



VALLEY HEALTH SYSTEM
Group #09001
Delta Dental PPOSM plus Premier

Preventive & Diagnostic	100%	
* Exams, Cleanings & Bitewing X-rays (each twice in a calendar year)		
* Fluoride Treatment (twice in a calendar year, children to age 19)		
Remaining Basic	75%	
* Fillings, Extractions		
* Endodontics (root canal)		
* Periodontics, Oral Surgery		
* Sealants		
* Repair of Dentures		
Crowns & Prosthodontics	50%	
* Crowns, Gold Restorations (over natural teeth)		
* Bridgework		
* Full & Partial Dentures		
Calendar Year Maximum (per patient)	unlimited	
Calendar Year Deductible (waived on Preventive & Diagnostic)		
* Per Person		\$50
Orthodontic Benefits, full comprehensive treatment (child & adult)	50%	
* Lifetime Maximum (per patient)		\$1,200

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.

Visit your own dentist. If you do not have a dentist, there is a directory available with your plan administrator listing participating dentists. You may call **1-800-DELTA-OK** and a list of participating dentists located in your area will be mailed directly to your home, or you may access our Website at www.deltadentalnj.com.

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 Social Security number. Your dependents, if covered, should give YOUR SOCIAL SECURITY 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 1-800-452-9310.

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.