

Town of Darien – Group # 4669-0005
Delta Dental PPOSM plus Premier
Police ~ Enhanced

Calendar Year Deductible	
• Per Person	\$50
• Family Aggregate Maximum	\$100
	Plan Pays:
Preventive & Diagnostic (No Deductible)	100%
• Exams, Cleanings, Bitewing X-Rays (2 per calendar year per person)	
• Fluoride Treatment (1 per calendar year for children to age 19)	
• Sealants (To age 16)	
Remaining Basic (After Deductible)	80%
• Fillings*, Extractions, Root Canals (Endodontics)	
• Periodontal, Oral Surgery	
• Crowns, Repair of Dentures	
• TMJ	
*Composite fillings allowed on anterior teeth only. An Allowance for amalgam restoration will be made on posterior teeth.	
Prosthodontics (After Deductible)	50%
• Gold Restorations	
• Bridgework, Full & Partial Dentures	
• Implants	
Calendar Year Maximum (Per Person)	\$2,000
Orthodontia (Adults & Dependent Children)	
• Coinsurance	60%
• Lifetime Maximum	Unlimited

Dependent children are covered to age 19 (23 if enrolled as a full-time student in an accredited school or university).

Delta Dental has two networks available under this plan. The Delta Dental Premier[®] network is the largest of the Delta Dental networks with over 351,000 participating dentist offices nationally (80%+). Delta Dental PPOSM is a smaller, but more discounted network with over 266,000 participating dentist offices nationwide. Delta Dental's network discounts average 25% to 35% less.

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. Delta Dental PPOSM dentists offer the lowest fees of our networks.

Participating dentists will be paid directly by Delta Dental for covered services. Non-participating dentists will bill you directly, and Delta Dental may make claim payment 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 in any area, by calling 1-800 DELTA OK (1-800-335-8265). Provide your zip code to the representative and a directory for that area will be mailed to your home. If you have Internet access, you may also visit our website at deltadentalct.com to locate participating dentists.

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 1-800-452-9310.

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. In CT, Delta Dental of Connecticut 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.