



## COMP 1500 PLAN Delta Dental PPO™

|                                                                                      | Delta Dental PPO™<br>Dentists | Non-Participating<br>Dentists |
|--------------------------------------------------------------------------------------|-------------------------------|-------------------------------|
| Preventive & Diagnostic                                                              | 100%                          | 80%                           |
| * Exams, Cleanings, Bitewing x-rays ( <i>each subject to frequency limitations</i> ) |                               |                               |
| * Fluoride Treatment ( <i>subject to frequency limitations, children to age 19</i> ) |                               |                               |
| * Full Mouth X-rays; Space Maintainers                                               |                               |                               |
| Remaining Basic                                                                      | 80%                           | 50%                           |
| * Fillings, Simple Extractions                                                       |                               |                               |
| * Endodontics (root canal)                                                           |                               |                               |
| * Periodontics, Oral Surgery                                                         |                               |                               |
| * Sealants                                                                           |                               |                               |
| Crowns & Prosthodontics                                                              | 50%                           | 50%                           |
| * Crowns, Gold Restorations (over natural teeth)                                     |                               |                               |
| * Bridgework                                                                         |                               |                               |
| * Full & Partial Dentures                                                            |                               |                               |
| * Repair of Dentures; Implants                                                       |                               |                               |
| Calendar Year Maximum (per person)                                                   | \$1,500                       | \$1,500                       |
| Calendar Year Deductible (waived on Preventive & Diagnostic)                         |                               |                               |
| * Per Person                                                                         | \$50                          | \$100                         |
| * Family Aggregate Deductible                                                        | \$150                         | \$300                         |

Carryover Max<sup>SM</sup> from Delta Dental allows you to increase your benefits.

This valuable benefit feature allows you to carry over a portion of your unused standard annual maximum benefit limit into the next year, and beyond. You can accumulate part of your unused benefit dollars from a healthy year and use it for larger, more expensive procedures in the future- such as bridges, crowns, and root canals.

Carryover Max<sup>SM</sup> is easy and automatic.

- To qualify for Carryover Max<sup>SM</sup>, you must receive at least one cleaning or one oral exam during the plan year. If you don't receive a cleaning or exam, you won't be eligible to carry over any of your benefit dollars to the following year. If you fail to do so, any accumulated carryover will be lost.
- A covered person is eligible for the Carryover Max<sup>SM</sup> benefit if less than half of the standard annual maximum is used in the prior benefit year.
- Carryover Max<sup>SM</sup> allows you to carry over up to 25% of the unused portion of your standard annual maximum up to a maximum of \$500. For example, if your standard annual maximum is \$1,000, and you use \$200, you can carry over \$200 (\$800 x 25% = \$200)
- The accumulated amount can never exceed your standard annual maximum.
- Standard annual maximum dollars are used first. Carryover Max<sup>SM</sup> dollars are used after the standard annual maximum is met.

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 member. 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 your own dentist. If you do not have a dentist, there is a directory available with your plan administrator listing participating dentists. You may call **1-800-DELTA-OK** or you may access our Web page at [www.deltadentalnj.com](http://www.deltadentalnj.com) and a list of participating dentists in your area will be mailed directly to your home.

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.

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.