage provides a very brief description of the important features of your policy. This is not the insurance contract, and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and your insurance company. It is therefore important that you ***READ YOUR POLICY CAREFULLY!*** *Not all time limitations and exclusions are shown herein. Benefit percentages shown are based on the actual charges submitted up to the Maximum Allowable Charge for participating dentists, or Delta Dental's allowance for non-participating dentists.*

<table>
<tr><th colspan="4">Office Visit Copayment: None</th></tr>
<tr><th>Diagnostic / Preventive
(Coverage A)</th><th>Basic
(Coverage B)</th><th>Major
(Coverage C)</th><th>Orthodontics
(Coverage D)</th></tr>
<tr><td>No Deductible</td><td colspan="2">$100/$300 One-time Deductible per Person/Family</td><td>No Deductible</td></tr>
<tr>
<td>DIAGNOSTIC:
Oral evaluations twice in a 12-month period, this includes periodic, limited, problem-focused, and comprehensive evaluations

Bitewing X-Rays once in a 12-month period

X-Rays of individual teeth as necessary

Brush biopsy once in a 12-month period

PREVENTIVE:
Cleanings twice in a 12-month period

Fluoride twice in a 12-month period to age 15

Sealant application to permanent molars, once in a lifetime per tooth, for children to age 15</td>
<td>RESTORATIVE:
Amalgam (silver) fillings;
Composite (white) fillings

ORAL SURGERY:
Routine extractions

ENDODONTICS:
Root canal therapy

PERIODONTICS:
Treatment of gum disease

Periodontal Cleaning (Maintenance procedures)

Note: Only two cleanings are covered in a 12-month period. These may be any combination of routine (Coverage A) or periodontal (Coverage B).

Space maintainers to age 15

Full-mouth/panoramic X-rays once in a 5-year period

EMERGENCY PALLIATIVE TREATMENT</td>
<td>PROSTHODONTICS:
Removable and fixed partial dentures (bridge); complete dentures

Rebase and reline (dentures)

Crowns

Onlays

Implants

DENTURE REPAIR:
Repair of removable denture to its original condition

ORAL SURGERY:
Complex extractions and other surgical procedures

CROWN LENGTHENING:
Clinical crown lengthening once in a lifetime per site</td>
<td>ORTHODONTICS:
Correction of malposed (crooked) teeth for adults and dependent children</td>
</tr>
<tr><td>Delta Dental Pays 100%
No Waiting Period</td><td>Delta Dental Pays 80%
No Waiting Period</td><td>Delta Dental Pays 50%
After a 6-Month Waiting Period</td><td>Delta Dental Pays 50%
After a 6-Month Waiting Period</td></tr>
<tr><td colspan="3">Calendar Year Maximum: $2,000 up to $4,000 per Person with Double-Up Max℠
Health through Oral Wellness® program included (please see reverse)</td><td>Lifetime Maximum:
$1,500 per Person</td></tr>
</table>

Delta Dental PPO plus Premier Network
You will get the best value from your Delta Dental Plan when you receive your dental care from one of our PPO (greatest savings) or Premier network participating dentists:

- ✓ No Balance Billing: Because participating dentists accept Northeast Delta Dental's allowed fees for services, you will typically pay less when you visit a participating dentist.
- ✓ No Claims Paperwork: Participating dentists will prepare and submit claims for you.
- ✓ Direct Payment: Northeast Delta Dental pays participating dentists directly, so you don't have to pay the covered amount up front and wait for a reimbursement check.

To find out if your dentist participates in our PPO or Premier network, you can: call your dentist, visit our website at nedelta.com, or call Customer Service at 1-800-832-5700.

Claim Process for Participating Dentists
Your participating dentist will submit your claim to Northeast Delta Dental (claims for any of your covered dependents should be submitted under *your* Subscriber ID number). Northeast Delta Dental will produce an Explanation of Benefits (available through our Benefit Lookup site at nedelta.com) detailing what has been processed under your plan's coverage. You are responsible to pay any outstanding balance directly to the dentist.

Non-Participating Dentists
If you visit a non-participating dentist, you may be required to submit your own claim and pay for services at the time they are provided. Claim forms are available by calling Northeast Delta Dental or visiting nedelta.com. Payment will be made to you, the Subscriber, unless the state in which the services are rendered requires that assignment of benefits be honored and Northeast Delta Dental receives written notice of such assignment. Payment for treatment performed by a non-participating dentist will be limited to the lesser of the dentist's actual submitted charge or Delta Dental's allowance for non-participating dentists in the geographic area in which services are provided. It is your responsibility to make full payment to the dentist.

Predetermination of Benefits
Northeast Delta Dental recommends that you ask your dentist to submit a *pre-treatment estimate* for any dental work involving costly or extensive treatment plans. Predeterminations helps avoid any potential confusion and enable us to help you estimate any out-of-pocket expenses you may incur.

Coordination of Benefits
When an individual covered under this plan has additional group coverage, the Coordination of Benefits (COB) provision described in your Dental Plan Description booklet will determine the sequence and extent of payment. If you have any questions about COB, please contact our Customer Service Department at 1-800-832-5700.

Identification Cards
Two identification cards will be produced and distributed shortly after your initial enrollment. Both cards are issued in your name but can be used by any family member covered under your plan. Any future cards will be issued electronically via our Benefit Lookup site accessible through nedelta.com. You can also use our smartphone app and enjoy access to dentist search, claims and coverage, and your ID card. Simply scan the QR code to the right.

Health through Oral Wellness® (HOW®)
A healthy mouth is part of a healthy life, and Northeast Delta Dental's innovative Health through Oral Wellness program [HOW] works with your dental benefits to help you achieve and maintain better oral wellness. HOW is all about YOU because it's based on your specific oral health risk and needs. Best of all, it's secure and confidential. Here's how to get started:

HOW® HEALTH through ORAL WELLNESS®

1. REGISTER
Go to healththroughoralwellness.com and click on "Register Now."

2. KNOW YOUR SCORE
After you register, please take the free oral health risk assessment by clicking on "Free Assessment" in the Know Your Score section of the website.

3. SHARE YOUR SCORE WITH YOUR DENTIST
The next step is to share your results with your dentist at your next dental visit. Your dentist can discuss your results with you and perform a clinical version of the risk assessment. Based on your risk, you may be eligible for additional preventive benefits.*

**Additional preventive benefits are subject to the provisions of your Northeast Delta Dental policy.*

Double-Up Max℠
This Northeast Delta Dental Plan allows enrollees to double their calendar year maximum by earning an additional $250 per year for use in future benefit periods. Here is how it works:

- To qualify for the carryover, an enrollee must have a claim paid for either an oral exam or a cleaning during a calendar year (a focus on prevention), and their total paid claims cannot exceed $500 during the same calendar year.
- The carryover will accumulate for each year of qualification up to an amount equal to the plan's original calendar year maximum. If, for example, the calendar year maximum is $2000, enrollees can ultimately achieve an annual maximum of $4000.
- This feature does not apply to orthodontic benefits.

Please note: Groups first effective during July – December will begin qualifying for the carryover the following calendar year for benefit dollars that can be used in the subsequent year. The calendar year maximum used in this example may not match your calendar year maximum. Please read your policy carefully.

Who is Eligible?
You, your spouse (or Civil Union Partner in states where applicable), your domestic partner your children up to age 26, regardless of student status, and any incapacitated dependent children, regardless of age. If enrolling one eligible dependent, all of your eligible dependents must be enrolled, unless they are covered under another dental program.

Renewability
Your plan will automatically renew for a new twelve (12) month Plan Year if the premium continues to be paid. Premiums are subject to change annually in accordance with advance notice. You or Northeast Delta Dental may choose not to renew this plan upon advance notice. The plan will not be renewed if this dental program is no longer available.

THIS INFORMATION SHOULD BE USED ONLY AS A GUIDELINE. FOR DETAILED INFORMATION ON YOUR GROUP'S TERMS, CONDITIONS, LIMITATIONS AND EXCLUSIONS, PLEASE REFER TO THE APPROPRIATE DENTAL PLAN DESCRIPTION.