



PENNSAUKEN TOWNSHIP
Group #03603-00350
Delta Dental PPO Plus Premier™/Advantage Program

Preventive & Diagnostic	60%
* Exams, Cleanings & Bitewing X-rays (each subject to frequency limitations)	
* Fluoride Treatment (each subject to frequency limitations, children to age 19)	
Remaining Basic	60%
* Fillings, Extractions	
* Endodontics (root canal)	
* Sealants	
Crowns & Prosthodontics	50%
* Crowns, Gold Restorations (over natural teeth)	
* Bridgework	
* Full & Partial Dentures	
* Periodontics, Oral Surgery	
Calendar Year Maximum (per patient)	\$1,200
Calendar Year Deductible	
* Per Person	
* Family Aggregate Deductible	
Orthodontic Benefits, full comprehensive treatment (child only)	50%
* Lifetime Maximum (per patient)	

Carryover MaxSM from Delta Dental allows you to increase your benefits.

This valuable benefit feature allows you to carry over a portion of your unused standard annual maximum benefit limit into the next year, and beyond. You can accumulate part of your unused benefit dollars from a healthy year and use it for larger, more expensive procedures in the future- such as bridges, crowns, and root canals.

Carryover MaxSM is easy and automatic.

- To qualify for *Carryover MaxSM*, you must receive at least one cleaning or one oral exam during the plan year. If you don't receive a cleaning or exam, you won't be eligible to carry over any of your benefit dollars to the following year. If you fail to do so, any accumulated carryover will be lost.
- A covered person is eligible for the *Carryover MaxSM* benefit if less than half of the standard annual maximum is used in the prior benefit year.
- *Carryover MaxSM* allows you to carry over up to 25% of the unused portion of your standard annual maximum up to a maximum of \$500. For example, if your standard annual maximum is \$1,000, and you use \$200, you can carry over \$200 (\$800 x 25% = \$200)
- The accumulated amount can never exceed your standard annual maximum.
- Standard annual maximum dollars are used first. *Carryover MaxSM* dollars are used after the standard annual maximum is met.

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.**

Where the eligible patient is treated by a Delta Dental PPO 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 8,000 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, visit www.deltadentalnj.com for a directory 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.

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.