



## Connoisseur Media, LLC GROUP #04302 Delta Dental PPO<sup>SM</sup>

	Delta Dental PPO <sup>SM</sup>	Non- Participating
Preventive & Diagnostic	100%	100%
* Exams, Cleanings, Bitewing x-rays <i>(each subject to frequency limitations)</i>		
* Fluoride Treatment <i>(Subject to frequency limitations, children to age 19)</i>		
* Sealants		
* Space Maintainers		
Remaining Basic	80%	60%
* Fillings, Extractions		
* Endodontics (root canal)		
* Periodontics, Oral Surgery		
* Repair of Dentures		
Crowns & Prosthodontics	50%	50%
* Crowns, Gold Restorations (over natural teeth)		
* Bridgework		
* Full & Partial Dentures		
* Implants		
Calendar Year Maximum (per person)	\$1,500	\$1,500
Calendar Year Deductible (waived on Preventive & Diagnostic)		
* Per Person	\$50	\$100
* Family Aggregate Deductible	\$150	\$300
Orthodontics (Dependent Children Only)		
* Coinsurance	50%	50%
* Lifetime Maximum	\$1,000	\$1,000

This program is based upon a network of Delta Dental PPO dental offices, 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. Patients who select a non-Delta Dental PPO dentist have benefits paid on a Delta Dental PPO schedule of allowances and are responsible for any part of the dentist's fee which exceeds the allowance except that a Delta Dental participating dentist can only charge up to his/her filed fee or Delta Dental's maximum plan allowance, whichever is less. **Maximum benefit may be derived by utilizing the services of a participating Delta Dental PPO 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 or you may access our Web page at [www.deltadentalnj.com](http://www.deltadentalnj.com) and a list of participating dentists in your area will be mailed directly to your home.

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 Social Security number. Your dependents, if covered, should give YOUR SOCIAL SECURITY 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.

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