

American Water
Group #09774
Delta Dental PPO Plus Premier

Enhanced Plan	In-Network		*Out-of-Network
	If a Delta Dental PPO™ Dentist is Used	If a Delta Dental Premier® Dentist is Used	If a Non-Participating Dentist is Used*
Preventive & Diagnostic Exams, Cleanings, Bitewing X-Rays, Fluoride Treatments (Frequency limitations apply)	100%	100%	100%
Basic Fillings, Simple Extractions, Root Canals (Endodontics) Periodontics, Oral Surgery Sealants, Space Maintainers, Repair of Dentures	80%	80%	80%
Major Crowns & Gold Restorations, Bridgework Full & Partial Dentures, Implants	50%	50%	50%
Annual Maximum (per person)	\$ 2,500	\$ 2,500	\$ 2,500
Annual Deductible Per Person Family Maximum Waived for	\$50 \$100 Preventive & Diagnostic	\$50 \$100 Preventive & Diagnostic	\$50 \$100 Preventive & Diagnostic
Orthodontics Children Only to age 19 Lifetime Maximum	50% \$ 2,500	50% \$ 2,500	50% \$ 2,500

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.

Covered Persons with special health care needs may be eligible for additional services for: exams, hygiene visits, and dental case management, and sedation/anesthesia. Special health care needs include any physical, developmental, mental, sensory, behavioral, cognitive, or emotional impairment or limiting condition that requires medical management, healthcare intervention, and/or use of specialized services or programs. The condition may be congenital, developmental, or acquired through disease, trauma, or environmental cause and may impose limitations in performing daily self-maintenance activities or substantial limitations in a major life activity.

Delta Dental's Oral Health Enhancement Option enables you to receive up to four dental cleanings and/or periodontal maintenance procedures in any combination per benefit period if you have been treated for periodontal (gum) disease in the past. For the additional dental cleaning and/or periodontal maintenance procedures to be covered, you must have had periodontal surgery or periodontal scaling and planing in the past. Details on how to qualify can be found in your benefit booklet. In addition, members with defined medical conditions such as Diabetes, Cardiovascular Disease, Pregnancy or are undergoing certain Cancer treatments may qualify for up to two additional cleanings when certified by a physician or dentist.

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. ***When you receive services from Non-Participating Dentists, Delta Dental will base its payment on the least of the Non-Participating Dentist's actual charge or the Non-Participating Dentist Maximum Allowable Charge (NMAC). You will be responsible for the difference between Delta Dental's benefit and the Non-Participating Dentist's actual charge.**

Visit your own dentist. If you do not have a dentist, visit www.deltadentalnj.com/americanwater 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 1-888-344-0001.

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.