



The North Ward Center Inc.
Group #10711-06001
Delta Dental PPO

	If a Delta Dental PPO™ Dentist is Used	If a Non-Delta Dental PPO™ Dentist is Used
Preventive & Diagnostic Exams, Cleanings (each twice per calendar year) Bitewing X-Rays (twice per calendar year through age 18, once per calendar year age 19 & over) Fluoride Treatments (twice per calendar year to age 19) Sealants, Space Maintainers	100%	100%
Basic Fillings (including Composite fillings on all teeth), Simple Extractions, Root Canals (Endodontics) Periodontics, Oral Surgery	80%	80%
Major Crowns & Gold Restorations, Bridgework Full & Partial Dentures, Repair of Dentures	50%	50%
Annual Maximum (per person)	\$ 1,500	\$ 1,500
Annual Deductible (waived for Preventive & Diagnostic) Per Person Family Maximum	\$50 \$150	\$50 \$150

There are not separate calendar year maximums and deductibles for each type of dentist. The calendar year maximums & deductibles cross-accumulate among Delta Dental PPO, Delta Dental Premier and non-participating dentists.

This program is based upon a network of Delta Dental PPO dental offices, 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 subscriber. Patients who select a non-Delta Dental PPO dentist have benefits paid on a Delta Dental PPO schedule of allowances and are responsible for any part of the dentist's fee which exceeds the allowance except that a Delta Dental participating dentist can only charge up to his/her filed fee or Delta Dental's maximum plan allowance, whichever is less. **Maximum benefit may be derived by utilizing the services of a participating Delta Dental PPO dentist.**

Visit a Delta Dental PPO dentist. If you do not have a dentist, there is a directory available of participating dentists on our website www.deltadentalnj.com.

During your FIRST appointment, tell your dentist that you are covered under this program. Give him/her your Group's name, its Delta Dental Group Number and your Member ID number.

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 or visit our website at www.deltadentalnj.com.

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. The group contract would control if there should be any inconsistency or difference between its provisions and the information in this overview.

Effective 7/1/2024