



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

Outline of Benefits
ELMET TECHNOLOGIES LLC
Group Number: 61537-ALL

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

Eligibility Period: Determined by the Employer.

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 resin restorations	80%
Major (Coverage C)	50%
Orthodontics (Coverage D)	50%

Maximum Benefits: \$1,500 per person per benefit period excluding Orthodontics.
Orthodontic benefits have a separate lifetime maximum of \$1,500 per adult and child

Deductibles: \$50/\$150 benefit period deductible per person/family (applies to Basic and Major benefits only).

Office Visit Copayments: None

Waiting Periods:

Basic Benefits: No waiting period.

Major Benefits: No waiting period.

Orthodontic 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