

GALLOWAY TOWNSHIP BOARD OF EDUCATION
Group # 7342 - 6001
DeltaPreferred Option

Preventive & Diagnostic	100%
* Exams, Cleanings & Bitewing X-rays (each twice in a calendar year)	
* Fluoride Treatment (children to age 19)	
Remaining Basic	100%
* Fillings, Extractions	
* Endodontics (root canal)	
* Periodontics, Oral Surgery	
* Sealants	
Crowns	80%
* Crowns, Gold Restorations	
Prosthodontics	50%
* Bridgework	
* Full & Partial Dentures	
Calendar Year Maximum (per patient)	\$1,500
Orthodontic Benefits (child only)	50%
* Lifetime Maximum (per patient)	\$800

Dependent children are eligible to the end of the calendar year in which the age of 23 is attained.

This program is based upon a network of over 2,500 DeltaPreferred Option dental offices, although you may choose any fully licensed dentist to render necessary services. Participating dentists will be paid directly by Delta to the extent that services are covered by the contract. Non-participating dentists will bill the patient directly, and Delta will make payment directly to the subscriber. Patients who select a non-DeltaPreferred Option dentist have benefits paid on a DeltaPreferred Option schedule of allowances and are responsible for any part of the dentist's fee which exceeds the allowance except that a Delta participating dentist can only charge up to his/her filed fee or Delta's UCR allowance, whichever is less. **Maximum benefit may be derived by utilizing the services of a participating DeltaPreferred Option dentist.**

Visit a DeltaPreferred Option dentist. If you do not have a DeltaPreferred Option dentist, there is a list available with your plan administrator listing DeltaPreferred Option 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 7:00 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 Plan 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.