



## Portfolio A

### Plan highlights

**Lifetime deductible** — \$100 (once per lifetime as long as policy is in force – does not apply to preventive and diagnostic)

**Waiting period** — None, coverage begins as of the coverage effective date if you enroll when initially eligible

Calendar year maximum	Premium plan	Standard plan	Basic plan
	\$2,000	\$1,500	\$1,000

### Delta Dental PPO Plus Premier™ benefits\*

Preventive & diagnostic	Premium plan	Standard plan	Basic plan
Dental evaluations	100%	100%	100%
Routine cleanings	100%	100%	100%
Bitewing X-rays	100%	100%	100%
Full-mouth X-rays (a series of individual X-rays or a panoramic X-ray)	100%	100%	100%
Fluoride	100%	100%	100%
Sealants on the decay-free, biting surface of permanent molars	100%	100%	100%
Space maintainers when a primary molar tooth is prematurely lost	100%	100%	100%
Emergency treatment to relieve pain	100%	100%	100%

### Basic services

Composite (tooth colored) fillings or Amalgam (silver) fillings on any teeth	80%	80%	50%
Non-surgical extractions	50%	50%	50%

### Major services

Crowns — Repair of teeth with crowns when they cannot be restored with other filling materials	50%	50%	50%
Endodontics — The care of teeth with damaged nerves, such as root canal treatment	50%	50%	50%
Periodontics — The treatment of diseases of the gums and supporting bone, such as scaling and root planing	50%	50%	50%
Oral surgery — Surgical extractions and other dental surgery	50%	50%	50%
Fixed and removable prosthodontics — Dental services and appliances to replace missing teeth, such as dentures and bridges (excluding implants), including repairs	50%	50%	50%
Implants — Dental services for surgical placement of implant body and implant abutment supported crowns	50%	50%	50%
Adjunctive general services — Dental services include general anesthesia, and palliative care (temporary treatment of dental pain)	50%	50%	50%

### Additional services

Oral Health Enhancement — two additional cleanings per year for members with a history of periodontal disease	✓	✓	✓
Integrative Care — two additional cleanings per year for members with certain chronic health conditions	✓	✓	✓

### Monthly rates

#### Valid for

Rates are subject to change; see below.

	Premium plan \$2,000 calendar year maximum	Standard plan \$1,500 calendar year maximum	Basic plan \$1,000 calendar year maximum
You only			
You plus spouse			
You plus child(ren) — end of month to age 27			
You plus family			

## Enrollment and eligibility rules apply

### **Enrollment:**

An eligible person may enroll in this plan during the initial open enrollment period.

Thereafter, if you are newly eligible, you may enroll and select any of the three plans within 90 days. Benefits will be effective the first of the month following the date of enrollment.

### **If you are an eligible person enrolled in COBRA or another qualifying dental plan prior to enrolling in the plan:**

You will have the option to enroll within 90 days in any of the three dental plans upon termination of COBRA or qualifying dental plan. Benefits will be effective the first of the month following the date of enrollment upon validation of prior coverage.

### **You may enroll anytime as a late entrant:**

You may enroll as a late entrant if you enroll after the 90-day period following:

- the date of your initial eligibility
- the termination date of a COBRA plan's coverage, or
- the termination date of a previous qualifying dental plan's coverage

### **To enroll:**

- Enroll online at
- Call and enroll via phone at
- Complete enclosed enrollment form and mail it to:  
PO Box 103  
Stevens Point, WI 54481
- Customer service:  
Phone: 888-899-3734  
Fax: 800-807-1970

### **Plan changes after you are already enrolled in one of the plans:**

Plan changes are allowed at the next annual enrollment period for an effective date of January 1<sup>st</sup> for the new plan.

### **Rate changes:**

You will be notified of rate changes at least 60 days in advance.

\* The above PPO Plus Premier plans enable you to utilize any dentist of your choice, but you will save the most money by using participating Delta Dental Premier® or Delta Dental PPO™ dentists. If you utilize dentists that do not participate in Delta Dental's Premier or PPO network, you will be responsible for your coinsurance and the difference between Delta Dental's approved fee and the submitted charge of the 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.