

**Yale University – Group # 4630**  
**Delta Dental PPO<sup>SM</sup> plus Premier**

Faculty, Managerial & Professional and Post Doctoral Associates and Fellows  
*Effective 5/10/2019*

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**Calendar Year Deductible**

- Per Person \$50
- Family Aggregate Maximum \$100

**Plan Pays:**  
100%

**Preventive & Diagnostic\* (No Deductible)**

- Exams, (2 per calendar year per person)
- Prophylaxis/Cleanings (2 per calendar year - includes periodontal cleanings)
- Bitewing X-Rays (1 per calendar year person)
- Full mouth X-Ray (one every three years)
- Fluoride Treatment (2 per calendar year for children to age 19)
- Sealants (To age 14 – limited to posterior teeth, one treatment per tooth every three calendar years)

**Remaining Basic (After Deductible)**

80%

- Fillings (composite and amalgam)
- Root Canal Therapy (Endodontics)
- Extractions
- Oral Surgery,
- Periodontal Surgery, Periodontal Scaling/Root Planing
- Emergency Treatment
- Denture adjustments and repair (1 per 36 months)

**Crowns & Prosthodontics (After Deductible)**

50%

- Crowns, Crown Lengthening, Gold Restorations
- General Anesthesia (when medically necessary)
- Bridgework, Full & Partial Dentures
- Implants
- Cone Beam X-Rays

**Calendar Year Maximum (Per Person)**

\$3,500

**Orthodontia (Adults and Dependent Children)**

- Coinsurance 50%
- Lifetime Maximum \$2,000

Dependent children are covered to age 26.

\*Preventive & Diagnostic services does not apply towards the Calendar Year Maximum.

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Delta Dental's Oral Health Enhancement Option enables you to receive up to four dental cleanings and/or periodontal maintenance procedures in any combination per benefit period if you have been treated for periodontal disease in the past. For the additional dental cleaning and/or periodontal maintenance procedures to be covered, you must have had periodontal surgery or periodontal scaling and planning in the past. Details on how to qualify can be found in your benefit booklet.

Delta Dental has two networks available under this plan. The Delta Dental Premier<sup>®</sup> network is the largest of the Delta Dental networks with over 351,000 participating dentist offices nationally (80%+). Delta Dental PPO<sup>SM</sup> 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.

Participating dentists will be paid directly by Delta Dental for covered services. Non-participating dentists will bill you directly, and Delta Dental will 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](http://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 1-800-494-4138.

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.