

Syneos Health – Group # 09387 Delta Dental PPO Plus Premier™

	<u>Premium Plan</u> If a PPO, Premier or Non-Network Dentist is Used	<u>Basic Plan</u> If a PPO, Premier or Non-Network Dentist is Used
Calendar Year Deductible		
<ul style="list-style-type: none"> Per Person Family Aggregate Maximum 	\$50 \$150	\$50 \$150
Preventive & Diagnostic (No Deductible)	<u>Plan Pays:</u> 100%	<u>Plan Pays:</u> 100%
<ul style="list-style-type: none"> Exams, Cleanings (each twice per calendar year) Bitewing X-Rays (once per calendar year, twice for children) Fluoride Treatment (twice in a calendar year, children to age 19) Sealants (to age 19) Periodontal Maintenance (twice per year after active therapy) 		
Remaining Basic (After Deductible)	90%	80%
<ul style="list-style-type: none"> Fillings (including composite restorations on back teeth) Extractions, Root Canals (Endodontics) Stainless Steel Crowns 		
Crowns & Prosthodontics (After Deductible)	60%	50%
<ul style="list-style-type: none"> Crowns, Gold Restorations Bridgework, Full & Partial Dentures Repair of Dentures Periodontal, Oral Surgery 		
Implants	60%	50%
Calendar Year Maximum (Per Person/ Waived on P&D)	\$2,000	\$1,500
Orthodontia (Adult & Children)		
<ul style="list-style-type: none"> Coinsurance Lifetime Maximum (Only one orthodontic treatment payable in a dependent's lifetime from any benefits carrier) 	50% \$2,000	N/A N/A

Dependent children are covered to age 26.

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 has two networks available under this plan. The Delta Dental Premier® network is the largest of the Delta Dental networks with over 300,000 participating dentist offices nationally (75%+). Delta Dental PPO™ is a smaller, but more discounted network with over 145,000 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 payments 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 on our website at www.deltadentalnj.com.

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 1-866-328-1308.

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.

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Answers to Common Questions

Q. *What is Delta Dental?*

A. Delta Dental is the largest and oldest provider of dental insurance in the nation. The Delta Dental system provides coverage for 54 million subscribers through more than 89,000 employer groups.

Q. *Where will claims be processed?*

A. Delta Dental of New Jersey is the claim administrator. All claims will be processed at Delta Dental of New Jersey, 1639 Route 10, Parsippany, NJ 07054.

Q. *Who can be called to answer questions?*

A. The Syneos Health toll free number is 866-328-1308. Most questions can be answered using “Automated Voice Response”. It is available 24 hours a day, 7 days a week. Delta Dental of New Jersey operates a toll free customer service line. A member can speak to a representative between the hours of 8:00 a.m. - 6:30 p.m. EST Monday through Thursday (Friday until 5:00 p.m.).

Q. *Can benefits and claim status be viewed online?*

A. Yes. The website is deltadentalnj.com. Click on “Members” to access Benefits Connection. Registration is required.

Q. *What is a Delta Dental Participating Dentist?*

A. In order for a dentist to participate in Delta Dental’s Premier® network, they must first pre-file their dental fees for all procedures. A participating Premier dentist cannot charge a Delta Dental subscriber an amount that exceeds Delta Dental’s maximum allowable charges for a given procedure. Visiting a participating dentist will limit out of pocket cost to applicable deductibles and coinsurance.

In order for dentists to participate in the Delta Dental PPOSM network, they must agree to utilize a dental fee schedule established by Delta Dental as their maximum allowable charges for a given procedure. A participating PPO dentist may not charge a Delta Dental subscriber an amount that exceeds the fee set in the schedule. This means that a patient cannot be balance billed for charges in excess of the schedule fees. Applicable deductibles and coinsurance will still apply.

Q. *What if a member’s dentist does not participate?*

A. The member may refer their dentist to Delta Dental. Delta Dental will contact the dentist to determine if there is interest in participating. If, however, the member is comfortable with his/her dentist and does not wish to change, that is acceptable. Delta Dental will process the claim and pay in accordance with the maximum allowable charges for each procedure. The member may, however, be required to file claim on their own. The member may also be responsible for paying the dentist. Delta Dental may reimburse the member directly. Since Delta Dental cannot control the fees of non-participating dentists, balance billing for charges greater than the allowed amount is possible.

Q. *Are claim forms necessary?*

A. Participating dentists have Delta Dental claim forms. If the dentist does not participate, the patient may either bring one to the dentist or Delta Dental will accept any ADA approved claim form the dentist’s office presently uses. Non-itemized bills cannot be substituted for a claim form. A claim form may be found by visiting deltadentalnj.com

Q. *How will orthodontic claims currently in process be handled?*

A. Orthodontia benefits are available once per lifetime from any/all benefits carriers. The benefit cannot be carried from one insurance carrier to another. If carriers change during the treatment, the member may be eligible for any remaining unpaid benefit by the prior carrier.

Delta Dental recommends that the dentist submit the existing treatment plan claim for review. Delta Dental will coordinate coverage with the prior carrier to ensure that the correct lifetime plan maximum is received under the Delta Dental plan. Once that lifetime payment has been reached no further benefit is available.