

**Enhance Therapies Master Payco, LLC. – Low Plan
Group #09848
Delta Dental PPO**

Preventive & Diagnostic

Exams
Cleanings
Bitewing X-Rays
Fluoride Treatments (Frequency limitations apply)
Full Mouth X-rays, Sealants, Space Maintainers

Basic

Fillings
Simple Extractions
Repair of Dentures

Annual Maximum (per person)

Annual Deductible (waived for Preventive and Diagnostic)

Per Person
Family Maximum

In-Network

Out-of-Network

**If a Delta Dental
PPO™ Dentist is
Used**

**If a Non-
Participating
Dentist is Used**

100%

50%

50%

50%

\$ 1,000

\$ 500

\$50

\$100

\$150

\$300

Dependent children are covered to age 26 regardless of student status.

Get the most out of your benefits with:

- ✓ **Carryover MaxSM** – Carry over a portion of your unused standard annual maximum benefit limit into the next year and beyond to use on more expensive procedures in the future. Learn more at DeltaDentalNJ.com/COM.
- ✓ **Oral Health Enhancement** – 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. Details on how to qualify can be found in your benefit booklet or online at DeltaDentalNJ.com/OHE.
- ✓ **Special Health Care Needs benefit** – Covered members with a qualifying special health care need have access to enhanced benefits such as additional cleanings and/or examinations and treatment modifications. Learn more at DeltaDentalNJ.com/SHCN.
- ✓ **Hearing Savings Program** – Get access to savings on hearing aids and services through Amplifon Hearing Health Care at no additional cost. Learn more at DeltaDentalNJ.com/Hearing.

You'll save the most when visiting an in-network dentist. Visit DeltaDentalNJ.com/FAD to check if your current dentist is in our network or to find a participating one near you.

Annual maximums and deductibles are not separate across our networks and will cross-accumulate if you see dentists in different networks throughout the year.

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 as a convenient reference. Complete details of your program appear in your benefit booklet and 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 an inconsistency or difference between its provisions and the information in the overview.

Your dentist's network impacts how much you pay out of pocket. Dentists who participate in the Delta Dental PPO network will have the lowest costs and out-of-pocket expenses. Dentists who participate in the Delta Dental Premier network will have slightly higher out-of-pocket expenses than those in our PPO network. If you receive services from a non-participating, out-of-network dentist, you will pay the highest out-of-pocket costs and be responsible for your coinsurance amount plus the balance-billed amount (this is the difference between the dentist's submitted fee for the claim and Delta Dental's approved fee). Delta Dental in-network dentists won't balance-bill patients. Learn more at [DeltaDentalNJ.com/SaveSomeGreen](https://www.DeltaDentalNJ.com/SaveSomeGreen).

See your benefit booklet for more information on frequency limitations.

