



**UFCW National Health & Welfare Fund
(Staff Plan)**

**Group # 03747-00007, 00107
Delta Dental PPOSM plus Premier[®]**

	Delta Dental PPO SM & Delta Dental Premier [®] Dentists	Non-participating Dentists
Preventive & Diagnostic * Exams, Cleanings & Bitewing x-rays (<i>each four times in a calendar year</i>) * Fluoride Treatment (<i>once in a calendar year, children to age 19</i>) * Sealants	100%	100%
Remaining Basic * Fillings, Extractions * Endodontics (root canal) * Periodontics, Oral Surgery	80%	80%
Crowns & Prosthodontics * Crowns, Gold Restorations (over natural teeth) * Bridgework * Full & Partial Dentures * Implants	80%	80%
Calendar Year Maximum (per person)	\$2,000	\$2,000
Implants Calendar Year Maximum (per person)	\$2,000	\$2,000
Calendar Year Deductible (waived on Preventive & Diagnostic) * Per Person * Family Aggregate Deductible	None None	\$25 \$75
Orthodontic Benefits, full comprehensive treatment (child only) * Lifetime Maximum (per person)	80% \$1,500	80% \$1,500

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.

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 PPO 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 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. 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.