

VACEplus Insurance Program Group #7151

*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.*

| Outline of Coverage | | PPO plus Premier Network | PPO Network |
|---|---|---|---|
| Coverage A | DIAGNOSTIC: Evaluations twice in a 12-month period Bitewing X-rays once in a 12-month period Full-mouth/panoramic X-rays once in a 5-year period X-rays of individual teeth as necessary PREVENTIVE: Cleanings twice in a 12-month period. <i>Can be routine or periodontal or one of each</i> Fluoride once in a 12-month period to age 19 Space maintainers to age 16 Sealant application to permanent molars, once in a 3-year period per tooth, for children to age 19 | 100% | 100% |
| Coverage B | BASIC RESTORATIVE: Amalgam (silver) fillings; Composite (white) fillings (on anterior teeth only) ORAL SURGERY: Surgical and routine extractions ENDODONTICS: Root canal therapy PERIODONTICS: Periodontal maintenance (cleaning) Treatment of gum disease Clinical Crown Lengthening DENTURE REPAIR: Repair of a removable denture to its original condition EMERGENCY PALLIATIVE TREATMENT | 80% After a 6-Month Waiting Period | 60% After a 6-Month Waiting Period |
| Coverage C | MAJOR RESTORATIVE: Removable and fixed partial dentures (bridge); complete dentures Rebase and reline (dentures) Crowns Onlays Implants | 50% After a 12-Month Waiting Period | 60% After a 12-Month Waiting Period |
| Coverage D | ORTHODONTICS: Correction of crooked teeth for adults and children | 50% After a 12-Month Waiting Period | 60% After a 12-Month Waiting Period |
| Calendar Year Maximum for services covered under A, B and C (excluding orthodontics) | | \$1500 up to \$3000 with Double-Up Max SM | \$1200 |
| Health through Oral Wellness® program included (please see reverse for details) | | | |
| Lifetime Orthodontics Maximum (per person) | | \$1500 | \$1200 |
| Lifetime Deductible Applies to Coverages B and C | | \$100 per patient \$300 per family | \$100 per patient \$300 per family |

Please Note:

- The plan selection may not be changed until the next open enrollment.
- The plan selection must be the same for both employee and dependents.

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 assignments 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**.

Health through Oral WellnessSM (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, confidential, and easy to do. Here's how to get started:



1. REGISTER

Go to www.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 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.*

Identification Cards

Two identification cards from Delta Dental will be produced and distributed shortly after your enrollment. Both cards are issued in the subscriber's name, but can be used by everyone covered under the program.

Dental Plan Description Booklet

Your Dental Plan Description booklet describes your dental benefits and explains how to use them. Please read it carefully to understand the benefits and provisions of your Northeast Delta Dental plan.

Who is Eligible

You, your spouse or Civil Union Partner, Domestic Partners, 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.

Claims Inquiry

If you have further questions, please contact Northeast Delta Dental's Customer Service department at 1-800-832-5700 or 603-223-1011 or email customerservice@nedelta.com. This information should be used only as a guideline for your dental benefits program. For detailed information on your group's terms, conditions, limitations, exclusions, and guarantees, please refer to your Dental Plan Description booklet or consult your employer.



Northeast Delta Dental
One Delta Drive
P.O. Box 2002
Concord, NH 03302-2002
www.nedelta.com
1-800-832-5700



Accidents can happen anytime, anywhere

The economic impact of unintentional injuries is about \$6,600 per household (including out-of-pocket, higher prices for goods, services and taxes).

National Safety Council, Injury Facts, 2014



Accidents are usually followed by a series of bills. Even if you have good insurance, you may still have to cover out-of-pocket costs, such as:


- Doctor bills
- Ambulance fees
- Hospital expenses

Every 10 minutes, more than 700 Americans suffer an injury severe enough to seek medical help.

National Safety Council, Injury Facts, 2014

If you suffer from a fracture, dislocation or other covered accidental injury, accident insurance can help offset unexpected medical expenses, such as emergency room fees, deductibles and co-payments. Coverage options are available for you, your spouse and your dependent children.

Talk with your Colonial Life benefits counselor to learn how accident insurance can help protect what you've worked so hard to build.



Protect
your vision
with VSP.

Get the best in eyecare and eyewear with VACE and VSP® Vision Care.



Why enroll in VSP? We invest in the things you value most—the best care at the lowest out-of-pocket costs. Because we're the only national not-for-profit vision care company, you can trust that we'll always put your wellness first.

You'll like what you see with VSP.

- **Value and Savings.** You'll enjoy more value and the lowest out-of-pocket costs.
- **High Quality Vision Care.** You'll get the best care from a VSP provider, including a WellVision Exam®—the most comprehensive exam designed to detect eye and health conditions.
- **Choice of Providers.** The decision is yours to make—choose a VSP doctor, a participating retail chain, or any out-of-network provider.
- **Great Eyewear.** It's easy to find the perfect frame at a price that fits your budget.

Using your VSP benefit is easy.

- **Register at vsp.com** Once your plan is effective, review your benefit information.
- **Find an eyecare provider who's right for you.** To find a VSP provider, visit vsp.com or call **800.877.7195**.
- **At your appointment, tell them you have VSP.** There's no ID card necessary. If you'd like a card as a reference, you can print one on vsp.com.

That's it! We'll handle the rest—there are no claim forms to complete when you see a VSP provider.

Choice in Eyewear

From classic styles to the latest designer frames, you'll find hundreds of options. Choose from featured frame brands like Anne Klein, bebe®, Calvin Klein, Flexon®, Lacoste, Nike, Nine West, and more! Visit vsp.com to find a VSP provider who carries these brands.

Your VSP Vision Benefits Summary



VACE and VSP provide you with an affordable eyecare plan..

VSP Coverage Effective Date: 01/01/2016

VSP Provider Network: VSP Choice

| Benefit | Description | Copay | Frequency |
|---|--|----------------------------------|-------------------------|
| Your Coverage with a VSP Provider | | | |
| WellVision Exam | <ul style="list-style-type: none"> Focuses on your eyes and overall wellness | \$10 | Every 12 months |
| Prescription Glasses | | \$25 | See frame and lenses |
| Frame | <ul style="list-style-type: none"> \$130 allowance for a wide selection of frames \$150 allowance for featured frame brands 20% savings on the amount over your allowance \$70 Costco® allowance | Included in Prescription Glasses | Every 24 months |
| Lenses | <ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children | Included in Prescription Glasses | Every 12 months |
| Lens Enhancements | <ul style="list-style-type: none"> Progressive lenses Anti-reflective coating Scratch-resistant coating Average savings of 20-25% on other lens enhancements | \$0 \$0 \$0 | Every 12 months |
| Contacts (instead of glasses) | <ul style="list-style-type: none"> \$130 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) | Up to \$60 | Every 12 months |
| Extra Savings | <p>Glasses and Sunglasses</p> <ul style="list-style-type: none"> Extra \$20 to spend on featured frame brands. Go to vsp.com/specialoffers for details. 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam. <p>Retinal Screening</p> <ul style="list-style-type: none"> No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam <p>Laser Vision Correction</p> <ul style="list-style-type: none"> Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities | | |
| Your Monthly Contribution | \$8.88 Member only | \$12.87 Member + 1 | \$23.08 Member + family |
| Your Coverage with Out-of-Network Providers | | | |
| Visit vsp.com for details, if you plan to see a provider other than a VSP network provider. | | | |
| Exam | up to \$45 | Lined Bifocal Lenses | up to \$50 |
| Frame | up to \$70 | Lined Trifocal Lenses | up to \$65 |
| Single Vision Lenses | up to \$30 | Progressive Lenses | up to \$50 |
| | | Contacts | up to \$105 |
| Coverage with a participating retail chain may be different. Once your benefit is effective, visit vsp.com for details. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. | | | |

Contact us. 800.877.7195 | vsp.com

¹Brands/Promotion subject to change.

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