



**Warren Hills Regional Board of Education  
Group #07518  
Delta Dental Premier®**

Preventive & Diagnostic	100%
* Exams, Cleanings & Bitewing X-rays (each twice in a calendar year)	
* Fluoride Treatment (once in a calendar year, children to age 19)	
* Sealants	
Remaining Basic	50%
* Fillings, Extractions	
* Endodontics (root canal)	
* Periodontics, Oral Surgery	
Crowns & Prosthodontics	50%
* Crowns, Gold Restorations (over natural teeth)	
* Bridgework	
* Full & Partial Dentures	
Calendar Year Maximum (per patient)	\$1,200
Calendar Year Deductible (waived on Preventive & Diagnostic)	
* Per Person	
\$50	
* Per Family	
\$150	
Orthodontic Benefits, full comprehensive treatment (child & adult)	50%
* Lifetime Maximum (per patient)	
\$2,500	

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 subscriber. **Maximum benefit may be derived by utilizing the services of a participating dentist.**

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](http://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 Member ID number.

If you have any questions regarding your Delta Dental Premier 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.