

Trenton Board of Education (Instructional)
Group # 07078-0001, 0004
Delta Dental PPO Plus Premier™ Unique Incentive Plan

Preventive & Diagnostic * Exams, Cleanings & Bitewing x-rays (each twice in a twelve month period) * Fluoride Treatment (once in a twelve month period, children to age 19)	50%/100%
Remaining Basic * Fillings, Extractions * Endodontics (root canal) * Periodontics, Oral Surgery * Sealants	50%/100%
Crowns * Crowns, Gold Restorations (over natural teeth)	50%/100%
Prosthodontics * Bridgework * Full & Partial Dentures	50%
Calendar Year Maximum (per patient)	\$2,000
Orthodontic Benefits, full comprehensive treatment (child only) * Lifetime Maximum (per patient)	50% \$800

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.

During your FIRST appointment, tell your dentist that you are covered under this program. Give him/her your Group's name, its Delta Group Number and your Member ID number.

Delta Unique Incentive Program: 50/100%

By utilizing benefits within a calendar year, a patient becomes eligible for a better co-payment (10% increments) in the next calendar year. Each consecutive year that benefits are not utilized, the incentive level decreases by 10%; however, the decrease will never be less than the base level. If a subscriber loses eligibility (terminates/waives benefits), then the incentive level is reduced back to the base level.

Example:	Base:	50%	Sample of benefits:	2019:	50% (base)
	Max:	100%		2020:	60%
				2021:	Would have increased 10%, however, benefits were not utilized
				2022:	60%
				2023:	70%

If you have any questions regarding your benefits, you may contact our Customer Service Department Monday through Thursday, 8:00 a.m. to 7:00 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 Plan 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.