

Jag Physical Therapy
Group #09816 - 06001
Delta Dental PPO

\$1,500 Annual Maximum Plan	In-Network	Out-of-Network
	If a Delta Dental PPO™ Dentist is Used	If a Non-Delta Dental PPO™ Dentist is Used
Preventive & Diagnostic Exams, Cleanings, Bitewing X-Rays, Fluoride Treatments (Frequency limitations apply) Sealants Space Maintainers	100%	100%
Basic Fillings 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 Per Person Family Maximum Waived for	\$50 \$150 Preventive & Diagnostic	\$50 \$150 Preventive & Diagnostic

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.

Over 300,000 participating dental offices nationwide participate with the national Delta Dental system, 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. Maximum benefit may be derived by utilizing the services of a participating dentist.

Where the eligible patient is treated by a Delta Dental PPOSM dentist, the fee for the covered service(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 Delta Dental PPO 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 maximum plan allowance, and Delta Dental will pay such dentists based on the least of the actual fee, the filed fee, or Delta Dental's established maximum plan allowance for the procedure(s). Claims for services provided by dentists who are neither Delta Dental Premier, Delta Dental PPO dentists, or Participating Specialists are paid based on the lesser of the dentist's actual charge or the prevailing fee. Members utilizing non-participating dentists may be billed for the difference between the dentist's charge and Delta Dental's allowable charge.

Visit your own dentist. If you do not have a dentist, visit www.deltadentalnj.com for a directory of participating dentists. 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.

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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 4/1/2025