

**GALLOWAY TOWNSHIP BOARD OF EDUCATION  
 GROUP # 7342 - 0001  
 DeltaPremier**

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

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

Delta Dental has over 5,800 participating dental offices, 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 Social Security number. Your dependents, if covered, should give **YOUR SOCIAL SECURITY NUMBER**.

If you have any questions regarding your Premier 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.