

**East Windsor Board of Education – Group # 4231  
Delta Dental PPO plus Premier**

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*Full A*

Calendar Year Deductible (Per Person)

None

**Plan Pays:**

Preventive and Diagnostic

100%

Endodontics

100%

Simple Restorations

100%

Simple Extractions

100%

Repair of Dentures

100%

Major Oral Surgery

50%

Crowns and Gold Restorations

50%

Periodontics (\$500 Maximum Per Person Per Year)

Not Covered

Prosthodontics

Not Covered

Orthodontic Benefits (\$600 Lifetime Maximum Per Person)

Not Covered

Dependent children are covered to age 25 (25 if enrolled as a full time student in an accredited school or university.)

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Delta Dental has two networks available under this plan. The Delta Dental Premier® network is the largest of the Delta Dental networks with over 186,000 participating offices nationally (75%+). Delta Dental PPO is a smaller, but more discounted network with over 108,000 participating offices nationwide. PPO fees are on average 20% less than Premier. **You may use any fully licensed dentist under this plan**, but it is to your advantage to use a network dentist, especially PPO, since they accept the Delta Dental allowance as their maximum charge and cannot bill Delta Dental patients for amounts above this level.

Participating dentists will be paid directly by Delta Dental for covered services. Non-participating dentists will bill you directly, and Delta Dental will make claim payment directly to you. You will maximize benefits and reduce paperwork by using a Delta Dental participating dentist.

If you do not have a dentist, you may obtain a current listing of participating dentists in any area, by calling 1-800 DELTA OK (1-800-335-8265). Provide your zip code to the representative and a directory for that area will be mailed to your home. If you have Internet access, you may also visit our website at [deltadentalnj.com](http://deltadentalnj.com) to locate participating dentists.

At the time of your first appointment, tell the dentist that you are covered under this program and provide your group number and ID number. Your dependents, if covered, should provide the employee's ID number.

Claim questions and other information needs should be directed to Delta Dental's website or customer service department 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. In NJ, Delta Dental Insurance Company writes dental coverage on an insured basis and Delta Dental of New Jersey administers self-funded dental benefit programs. The group contract would control if there should be any inconsistency or difference between its provisions and the information in this overview.

## Delta Dental PPO plus Premier Networks

### In Network

#### Dentist

- Agrees to accept Delta Dental's approved fees
- Agrees to file claim directly with Delta Dental
- Receives claim payment directly from Delta Dental

#### Employee

- Cannot be balance billed (billed for charges above approved Delta Dental fees)
- Does not file claim
- No payment to dentist other than deductible/coinsurance

### Out of Network

#### Dentist

- Does not agree to Delta Dental fee levels
- Can charge any amount
- Is not required to file claim for patient
- Does not receive payment directly from Delta Dental

#### Employee

- Must pay difference between Dentist charge and Delta Dental's allowed fees
- May be required to submit claim
- Is responsible for payment to dentist

**Summary:** Any dentist may be used, however, benefits are maximized and paperwork is reduced if in network providers are utilized. Delta Dental PPO dentists have agreed to Delta Dental's lowest possible fees.