



Dental Insurance

Effective February 1, 2020, our dental coverage will be through Delta Dental.

A few points to note:

- Any employee whose current dentist is not within the new Delta Dental network will receive notification from Brown & Brown Benefits with instructions on how best to proceed.
- Identification cards from Delta Dental will be mailed to the employee's home address.
- A welcome letter from Delta Dental, along with coverage and contact information is attached.

Please contact Tammy Kozcot or Matthew McCarthy at Brown & Brown Benefits (973-994-9333 or mmccarthy@advisorsbb.com) with any questions you may have regarding the transition.

January 7th, 2020

RE: Pascack Valley Regional High School District, #07740

Dear Faculty & Staff,

Hello! Welcome to Delta Dental of New Jersey!

We are thrilled to have you with us! You now have access to the largest national network of dentists, making it easy to find a participating dentist no matter where you live.

Our experienced Customer Service Team coupled with our full range of mobile and web-based tools make it convenient to connect with us by providing easy access to dental coverage information and extensive oral health and wellness resources.

Please refer to benefit overview attached for specific plan details.

Please note, if your dental provider is currently out- of- network the plan reimburses at the same percentage rate, but they are not be held to a negotiated discount. This means you will pay more for services. A Dentist Nomination Form can be submitted if you would like us to contact your dentist about becoming a participating Delta Dental dentist!

Once again, welcome to Delta Dental of New Jersey! Should you have any questions, please do not hesitate to contact our customer service department at 800-452-9310.

Warm Regards,

Your Delta Dental Service Team



Pascack Valley Regional High School District (Low Plan)
Group # 07740
Delta Dental PPO Plus Premier™

Preventive & Diagnostic	100%
* Exams, Cleanings & Bitewing X-rays (each subject to frequency limitations)	
* Fluoride Treatment (subject to frequency limitations, children to age 19)	
* Full Mouth X-Rays	
* Sealants	
* Space Maintainers	
Remaining Basic	65%
* Fillings, Simple Extractions	
* Endodontics (root canal)	
* Periodontics, Oral Surgery	
* Bony Impaction Removal	
* Crowns, Gold Restorations (over natural teeth)	
Prosthodontics	50%
* Bridgework	
* Full & Partial Dentures	
* Repair of Dentures	
* Implants	
Calendar Year Maximum (per patient)	\$1,000
Orthodontic Benefits, full comprehensive treatment (Child Only)	50%
* Lifetime Maximum (per patient)	
	\$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.**

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.

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 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.



Pascack Valley Regional High School District (High Plan)
Group # 07740
Delta Dental PPO Plus Premier™

Preventive & Diagnostic	100%
* Exams, Cleanings & Bitewing X-rays (each subject to frequency limitations)	
* Fluoride Treatment (subject to frequency limitations, children to age 19)	
* Full Mouth X-Rays	
* Sealants	
* Space Maintainers	
Remaining Basic	80%
* Fillings, Simple Extractions	
* Endodontics (root canal)	
* Periodontics, Oral Surgery	
* Bony Impaction Removal	
* Crowns, Gold Restorations (over natural teeth)	
Prosthodontics	50%
* Bridgework	
* Full & Partial Dentures	
* Repair of Dentures	
* Implants	
Calendar Year Maximum (per patient)	\$2,000
Orthodontic Benefits, full comprehensive treatment (Child Only)	50%
* Lifetime Maximum (per patient) \$2,000	

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