



**Town of Glastonbury – Group # 4674**  
**Delta Dental PPO<sup>SM</sup> plus Premier**  
**Plan Summary**  
*Effective November 15, 2010*

	<u>Full Plan</u>	<u>Flex Plan</u>
Calendar Year Deductible		
• Per Person	None	\$25
• Family Aggregate Maximum	None	\$75
Preventive & Diagnostic (No Deductible)		
• Cleanings (2 per calendar year per person*)	100%	100%
• Fluoride Treatment (2 per calendar year to age 19)	100%	100%
• Space Maintainers	50%	100%
• Exams (2 per calendar year per person)	100%	100%
• Bitewing X-Rays (one series per calendar year per person)	100%	100%
• Sealants (permanent molars every 3 calendar years)	Not Covered	100%
• Full mouth x-rays (one complete series every 3 calendar years)	100%	100%
*including periodontal maintenance		
Remaining Basic (After Deductible)		
• Fillings (composite and amalgam)	100%	100%
• Emergency Treatment, Simple Extractions	100%	100%
• Root Canals (Endodontics)	100%	80%
• Consultations	Not Covered	50%
• General Anesthesia (when administered in connection with oral surgery in a dental office)	Not Covered	50%
• Surgical Extractions and Impaction	50%	100%
• Periodontal (subject to calendar year maximum limitation of \$500 per person on Full dental plan)	50%	50%
• Apicoectomy	50%	80%
Major Services (After Deductible)		
• Crowns & Gold Restorations	50%	50%
• Prosthodontics (Bridgework Full & Partial Dentures)	Not Covered	50%
• Repair of Dentures	100%	80%
Calendar Year Maximum (Per Person)	Unlimited	\$2,000
Orthodontics (Dependent Children to age 19 only on Full Plan - Adult & Dependent Children on Flex Plan)		
• Coinsurance	60%	50%
• Lifetime Maximum	\$600	\$1,000
TMJ		
• Coinsurance	Not Covered	50%
• Lifetime Maximum	Covered	\$1,000

Dependent children are covered to age 19, Full time students to age 25.

Delta Dental has two networks available under this plan. The Delta Dental Premier<sup>®</sup> network is the largest of the Delta Dental networks with over 205,000 participating dentist offices nationally (75%+). Delta Dental PPO<sup>SM</sup> is a smaller, but more discounted network with over 129,000 participating dentist offices nationwide. Delta Dental PPO<sup>SM</sup> fees are on average 20% less than Delta Dental Premier<sup>®</sup>. **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 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 CT, 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<sup>SM</sup> 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<sup>SM</sup> dentists have agreed to Delta Dental 's lowest possible fees.