

BASF
Group # 09317-00001,00002,00609
Delta Dental PPO Plus Premier™

Your dentist's network will impact how much you pay. Dentists that participate in the Delta Dental PPO will have the lowest costs and will save you the most out of pocket expense. Dentists that participate in Delta Dental Premier, are participating Delta Dental dentists but you will pay a greater portion of the cost if utilized. If you receive services from a non-participating, out of network dentist you will pay the most out of pocket and are responsible for your coinsurance amount plus the difference between Delta Dental's approved fee and the dentist submitted fee for the claim.	In-Network	Out-of-Network
	If a Delta Dental PPO™ Dentist is Used	If a Delta Dental Premier® or Non-participating Dentists is Used
Preventive & Diagnostic (does not count towards calendar year maximum) * Exams, Cleanings (each twice in a calendar year) * Bitewing x-rays (twice per calendar year for persons 18 and younger, once per calendar year for persons age 19 and over) * Fluoride Treatment (twice per calendar year for persons 18 and younger, once per calendar year for persons age 19 and over) * Sealants (children to age 19) * Periodontal Maintenance	100%	100% *
Basic * Fillings (includes composite restorations on all teeth) * Extractions * Endodontics (root canal) * Periodontics, Oral Surgery * Repair of Dentures	90%	80%
Major * Crowns, Gold Restorations * Bridgework * Full & Partial Dentures * Implants	60%	50%
Calendar Year Maximum (per person)	\$ 2,000	\$ 2,000
Calendar Year Deductible		
Per Person	\$50	\$50
Family Aggregate Deductible	\$150	\$150
Waived for	Preventive & Diagnostic	Preventive & Diagnostic
Orthodontics		
Adult & Child	100%	100%
Lifetime Maximum	\$ 2,000	\$ 2,000

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.

* If you receive services from a non-participating, out of network dentist you will pay the most out of pocket and are responsible for your coinsurance amount plus the difference between Delta Dental's approved fee and the dentist submitted fee for the claim.

Maximum benefit may be derived by utilizing the services of a participating PPO dentist.

Where the eligible patient is treated by a Delta Dental PPO 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.

Visit your own dentist. If you do not have a dentist, you may access our website at www.deltadentalnj.com for a list 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 1-866-328-1315.

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