

**SUSSEX WANTAGE REGIONAL BOARD OF EDUCATION
GROUP # 7260
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)	
* Sealants	
Remaining Basic	70%
* Fillings, Extractions	
* Endodontics (root canal)	
* Periodontics, Oral Surgery	
* Repair of Dentures	
Crowns	70%
* Crowns, Gold Restorations (over natural teeth)	
Prosthodontics	50%
* Bridgework	
* Full & Partial Dentures	
Calendar Year Maximum (per patient)	\$1,000
Calendar Year Deductible (waived on Preventive & Diagnostic)	
* Per Person	
* Family Aggregate Deductible	
Orthodontic Benefits, full comprehensive treatment (adult & child)	50%
* Lifetime Maximum (per patient)	

Delta Dental of New Jersey has over 284,000 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 6,000 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, 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. 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.