

TCS Limited
Delta Dental PPO Plus Premier
Group #09781

Low Plan	In-Network		Out-of-Network
	Using a Delta Dental PPO™ Dentist is considered in network and will offer you the greatest savings on dental services which will spread your annual maximum further.	Using a Delta Dental Premier® Dentist is considered in network but will not offer as robust savings as the PPO network. It is the largest network.	If a Non-Participating Dentist is used, you will pay the most out of pocket and are subject to be balance billed.
<i>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's submitted fee for the claim.</i>			
Preventive & Diagnostic Exams, Cleanings, Bitewing X-Rays, Fluoride Treatments (Frequency limitations apply) Sealants, Space Maintainers	100%	90%	90%
Basic Fillings, Simple Extractions Root Canals (Endodontics), Oral Surgery	80%	70%	70%
Major Crowns & Gold Restorations, Bridgework Full & Partial Dentures, Repair of Dentures Implants, Periodontics	50%	50%	50%
Annual Maximum (per person)	\$ 1,500	\$ 1,500	\$ 1,500
Annual Deductible			
Per Person	\$50	\$50	\$50
Family Maximum (Waived for Preventive & Diagnostic)	\$150	\$150	\$150
Orthodontics			
Adult & Child	50%	50%	50%
Lifetime Maximum	\$ 1,000	\$ 1,000	\$ 1,000

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.

Carryover Max 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 MaxSM is easy and automatic.

- To qualify for Carryover MaxSM, 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 SM benefit if less than half of the standard annual maximum is used in the prior benefit year.
- Carryover MaxSM 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 MaxSM dollars are used after the standard annual maximum is met.

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. 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/tata 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 Tata Consultancy Services dedicated Customer Service line 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 1-833-792-7086.

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.