



**South Brunswick Board of Education
Group # 07646
Delta Dental PPO™**

**Your Dedicated Customer Service Number:
1-866-328-1293**

Preventive & Diagnostic	70/100%
<ul style="list-style-type: none"> * Exams, Cleanings & Bitewing X-rays (each twice in a calendar year) * Fluoride Treatment (twice in a calendar year, children to age 19) 	
Remaining Basic	70/100%
<ul style="list-style-type: none"> * Fillings, Extractions * Endodontics (root canal) * Periodontics, Oral Surgery * Repair of Dentures * Sealants 	
Crowns	70/100%
<ul style="list-style-type: none"> * Crowns, Gold Restorations (over natural teeth) 	
Prosthodontics	50/50%
<ul style="list-style-type: none"> * Bridgework * Full & Partial Dentures * Implant Crowns 	
Calendar Year Maximum (per patient)	\$1,500
Calendar Year Deductible (waived on Preventive & Diagnostic)	
<ul style="list-style-type: none"> * Per Person \$25 * Family Aggregate Deductible \$75 	
Orthodontic Benefits, full comprehensive treatment (Child only)	50%
<ul style="list-style-type: none"> * Lifetime Maximum (per patient) \$2,000 	

Over 300,000 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.**

Visit your own dentist. If you do not have a dentist, you may access our Website at www.deltadentalnj.com for a list of participating dentists.

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 Member ID number.

Incentive Program: 70/100%

By utilizing benefits within a calendar year, a patient becomes eligible for a better co-payment (10% increments) in the next calendar year. Each consecutive year that benefits are not utilized, the incentive level decreases by 10%; however, the decrease will never be less than the base level. If a member loses eligibility (terminates/waives benefits), then the incentive level is reduced back to the base level.

Example:	Base: 70%	Sample of benefits:	2020:	70% (base)
	Max: 100%		2021:	80%
			2022:	Would have increased 10%, however, benefits were not utilized
			2023:	80%
			2024:	90%
			2025:	100%

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 1-866-328-1293

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 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.