DELTA DENTAL

JACKSON TOWNSHIP BOE Group #07763 Delta Dental PPO Plus Premier™	
Preventive and Diagnostic Exams, Cleanings (each three times per calendar year) Bitewing X-Rays (two per calendar year through age 18, one per calendar year for ages 19 and older) Fluoride Treatments (two per calendar year until age 19) Space Maintainers (frequency limitations apply)	100%
Basic Fillings, Simple Extractions, Root Canals (endodontics) Periodontics, Oral Surgery, Repair of Dentures, Sealants	100%
Periodontics Periodontal Maintenance; General & Surgical Periodontics	80%
Crowns Crowns and Gold Restorations	80%
Major Bridgework Full and Partial Dentures	50%
Annual Maximum (per person)	$1,000
Annual Deductible (waived for Preventive and Diagnostic) Per Person Family Maximum	N/A
Orthodontics Children Only (until age 19) Lifetime Maximum (per person)	50% $1,000

Dependent children are covered to age 19 end of month or until 23 end of month if they are full-time students in an accredited school or university.

Get the most out of your benefits with:

- ✓ Special Health Care Needs benefit – Covered members with a qualifying special health care need have access to enhanced benefits such as additional cleanings and/or examinations and treatment modifications. Learn more at DeltaDentalNJ.com/SHCN.
- ✓ Hearing Savings Program – Get access to savings on hearing aids and services through Amplifon Hearing Health Care at no additional cost. Learn more at DeltaDentalNJ.com/Hearing.

You'll save the most when visiting an in-network dentist. Visit DeltaDentalNJ.com/FAD to check if your current dentist is in our network or to find a participating one near you.

Annual maximums and deductibles are not separate across our networks and will cross-accumulate if you see dentists in different networks throughout the year.

In-network dentists won't "balance bill" patients. This means dentists can't charge you the difference between their usual fee and the amount they've agreed to accept as payment from Delta Dental.

Your dentist's network impacts how much you pay out of pocket. Dentists who participate in the Delta Dental PPO network will have the lowest costs and out-of-pocket expenses. Dentists who participate in the Delta Dental Premier network will have slightly higher out-of-pocket expenses than those in our PPO network. If you receive services from a non-participating, out-of-network dentist, you will pay the highest out-of-pocket costs and be responsible for your coinsurance amount plus the balance-billed amount (this is the difference between the dentist's submitted fee for the claim and Delta Dental's approved fee). Learn more at DeltaDentalNJ.com/SaveSomeGreen.

If you have any questions regarding your benefits, you may contact our Customer Service Department Monday through Thursday, 8:00 a.m. to 6:30 p.m. EST, and Friday, 8:00 a.m. to 5:00 p.m. EST, at 1-800-452-9310.

This overview contains a general description of your dental care program as a convenient reference. Complete details of your program appear in your benefit booklet and the group contract between your plan sponsor and Delta Dental of New Jersey, Inc., which governs the benefits and operation of your program. The group contract would control if there should be an inconsistency or difference between its provisions and the information in the overview.