



**Jackson Township (PBA)**  
**Group # 03080-04**  
**Delta Dental Premier®**  
**Incentive Program**

Preventive & Diagnostic	70% / 100%
* Exams, Cleanings & Bitewing x-rays (each twice in a twelve month period)	
* Fluoride Treatment (once in a twelve month period, children to age 19)	
Remaining Basic	70% / 100%
* Fillings, Extractions	
* Endodontics (root canal)	
* Periodontics, Oral Surgery	
* Sealants	
Crowns	70% / 100%
* Crowns, Gold Restorations (over natural teeth)	
Prosthodontics	50%
* Bridgework	
* Full & Partial Dentures	
Calendar Year Maximum (per patient)	\$1,000
Orthodontic Benefits (child only)	50%
* Lifetime Maximum (per patient)	
\$500	

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 subscriber. **Maximum benefit may be derived by utilizing the services of a participating dentist.**

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](http://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.

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By utilizing benefits within a calendar year, a patient becomes eligible for a better co-payment (10% increments) in the next calendar year. Each consecutive year that benefits are not utilized, the incentive level decreases by 10%; however, the decrease will never be less than the base level. If a subscriber loses eligibility (terminates/waives benefits), then the incentive level is reduced back to the base level.

<b>Example:</b>	Base:	70%	Sample of benefits:	2019:	70% (base)
	Max:	100%		2020:	80%
				2021:	Would have increased 10%, however, benefits were not utilized
				2022:	80%
				2023:	90%
				2024:	100%

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.