

Webster Bank, N.A.
Group #04759
Delta Dental PPO Plus Premier
Effective 1/1/2024

Basic Plan – AK, LA, MS, MT, & TX	In-Network	Out-of-Network
	If a Delta Dental PPO™ or Premier® Dentist is Used	If a Non-Participating Dentist is Used
Preventive & Diagnostic Exams & Cleanings (<i>each twice in a calendar year</i>) Bitewing X-Rays (<i>2 per calendar year for persons 18 and younger, 1 per calendar year for persons 19 and over</i>) Fluoride Treatments (<i>2 per calendar year for persons 18 and younger</i>)	100%	100%
Basic Fillings (<i>composite fillings on all teeth</i>) Oral Surgery, Simple Extractions Non-Surgical Periodontics, Periodontal Maintenance (<i>4 per calendar year, interchangeable with Cleanings</i>) Sealants, Space Maintainers, Cone Beam X-Rays Oral Surgery, Athletic Mouth Guards	80%	80%
Major Crowns & Gold Restorations Bridgework, Full & Partial Dentures Repair of Dentures, Root Canals (Endodontics) Surgical Periodontics, Implants	50%	50%
Annual Maximum (per person)	\$ 1,500	\$ 1,500
Annual Deductible		
Per Person	\$100	\$100
Family Maximum	\$300	\$300
Waived for	Preventive & Diagnostic	Preventive & Diagnostic

Dependents are covered to age 26.

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.deltadentalct.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 1-800-358-4371.

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. In CT, Delta Dental of Connecticut writes dental coverage on an insured basis and Delta Dental of New Jersey administers self-funded dental benefit programs. The group contract would control if there should be any inconsistency or difference between its provisions and the information in this overview.