

South River Board of Education
Group #07812
Delta Dental PPO Plus Premier

Preventive & Diagnostic

Exams
Cleanings
Bitewing X-Rays
Fluoride Treatments (Frequency limitations apply)
Full Mouth X-Rays
Sealants

Basic
Fillings
Simple Extractions
Root Canals (Endodontics)
Periodontics
Oral Surgery
Space Maintainers
Repair of Dentures
Crowns & Gold Restorations
Cone Beam Radiographs

Major
Bridgework
Full & Partial Dentures

Annual Maximum (per person)

Deductible (waived for Preventive and Diagnostic)

Per Person
Family Maximum

Orthodontics
Adult & Child to age 23
Lifetime Maximum (per person)

	In-Network		Out-of-Network
	If a Delta Dental PPO™ Dentist is Used	If a Delta Dental Premier® Dentist is Used	If a Non-Participating Dentist is Used
Preventive & Diagnostic	100%	100%	100%
Basic	100%	100%	100%
Major	80%	80%	80%
Annual Maximum (per person)	\$ 1,000	\$ 1,000	\$ 1,000
Deductible (waived for Preventive and Diagnostic)	None	None	None
Per Person	None	None	None
Family Maximum	None	None	None
Orthodontics	50%	50%	50%
Adult & Child to age 23	\$ 500	\$ 500	\$ 500
Lifetime Maximum (per person)	\$ 500	\$ 500	\$ 500

Dependent children are covered to age 23.

Get the most out of your benefits with:

Carryover Max 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 ($\$800 \times 25\% = \$200$)
- 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.

Special Health Care Needs benefit – Covered members with a qualifying special health care need have access to enhanced benefits such as additional cleanings and/or examinations and treatment modifications. Learn more at DeltaDentalNJ.com/SHCN.

Hearing Savings Program – Get access to savings on hearing aids and services through Amplifon Hearing Health Care at no additional cost. Learn more at DeltaDentalNJ.com/Hearing.

You'll save the most when visiting an in-network dentist. Visit DeltaDentalNJ.com/FAD to check if your current dentist is in our network or to find a participating one near you.

Annual maximums and deductibles are not separate across our networks and will cross-accumulate if you see dentists in different networks throughout the year

In-network dentists won't "balance bill" patients. This means dentists can't charge you the difference between their usual fee and the amount they've agreed to accept as payment from Delta Dental.

Your dentist's network impacts how much you pay out of pocket. Dentists who participate in the Delta Dental PPO network will have the lowest costs and out-of-pocket expenses. Dentists who participate in the Delta Dental Premier network will have slightly higher out-of-pocket expenses than those in our PPO network. If you receive services from a non-participating, out-of-network dentist, you will pay the highest out-of-pocket costs and be responsible for your coinsurance amount plus the balance-billed amount (this is the difference between the dentist's submitted fee for the claim and Delta Dental's approved fee). Learn more at DeltaDentalNJ.com/SaveSomeGreen.

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 as a convenient reference. Complete details of your program appear in your benefit booklet and 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 an inconsistency or difference between its provisions and the information in the overview.

