

**Cherry Hill Township  
Group # 03202-01, 02, 04  
Delta Dental Premier®/Advantage Program**

Preventive & Diagnostic	100%
* Exams, Cleanings & Bitewing X-rays (each twice in a calendar year)	
* Fluoride Treatment (once in a calendar year, children to age 19)	
Remaining Basic	50%
* Fillings, Extractions	
* Endodontics (root canal)	
* Periodontics, Oral Surgery	
* Sealants	
Crowns & Prosthodontics	50%
* Crowns, Gold Restorations (over natural teeth)	
* Bridgework	
* Full & Partial Dentures	
Calendar Year Maximum (per patient)	\$1,000
Calendar Year Deductible	
* Per Person	\$50
* Family Aggregate Deductible	\$150
Orthodontic Benefits, full comprehensive treatment (child only)	50%
* Lifetime Maximum (per patient)	\$1,000

Carryover Max<sup>SM</sup> 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 Max<sup>SM</sup> is easy and automatic.

- To qualify for Carryover Max<sup>SM</sup>, 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<sup>SM</sup> benefit if less than half of the standard annual maximum is used in the prior benefit year.
- Carryover Max<sup>SM</sup> 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 Max<sup>SM</sup> 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.

Delta Dental of New Jersey has over 300,000 Delta Dental Premier participating dentists, 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.

Advantage Program has a network of more than 8,000 dentists, all of whom are also in our Delta Dental Premier network. Advantage Program dentists have agreed to accept fees for services rendered to Advantage Program patients, which may be lower than their fees under our Delta Dental Premier program. Out-of-Advantage Program network payments are based on a scheduled table.

Combining the two programs, the Advantage Program offers those members choosing Advantage Program dentists the possibility of further reducing out-of-pocket expenses. Out-of-network benefits are based on the Delta Dental Premier program.

Visit your own dentist. If you do not have a dentist, visit [www.deltadentalnj.com](http://www.deltadentalnj.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. and Friday, 8:00 a.m. to 5:00 p.m., 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. The group contract would control if there should be any inconsistency or difference between its provisions and the information in this overview.