

Dental Benefits Summary Delta Dental PPO plus Premier

Group #9146-0002 Somerset Home for Temporarily Displaced Children (Social Services Purchasing Alliance)

Summary of Covered Services

<u>Service Category / Common Procedure - Code #</u>	<u>Benefits Percentage</u>	<u>Deductible Applicable</u>	<u>Waiting Period (# of months)</u>	<u>Incentive Applicable</u>
Diagnostic		N/A	N/A	N/A
Exams - 00120	100%			
Cleanings - 01110*	100%			
X-rays - 00274	100%			
Basic		YES	N/A	N/A
Fillings - 02150	90%			
Sealants		YES	N/A	N/A
Sealants - 01351 *	N/A			
Oral Surgery		YES	N/A	N/A
Extractions - 07240*	90%			
Periodontics		YES	N/A	N/A
Maintenance Cleanings - 04910	90%			
Scaling & Root Planing - 04341	90%			
Surgery - 04260	90%			
Endodontics		YES	N/A	N/A
Root Canals - 03330	90%			
Crowns		YES	N/A	N/A
Caps - 02750*	50%			
Prosthodontics		YES	N/A	N/A
Dentures - 05213*	50%			
Fixed Bridge - 06240*	50%			
Orthodontics		N/A	N/A	N/A
Braces - 08080	N/A			

* Subject to Age Limitations

For More Detailed Benefits, please use our Procedure Code Search.

Orthodontic Schedule of Benefits

Initial payment:50% Maximum payments:2 Payment schedule:Annual Adult Ortho:No

Delta Dental's payment is calculated at the percentages listed above. For in-network benefits, benefits are based on Delta Dental's approved fee. For services rendered by out-of-network dentists, and groups that offer fee schedules, benefits are based on Delta Dental's allowed fee. Some groups may offer more than one plan type. Due to different family enrollment plans, eligible family members may not display if a claim has not yet been processed for them or the patient relationship entered may not be eligible for benefits.

Deductibles

Page 2 of 4Benefit Year: 2007										
Type	Standard		Implants		Specific Basic Service		TMJ		Orthodontic	
	Deductible	Utilized	Deductible	Utilized	Deductible	Utilized	Deductible	Utilized	Deductible	Utilized
Individual	\$50		N/A		N/A		N/A		N/A	
Family	\$150		N/A		N/A		N/A		N/A	
Lifetime										
Type	Standard		Implants		Specific Basic Service		TMJ		Orthodontic	
	Deductible	Utilized	Deductible	Utilized	Deductible	Utilized	Deductible	Utilized	Deductible	Utilized
Individual	N/A		N/A		N/A		N/A		N/A	
Family	N/A		N/A		N/A		N/A		N/A	
<p>Deductibles may apply to more than one category and are calculated for a "benefit year " defined by the: Calendar Year</p> <p>Existence of a column (e.g., Implants) does not mean that type of service is covered. The Utilized amounts are based on claims fully processed and may not reflect other</p>										

Age Limitations

Standard		
	Coverage Age	Coverage Period
Dependent	19	Benefit coverage stops at the end of the calendar year.
Full Time Student	23	Benefit coverage stops at the end of the calendar year.
Orthodontic		
	Coverage Age	Coverage Period
Dependent	19	Benefit coverage stops at the end of the calendar year.
Full Time Student	23	Benefit coverage stops at the end of the calendar year.
Adult Orthodontic?	No	

Limitations on Frequency of Service

Limitation on Frequency of Benefits - per individual.	
Exams	2 in a Calendar Year.
Prophy (Cleaning)	2 in a Calendar Year.
Bitewing x-rays	2 in a Calendar Year.
Full mouth series of x-rays	1 in 36 Months
Fluoride treatment	1 in a Calendar Year.
Fillings	Once in 12 months, per tooth, per tooth surface, from the prior procedure's date of service.
Post and Core	Once in a 5 year period, per tooth, from the prior procedure's date of service.
Crowns	Once in a 5 year period, per tooth, from the prior procedure's date of service.
Bridgework	Once in a 5 year period, per tooth, from the prior procedure's date of service.
Partial Denture per arch	Once in a 5 year period, per tooth, from the prior procedure's date of service.
Full Denture per arch	Once in a 5 year period, per tooth, from the prior procedure's date of service.

Under the group dental contract, this plan has other limitations and exclusions. For further assistance please contact Delta Dental Plan of New Jersey's Customer Service Department at **1-800-452-9310**, Monday through Thursday 8:00AM until 6:30PM EST. Friday 8:00 until 5:00PM EST.

Delta Dental PPO Plus Premier

Where the eligible patient is treated by a Delta Dental PPO dentist, the fee for the covered services(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 the Delta Dental PPO Program 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 UCR, and Delta Dental will pay such dentists based on the least of the actual fee, the filed fee, or Delta Dental's established UCR for the procedure(s). Claims for services provided by dentists who are neither Delta Dental Premier, Delta Dental PPO Program dentists, or Participating Specialists are paid based on the lesser of the dentist's actual charge or the prevailing fee.

Your benefit levels may vary based on the program in which your dentist participates as indicated in the schedule of benefits. You are responsible for payment of the difference between Delta Dental's payment and the fee approved by Delta Dental.

Delta Dental of New Jersey, Inc.
PO Box 222
Parsippany, NJ 07054

800-452-9310
www.deltadentalnj.com

Your Delta Dental ID card is now available... *online!*

Delta Dental doesn't require ID cards, but many dental offices ask for them anyway. Now it's as easy as 1-2-3 to get your Delta Dental ID card.



1. Go to Delta Dental's Web site at **www.deltadentalnj.com** and click "Members."
2. Log on to Benefits Connection.
3. Click "Print ID Card."