

**Town of East Hartford – Group # 4655
Delta Dental PPOSM plus Premier**

	Delta Dental PPO SM (formerly Tier I)	Delta Dental Premier® (formerly Tier II)	Non-Network (formerly Tier III)
Calendar Year Deductible			
• Per Person	None	\$50*	\$200*
• Family Aggregate Maximum	None	\$150	\$600
<i>*deductible waived for calendar year 2008</i>			
Preventive & Diagnostic (No Deductible)			
• Cleanings (2 per calendar year per person)	100%	100%	80%
• Fluoride Treatment (2 per calendar year to age 14)	100%	100%	80%
• Space Maintainers (2 per lifetime)	100%	100%	80%
• Exams (2 per calendar year per person)	100%	100%	70%
• Bitewing X-Rays (one series per calendar year per person)	100%	100%	70%
• Sealants (permanent molars every 3 calendar years to age 18)	100%	100%	50%
• Full mouth x-rays (one complete series every 3 calendar years)	100%	100%	70%
Remaining Basic (After Deductible)			
• Composite fillings including bicuspid (Composite Fillings on molar teeth are given the alternate benefit of an amalgam filling)	100%	100%	50%
• Emergency Treatment, Simple Extractions	100%	100%	50%
• Root Canals (Endodontics), Apicoectomy	100%	80%	50%
• Consultations	60%	50%	Not Covered
• General Anesthesia (when administered in connection with oral surgery in a dental office)	60%	50%	Not Covered
• Surgical Extractions and Impaction	50%	50%	50%
• Periodontal (subject to calendar year maximum limitation of \$500 per person)	50%	50%	Not Covered
Major Services (After Deductible)			
• Crowns & Gold Restorations	100%	50%	Not Covered
• Prosthodontics (Bridgework Full & Partial Dentures)	50%	Not Covered	Not Covered
• Repair of Dentures	100%	100%	Not Covered
Calendar Year Maximum (Per Person)	Unlimited	Unlimited	Unlimited
Periodontal Calendar Year Maximum	\$500	\$500	Not Covered
Orthodontics (Dependent Children to age 19 only)			
• Coinsurance	50%	50%	Not Covered
• Lifetime Maximum	\$1,000	\$1,000	Not Covered
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Dependent children are covered to age 19.

Delta Dental has two networks available under this plan. The Delta Dental Premier® network is the largest of the Delta Dental networks with over 268,000 participating dentist offices nationally (80%+). Delta Dental PPOSM is a smaller, but more discounted network with over 183,500 participating dentist offices nationwide. Delta Dental PPOSM fees are on average 20% less than Delta Dental Premier®.

You may use any fully licensed dentist under this plan, but it is to your advantage to use a network dentist, especially PPO, since they accept the Delta Dental allowance as their maximum charge and cannot bill Delta Dental patients for amounts above this level.

Participating dentists will be paid directly by Delta Dental for covered services. Non-participating dentists will bill you directly, and Delta Dental will make claim payment directly to you. You will maximize benefits and reduce paperwork by using a Delta Dental participating dentist.

If you do not have a dentist, you may obtain a current listing of participating dentists in any area, by calling 1-800 DELTA OK (1-800-335-8265). Provide your zip code to the representative and a directory for that area will be mailed to your home. If you have Internet access, you may also visit our website at deltadentalnj.com to locate participating dentists.

At the time of your first appointment, tell the dentist that you are covered under this program and provide your group number and ID number. Your dependents, if covered, should provide the employee's ID number.

Claim questions and other information needs should be directed to Delta Dental's customer service department at 1-800-452-9310.

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 Insurance Company 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.