

**Outline of Benefits**  
**UNIVERSITY OF NEW ENGLAND**  
**Group Number: 6392-5004, 5418**  
**High Plan**

For more information on your benefits, please refer to your Dental Plan Description (DPD) or Summary Plan Description (SPD).

Benefit Period: 1/1/2020 - 12/31/2020

Eligibility Period: 90 days

Benefit percentages paid by Northeast Delta Dental after any applicable Waiting Periods and/or Copayments:

100%				100%
100%		- 100%	100%	100%
100%	100%			100%

Maximum Benefits: \$1,000,000 per year

Deductibles: \$1,000

Office Visit Copayments