

Randolph Township (Enhanced Plan)
Group # 03602-06304
Delta Dental PPO™

Preventive and Diagnostic Exams, Cleanings, Bitewing X-Rays (each twice per calendar year) Fluoride Treatments (once per calendar year until age 19)	100%
Basic Fillings, Simple Extractions, Root Canals (endodontics) Periodontics, Oral Surgery, Sealants	100%
Major Crowns and Gold Restorations, Bridgework Full and Partial Dentures, Implants	100%
Annual Maximum (per person)	\$3,000
Annual Deductible (waived for Preventive and Diagnostic) Per Person Family Maximum	\$25 \$50
Orthodontics Children Only (child only) Lifetime Maximum (per person)	.50% \$1,500

Dependent children are covered to age 19 or until 23 end of month if they are full-time students in an accredited school or university.

Get the most out of your benefits with:

- ✓ **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.



Advantage Program is based upon a sub-network of over 8,000 dental offices in New Jersey only, 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.

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.

