



Voluntary Bronze Plan 2-50 Enrolled Employees Benefit Summary



Plan Highlights

	PPO	Premier® and Out-of-Network
Calendar Year Deductible Per person/per family (excluding P&D)		\$0
Calendar Year Maximum (Per enrollee)		\$500
Waiting Period		None
Orthodontics		Not covered

Benefits

Preventive & Diagnostic	Frequency	Coverage ¹ PPO / Premier / Out-of-Network
Oral Exams and Evaluations Consultations - combined with all other exams Emergency exams - combined with all other exams	2 per calendar year	100%/100% of MAC ¹ /100% of MAC ¹ Provider fee payments and out-of-pocket expenses vary ¹
Cleanings/Prophylaxis	2 per calendar year	
Bitewing X-rays	2 per calendar year (through age 18) 1 per calendar year (age 19 and older)	
Full mouth X-rays or panoramic film	1 per 5 years	
Sealants	Once in a 24-month period per tooth (dependents through age 14) on permanent molars with no prior restorations on the "O" surface. Not covered in addition to resin fillings.	
Topical fluoride	2 per calendar year (through age 18)	
Space maintainers	1 per arch per lifetime (through age 13)	

¹ Delta Dental's payments for services performed by non-participating (out-of-network) dentists are calculated based on the amount Delta Dental pays to participating (in-network) dentists for those services. This column shows the percentage of that participating dentist payment that determines your Delta Dental claim payment if you use a non-participating dentist. If the claim payment amount is less than the amount charged by your non-participating dentist, you are responsible for paying the difference as an out-of-pocket expense. Delta Dental's claim payment is based on its Maximum Allowable Charge (MAC), an internally set fee schedule that is typically lower than what non-participating dentists bill.

Delta Dental pays participating dentists directly for covered services. While non-participating dentists may accept Delta Dental insurance, this does not mean they are in-network or participating dentists. If you use a non-participating (out-of-network) dentist, you will pay the dentist yourself and Delta Dental will make a claim payment to you based on your plan's rules. For non-participating dentists, the allowed amount - also referred to as the Maximum Allowable Charge (MAC) - is the amount used by Delta Dental in calculating your benefit payments based on applicable deductibles, maximums, and coinsurance percentages. The Delta Dental allowed amount (i.e., the claim payment to you) may be less than the amount charged by your non-participating dentist. In that situation, you are responsible for paying the difference as an out-of-pocket expense. You should always confirm before you receive treatment whether your dentist is a participating or non-participating dentist and, when visiting a non-participating dentist, you should always ask for an itemized breakdown of what your Delta Dental insurance covers and your out-of-pocket costs. You will maximize your benefits and reduce paperwork by using a Delta Dental participating dentist. Delta Dental strongly recommends you ask your Dentist to submit a Pre-Treatment Estimate for treatment, especially before being treated by a non-participating dentist.

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.

Dental insurance is underwritten by Delta Dental of New Jersey, 1639 Route 10 Parsippany, NJ 07054, under Policy Forms Series NJ MCG PPO 1/17 and NJ MCG PPO PLUS 1/17.

Need help?



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For benefits or claims questions, call **800-452-9310**.