

Application to Join the Maine Osteopathic Association/Northeast Delta Dental Plan

Accepting this Application makes the Employer a Participating Employer subject to the terms and conditions of the Agreement between Maine Osteopathic Association and Delta Dental Plan of Maine.

Employer Name: _____

Address: _____ City: _____, ME ZIP: _____

Phone Number: (207) _____ Fax Number: (207) _____

Group Contact: _____

Prior Dental Coverage Yes No If yes, name of Prior Dental Carrier _____
 (Please attach prior carrier bill so that we may credit your waiting periods appropriately)

Dental Program (See benefit summary for general coverage information)	Copayment %	Waiting Periods
Coverage A	100%	None
Coverage B	80%	None
Coverage C	50%	6 Months
Coverage D	50%	6 Months
Lifetime Deductible Per Person (Deductible Not Applied to Coverages A and D)	\$100	
Lifetime Deductible Per Family (Deductible Not Applied to Coverages A and D)	\$300	
Calendar Year Maximum for Coverage A, B, C	\$2,000/Person	
Separate Lifetime Maximum for Coverage D	\$1,500/Person	

Effective Date: _____ (Must be first of the month.)

Annual Open Enrollment additions/deletions/changes will be effective each August 1st.

Eligibility (Probationary) Period for New Hires: First day of the month following _____ month(s)

Monthly Rates (Effective: 8/1/21 - 7/31/22)	Number Enrolled	Amount Due
One Person (Single):	\$49.12 x _____	= \$ _____
Two Persons:	\$89.98 x _____	= \$ _____
Three or More Persons (Family):	\$157.04 x _____	= \$ _____
TOTAL (Due with Application)		= \$ _____

Authorized Signature: _____ Title: _____ Date: _____

Northeast Delta Dental/Maine Osteopathic Association use only

Delta Group #: 62232 -1000 Effective Date of Dental Program: _____

STORE LOC #: _____ Accepted By: _____

Please submit this Application along with your Enrollment Form(s) and Binder Check.



DENTAL ENROLLMENT / CHANGE FORM

Delta Dental Plan of Maine – Delta Dental Plan of New Hampshire – Delta Dental Plan of Vermont
 Please send form to: eligibilitydepartment@nedelta.com or Eligibility Fax - (603) 223-1252
 Northeast Delta Dental - One Delta Drive - PO Box 2002 - Concord, NH 03302-2002
 1-800-537-1715 - nedelta.com - (603) 223-1230 Eligibility

Be sure to fill out each section completely. Failure to complete each section in full could delay processing.

1. GROUP INFORMATION - To be completed by Employer				
Group Number:	Sublocation:	Division:	Misc. Info:	If Dual Option, Select Plan <input type="checkbox"/> Low <input type="checkbox"/> High <input type="checkbox"/> N/A
Group Name:			Address:	

2. SUBSCRIBER INFORMATION - To be completed by Employee		
Date of Hire: (MM-DD-YYYY)	Date of Rehire: (MM-DD-YYYY)	Subscriber Effective Date: (MM-DD-YYYY)
Social Security No:	Last Name:	First Name:
Date of Birth: (MM-DD-YYYY)	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
Mailing Address:	City:	State: Zip:
Email Address:	Phone Number:	

3. ENROLLMENT OR CHANGE REQUEST	
Exact Date of Change: (MM-DD-YYYY)	Coverage Level Requested: <input type="checkbox"/> Subscriber Only <input type="checkbox"/> Subscriber & Spouse <input type="checkbox"/> Subscriber & Child <input type="checkbox"/> Subscriber & Children <input type="checkbox"/> Family
Reason for Change: <input type="checkbox"/> Add <input type="checkbox"/> Delete	<input type="checkbox"/> New Hire <input type="checkbox"/> COBRA <input type="checkbox"/> Name Change: _____ <input type="checkbox"/> Open Enrollment <input type="checkbox"/> Address Change <input type="checkbox"/> Transfer from Sublocation: _____ <input type="checkbox"/> Marriage <input type="checkbox"/> Loss of Coverage <input type="checkbox"/> Other/Explain: _____ <input type="checkbox"/> Birth/Adoption <input type="checkbox"/> Employment Change
Will this dental coverage replace another Northeast Delta Dental Plan? If yes, provide the Subscriber ID/SSN and Name:	

4. DEPENDENT INFORMATION							
List all dependents to be newly enrolled, or those dependents who are affected by an addition or deletion. If you are enrolling some but not all your eligible dependents, your other dependents must have coverage elsewhere.							
Last Name	First Name	DOB (MM-DD-YYYY)	Sex	Relationship to Subscriber	*	Add / Remove	Email for Spouse and/or Dependents over the age of 18
			<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Spouse <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Child/Dependent	<input type="checkbox"/>	<input type="checkbox"/> Add <input type="checkbox"/> Remove	
			<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Child/Dependent	<input type="checkbox"/>	<input type="checkbox"/> Add <input type="checkbox"/> Remove	
			<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Child/Dependent	<input type="checkbox"/>	<input type="checkbox"/> Add <input type="checkbox"/> Remove	
			<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Child/Dependent	<input type="checkbox"/>	<input type="checkbox"/> Add <input type="checkbox"/> Remove	
			<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Child/Dependent	<input type="checkbox"/>	<input type="checkbox"/> Add <input type="checkbox"/> Remove	

*Check box if dependent is incapacitated. Legal documentation may be required.

5. COORDINATION OF BENEFITS	
Is there other coverage for any members? Yes <input type="checkbox"/> No <input type="checkbox"/>	Policy Holder ID / Social Security#:
Carrier Name:	

Statements made in this document are deemed to be representations and not warranties. I represent that all information is true and correct to the best of my knowledge. I understand that by not choosing a network provider for myself or any family member, I may be responsible for higher out-of-pocket expenses. I also understand that the effective date and termination date of my membership will be determined by my employer or plan sponsor in accordance with the underwriting guidelines of Northeast Delta Dental. If my employer or plan sponsor requires employee contributions for this coverage, I authorize the deductions of these amounts from my wages. I further authorize my employer or plan sponsor to deduct any premium which is owed by me as of the date my application is approved. I understand that my dependents and I must remain enrolled and can discontinue our coverage only during open enrollment, except in the event of a qualified family status change. I understand that my plan documents can be found at www.nedelta.com - Patients - Log in to Benefit Lookup, after my enrollment has been processed. **By signing below I hereby accept coverage. This policy provides dental benefits only. Review your policy carefully.**

SUBSCRIBER SIGNATURE (REQUIRED): _____ DATE: _____
 By typing your name, you are providing a digital signature to validate and confirm the above information.



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.

Office Visit Copayment: None			
Diagnostic / Preventive (Coverage A)	Basic (Coverage B)	Major (Coverage C)	Orthodontics (Coverage D)
No Deductible	\$100/\$300 One-time Deductible per Person/Family		No Deductible
<p>DIAGNOSTIC: Oral evaluations twice in a 12-month period, this includes periodic, limited, problem-focused, and comprehensive evaluations</p> <p>Bitewing X-Rays once in a 12-month period</p> <p>X-Rays of individual teeth as necessary</p> <p>Brush biopsy once in a 12-month period</p> <p>PREVENTIVE: Cleanings twice in a 12-month period</p> <p>Fluoride twice in a 12-month period to age 15</p> <p>Sealant application to permanent molars, once in a lifetime per tooth, for children to age 15</p>	<p>RESTORATIVE: Amalgam (silver) fillings; Composite (white) fillings</p> <p>ORAL SURGERY: Routine extractions</p> <p>ENDODONTICS: Root canal therapy</p> <p>PERIODONTICS: Treatment of gum disease</p> <p>Periodontal Cleaning (Maintenance procedures)</p> <p>Note: Only two cleanings are covered in a 12-month period. These may be any combination of routine (Coverage A) or periodontal (Coverage B).</p> <p>Space maintainers to age 15</p> <p>Full-mouth/panoramic X-rays once in a 5-year period</p> <p>EMERGENCY PALLIATIVE TREATMENT</p>	<p>PROSTHODONTICS: Removable and fixed partial dentures (bridge); complete dentures</p> <p>Rebase and reline (dentures)</p> <p>Crowns</p> <p>Onlays</p> <p>Implants</p> <p>DENTURE REPAIR: Repair of removable denture to its original condition</p> <p>ORAL SURGERY: Complex extractions and other surgical procedures</p> <p>CROWN LENGTHENING: Clinical crown lengthening once in a lifetime per site</p>	<p>ORTHODONTICS: Correction of malposed (crooked) teeth for adults and dependent children</p>
Delta Dental Pays 100% No Waiting Period	Delta Dental Pays 80% No Waiting Period	Delta Dental Pays 50%* After a 6-Month Waiting Period	Delta Dental Pays 50%* After a 6-Month Waiting Period
<p>Calendar Year Maximum: \$2,000 up to \$4,000 per Person with Double-Up MaxSM Health through Oral Wellness[®] program included (please see reverse)</p>			
<p>Lifetime Maximum: \$1,500 per Person</p>			

*If this Northeast Delta Dental plan is replacing an existing group dental plan that covers the services to which the waiting periods apply, the waiting periods will be waived for enrollees whose effective date of coverage coincides with the original effective date of this plan. New enrollees, effective after the group's original effective date, are subject to waiting periods unless moving from one Northeast Delta Dental plan to this Northeast Delta Dental plan with no more than one month gap in coverage. Waiting periods do not apply to eligible enrollees under nineteen (19) years of age except for orthodontic benefits.

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:

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 MaxSM

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 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.



Northeast Delta Dental Double-Up MaxSM Carryover Benefit

Promoting Regular Care

Northeast Delta Dental offers a Double-Up Max carryover benefit feature on select dental programs. With this feature, enrollees may double their annual maximum by accumulating \$250 a year in additional benefits for use in future coverage periods. When a dental procedure is needed that costs more than the annual maximum allows, accrued carryover benefit dollars can help make up the difference.

To Qualify

- Northeast Delta Dental must have **paid** a claim for either an oral exam or a cleaning during a Calendar Year. If enrollees don't receive one of these services, they will not be eligible to accumulate dollars for future use. This puts an emphasis on prevention.
- An enrollee's **paid** claims during the Calendar Year cannot exceed a threshold of \$500.

Guidelines

- Your dental plan must have an annual maximum based on a Calendar Year (January through December).
- Accumulated amounts may only be used after the current annual maximum has been exhausted.
- Carryover benefit amounts cannot be used toward lifetime orthodontic benefits.
- The total accumulated carryover amount cannot exceed the amount of your plan's regular annual maximum.
- If your group is effective in the carryover program between January 1 and June 30, enrollees will be eligible to begin qualifying immediately for carryover benefit dollars to be used in the following year; if your group is effective between July 1 and December 31, enrollees will be eligible to begin qualifying during the next Calendar Year for carryover benefit dollars that can be used in the subsequent year.

How it Works

The Double-Up Max feature allows enrollees to accumulate additional benefit amounts to use toward future dental expenses. The following chart is an example of how it would work for an enrollee with the assumed claims shown.

(Please note: This is only an example. Your Annual Maximum may be different than the example shown.)

	Year 1	Year 2	Year 3	Year 4	Year 5
Annual maximum amount	\$1,000	\$1,000	\$1,000	\$1,000**	\$1,000
Carryover benefit amount from previous years	\$0	\$250	\$250	\$500	\$100
Benefit dollars available	\$1,000	\$1,250	\$1,250	\$1,500	\$1,100
Enrollee's total claims paid*	\$300 (less than \$500)*	\$750 (over \$500)*	\$200 (less than \$500)*	\$1,400 (over \$500)*	\$425 (less than \$500)*
Oral exam or cleaning during year	Yes	Yes	Yes	Yes	Yes
Carryover benefit amount allowed in next Calendar Year	\$250	\$0	\$250	\$0	\$250
Accumulated carryover dollars available in next Calendar Year	\$250	\$250	\$500	\$100	\$350
Accumulated carryover dollars used	\$0	\$0	\$0	\$400**	\$0

*To receive carryover benefit dollars in the next Calendar Year, paid claims during the current Calendar Year cannot exceed a \$500 threshold.

**In year 4, total claims paid were greater than \$1,000, therefore \$400 out of the \$500 accumulated dollars available was used.

INSTRUCTIONS FOR THE PATIENT



HEALTH *through* ORAL WELLNESS®

Welcome to the Health through Oral Wellness® (HOW®) program!

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



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 assessment.
- Based on your risk, as shown on your clinical assessment, you may be eligible for additional preventive benefits at no cost!*

**Additional preventive benefits are subject to the provisions of your Northeast Delta Dental policy. Only the clinical risk assessment performed by your dentist can determine your eligibility for additional preventive benefits.*

BRING THESE INSTRUCTIONS TO YOUR DENTIST

Dear Dentist,

At Northeast Delta Dental, we understand that some patients need more dental care than others. That's why we offer our **Health through Oral Wellness [HOW]** program.

Many of your Northeast Delta Dental patients who are at risk for certain conditions may be eligible for additional preventive benefits at no additional cost to them.* To assess their risk level, they need your help! They need you to complete an oral health risk assessment using a clinical risk evaluation tool called the Oral Health Information Suite (OHIS) that is provided to you by Northeast Delta Dental at no charge.

Getting started is quick and easy—you can perform this assessment on your patients immediately!

1. Go to nedelta.com/Providers, log into Benefit Lookup, click on the HOW registration link, and follow the on-screen instructions.
2. Click 'Find my Practice Information,' select the dentist and location from the list, and click 'Submit.' Please note that a separate registration is required for each practice location.
3. Complete the required fields and click 'Register.'
4. You will receive an email from PreViser advising you to complete and validate your registration by visiting previser.com/free and selecting 'My Account.'

To learn how to maximize the value of using this important tool, please view the training videos from PreViser University on their website at previser.com/free.

If you have questions or are unable to locate the dentist information you entered, please call Northeast Delta Dental's Professional Relations department at 1-800-537-1715.

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

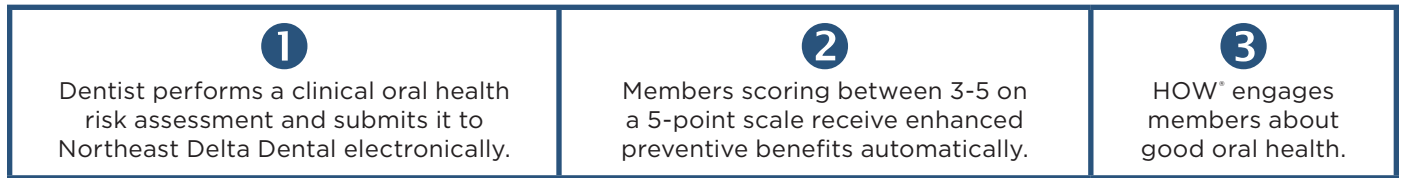


Northeast Delta Dental

Extra Benefits—at No Extra Charge—for Those Who Need Them

All of Northeast Delta Dental’s group plans include our industry-leading Health *through* Oral Wellness® (HOW®) program at no additional charge. Based on the concept of patient-centered oral health, HOW® provides additional preventive benefits to members who are at risk for oral disease, thereby helping them achieve better oral and overall health.

At-risk members are identified through the use of a clinical risk assessment tool that we have provided to dentists at no charge. Eligible members who receive a score of 3 to 5 on a 5-point scale automatically receive additional benefits based on their oral health condition. HOW® is simple and free and it works like this:



Summary of Enhanced Benefits

Oral Health Condition	Benefits	Frequency
Caries (Tooth Decay)	Caries Susceptibility Test Child or Adult Cleaning Fluoride Varnish or Topical Fluoride Nutritional Counseling or Oral Hygiene Instruction Sealants	Once per 12 months Combination up to 4 per 12 months Combination up to 4 per 12 months Once per 12 months ¹ Once per 12 months ¹ Once per 3 years ²
Periodontal (Gum) Disease	Adult Cleaning Nutritional Counseling or Tobacco Cessation Counseling or Oral Hygiene Instruction Full Mouth Debridement Periodontal Maintenance	Up to 4 per 12 months ³ Once per 12 months ⁴ Once per 12 months ⁴ Once per 12 months ⁴ Once in a lifetime ³ Up to 4 per 12 months ³

Members can register for HOW® at www.HealthThroughOralWellness.com to receive information about the oral health topics of their choosing. Enhanced benefits are subject to change and are subject to standard policy provisions, including, but not limited to, coinsurance percentages, copayments, and plan maximums. As with all benefits, eligibility confirmation should be obtained via Northeast Delta Dental’s Benefit Lookup site at www.nedelta.com or from customer service at 1-800-832-5700.

¹ Either one nutritional counseling or one oral hygiene instruction is covered in a 12-month period.
² Sealants are a covered benefit based on caries risk assessment for unrestored primary molars and for unrestored permanent premolars, and molars—one sealant per tooth every three years.
³ Combination of prophylaxis, periodontal maintenance, or full mouth debridement (once in a lifetime benefit) not to exceed four in a 12-month period.
⁴ Either one nutritional counseling, or one oral hygiene instruction, or one tobacco cessation counseling is covered in a 12-month period.

Go Green! with Northeast Delta Dental's Benefit Lookup Site

At Northeast Delta Dental, we strive daily to give you the best experience possible. That includes investments in technology to give you access to the information and tools you need, all while helping reduce paper waste and our carbon footprint.

Welcome to the Northeast Delta Dental Benefit Lookup site! You can enjoy 24/7 access to your benefit and claim information, print additional identification cards, read your benefit booklet and Explanation of Benefits (EOB), download our mobile app, search for a dentist, register for the Health *through* Oral Wellness® (HOW®) program, and so much more—all when it's convenient for you!



Registration is simple:

1. Go to www.nedelta.com and click on **PATIENTS**
2. Click on **REGISTER HERE** under Benefit Lookup login
3. Complete the three-step registration process

Note: You will need your Subscriber ID number (found on your ID card or by calling Customer Service at 1-800-832-5700).

Visit Northeast Delta Dental's website at www.nedelta.com for helpful information.

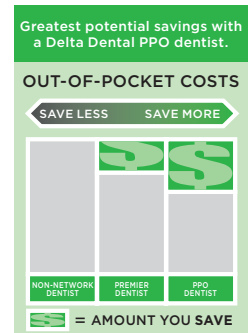


Finding a dentist in your area is easy!

Click **Find a Dentist** in the **Patients** section of our website, enter some general information about your location and network type, click **Search**, and a list of dentists serving your area will be displayed. Note: If you are enrolled in a PPO plus Premier Program, please be sure to search both networks.

Stretch your annual maximum dollars!

If your Northeast Delta Dental plan includes our PPO network, and if you are looking for ways to save money on your dental care and lower your out-of-pocket dental expenses, consider looking for a Northeast Delta Dental PPO dentist for your care.



Health *through* Oral Wellness® (HOW®)

Health *through* Oral Wellness® is a program designed to promote better oral health and overall health for Northeast Delta Dental Members. HOW® is all about YOU because it's based on your own specific oral health risks and needs. Best of all, it's secure, confidential, and absolutely FREE.



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 assessment
- Based on your risk, as shown on your clinical assessment, you may be eligible for additional preventive benefits at no cost if your employer participates in the HOW program.*

**Additional preventive benefits are subject to the provisions of your Northeast Delta Dental policy. Only the clinical risk assessment performed by your dentist can determine your eligibility for additional preventive benefits.*

EyeMed Vision and Hearing Discount Program

Our vision and hearing discount program is available free to all Northeast Delta Dental subscribers and their dependents. Great savings — up to 35% off eyewear and 40% off hearing exams. With **Vision Wellness**, choose from any available frame, including quality name-brand products like Brooks Brothers, Ann Klein, Vogue, and many more at provider locations, including:



Hearing Wellness includes discounted, set pricing on thousands of hearing aids and is offered through Amplifon, the nation's largest independent hearing care network.



Learn more at www.nedelta.com or from our Customer Service Representatives at 1-800-832-5700.