

Brown & Connery, LLP  
Group #10790  
Delta Dental PPO

Preventive & Diagnostic  
Exams, Cleanings, Bitewing X-Rays  
Fluoride Treatments (Frequency limitations apply)  
Sealants, Space Maintainers

Basic  
Fillings, Simple Extractions  
Root Canals (Endodontics), Periodontics, Oral Surgery  
Repair of Dentures

Major  
Crowns & Gold Restorations, Bridgework  
Full & Partial Dentures  
Prosthesis over Implant

Annual Maximum (per person)

Annual Deductible (waived for Preventive and Diagnostic)

Per Person

Family Maximum

	In-Network	Out-of-Network
	If a Delta Dental PPO™ Dentist is Used	If a Delta Dental Premier® or Non-Participating Dentist is Used
Preventive & Diagnostic Exams, Cleanings, Bitewing X-Rays Fluoride Treatments (Frequency limitations apply) Sealants, Space Maintainers	100%	100%
Basic Fillings, Simple Extractions Root Canals (Endodontics), Periodontics, Oral Surgery Repair of Dentures	80%	80%
Major Crowns & Gold Restorations, Bridgework Full & Partial Dentures Prosthesis over Implant	50%	50%
Annual Maximum (per person)	\$ 1,250	\$ 1,250
Annual Deductible (waived for Preventive and Diagnostic)		
Per Person	\$50	\$50
Family Maximum	\$150	\$150

*Dependent children are covered to age 26.*

Get the most out of your benefits with:

- ✓ Carryover Max<sup>SM</sup> – Carry over a portion of your unused standard annual maximum benefit limit into the next year and beyond to use on more expensive procedures in the future. Learn more at [DeltaDentalNJ.com/COM](http://DeltaDentalNJ.com/COM).
- ✓ Oral Health Enhancement – Receive up to four dental cleanings and/or periodontal maintenance procedures in any combination per benefit period if you have been treated for periodontal (gum) disease in the past. Details on how to qualify can be found in your benefit booklet or online at [DeltaDentalNJ.com/OHE](http://DeltaDentalNJ.com/OHE).
- ✓ Integrated Oral Health – If you have a defined medical condition such as Diabetes, Cardiovascular Disease, or Pregnancy, or are undergoing certain Cancer treatments, you may qualify for up to two additional cleanings per benefit period. Learn more at [DeltaDentalNJ.com/IOH](http://DeltaDentalNJ.com/IOH).
- ✓ 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](http://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](http://DeltaDentalNJ.com/Hearing).

You'll save the most when visiting an in-network dentist. Visit [DeltaDentalNJ.com/FAD](http://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.

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.

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). Delta Dental in-network dentists won't balance-bill patients. Learn more at [DeltaDentalNJ.com/SaveSomeGreen](http://DeltaDentalNJ.com/SaveSomeGreen).

See your benefit booklet for more information on frequency limitations.

