



**PERTH AMBOY BOARD OF EDUCATION
GROUP # 7662
Delta Dental PPOSM plus Premier/Advantage Program**

	If a Delta Dental PPO SM or Advantage Dentist is Used	If a Delta Dental Premier [®] & Non-participating Dentist is Used
Preventive & Diagnostic * Exams, Cleanings, Bitewing x-rays (<i>each subject to frequency limitations</i>) * Fluoride Treatment (<i>subject to frequency limitations, children to age 19</i>) * Sealants * Space Maintainers	80%	80%
Remaining Basic * Fillings, Simple Extractions * Endodontics (root canal) * Periodontics, Major Oral Surgery * Repair of Dentures	80%	80%
Crowns & Prosthodontics * Crowns, Gold Restorations * Bridgework, Full Partial Dentures	80%	80%
Calendar Year Maximum (per person)	\$2,500	\$2,500
Calendar Year Deductible * Per Person * Family Aggregate Deductible	\$50 \$100	\$50 \$100
Orthodontics (Adult & Child) * Lifetime Maximum (per patient)	60% \$2,000	60% \$2,000

Over 248,000 participating dental offices nationwide participate with the national Delta Dental system, although you may choose any fully licensed dentist to render necessary services. Participating dentists will be paid directly by Delta Dental to the extent that services are covered by the contract. Non-participating dentists will bill the patient directly, and Delta Dental will make payment directly to the member. **Maximum benefit may be derived by utilizing the services of a participating dentist.**

Where the eligible patient is treated by a Delta Dental PPOSM dentist, the fee for the covered service(s) will not exceed the Delta Dental PPO maximum allowable charge(s). Where the eligible patient is treated by a Delta Dental Premier[®] dentist who does not participate in Delta Dental PPO or by a *Participating Specialist*, the dentist has agreed not to charge eligible patients more than the dentist's filed fee or Delta Dental's established maximum plan allowance, and Delta Dental will pay such dentists based on the least of the actual fee, the filed fee, or Delta Dental's established maximum plan allowance for the procedure(s). Claims for services provided by dentists who are neither Delta Dental Premier, Delta Dental PPO dentists, or *Participating Specialists* are paid based on the lesser of the dentist's actual charge or the prevailing fee.

Advantage Program is based upon a sub-network of over 5,500 dental offices in New Jersey **only**, although you may choose any fully licensed dentist to render necessary services. Participating dentists will be paid directly by Delta Dental to the extent that services are covered by the contract. Non-participating dentists will bill the patient directly, and Delta Dental will make payment directly to the member.

Visit your own dentist. If you do not have a dentist, there is a directory available with your plan administrator listing participating dentists. You may call **1-800-DELTA-OK** and a list of participating dentists located in your area will be mailed directly to your home, or you may access our Website at www.deltadentalnj.com.

During your FIRST appointment, tell your dentist that you are covered under this program. Give him/her your Group's name, its Delta Dental Group Number and your Social Security number. Your dependents, if covered, should give YOUR SOCIAL SECURITY NUMBER.

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 for your use as a convenient reference. Complete details of your program appear in 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 any inconsistency or difference between its provisions and the information in this overview.