

Quadient, Inc.
Group #04750
Delta Dental PPO Plus Premier
Effective 1/1/2026

Essential Plan	In-Network		Out-of-Network
	If a Delta Dental PPO™ Dentist is Used	If a Delta Dental Premier® Dentist is Used	If a Non-Participating Dentist is Used
Preventive & Diagnostic Exams & Cleanings Bitewing X-Rays Fluoride Treatments (Frequency limitations apply) Sealants, Space Maintainers	100%	100%	100%
Basic Fillings (composite fillings of all teeth) Simple Extractions, Root Canals (Endodontics) Periodontics, Oral Surgery Repair of Dentures	70%	70%	50%
Major Crowns & Gold Restorations Bridgework Full & Partial Dentures	50%	50%	50%
Annual Maximum (per person)	\$ 1,000	\$ 1,000	\$ 1,000
Annual Deductible Per Person Family Maximum Waived for	\$100 \$300 Preventive & Diagnostic	\$100 \$300 Preventive & Diagnostic	\$150 \$450 Preventive & Diagnostic

***Preventive & Diagnostic Services do not apply to your Annual Maximum.**

Dependents are covered to age 26.

There are not separate calendar year maximums and deductibles for each type of dentist. The calendar year maximums & deductibles cross-accumulate among Delta Dental PPO, Delta Dental Premier and non-participating dentists.

Delta Dental's Special Health Care benefit allows for enhanced benefits for members (adults & children) with special health care needs. Additional dental exams and/or consultations; up to four total dental cleanings in a benefit year and medically necessary treatment delivery modifications (including anesthesia and nitrous oxide) for patients with sensory sensitivities, behavioral challenges, severe anxiety, or other barriers. Members with a qualifying special health care need should advise their dentist that their group plan now offers this enhancement. Your dentist will then verify the additional benefits with Delta Dental.

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 (gum) 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 planing in the past. Details on how to qualify can be found in your benefit booklet. In addition, members with defined medical conditions such as Diabetes, Cardiovascular Disease, Pregnancy or are undergoing certain Cancer treatments may qualify for up to two additional cleanings when certified by a physician or dentist.

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

Where the eligible patient is treated by a Delta Dental PPOSM dentist, the fee for the covered service(s) will not exceed the Delta Dental PPO maximum allowable charge(s). Where the eligible patient is treated by a Delta Dental Premier® dentist who does not participate in Delta Dental PPO or by a *Participating Specialist*, the dentist has agreed not to charge eligible patients more than the dentist's filed fee or Delta Dental's established maximum plan allowance, and Delta Dental will pay such dentists based on the least of the actual fee, the filed fee, or Delta Dental's established maximum plan allowance for the procedure(s). Claims for services provided by dentists who are neither Delta Dental Premier, Delta Dental PPO dentists, or *Participating Specialists* are paid based on the lesser of the dentist's actual charge or the prevailing fee. Members utilizing non-participating dentists may be billed for the difference between the dentist's charge and Delta Dental's allowable charge. Visit www.deltadentalct.com for a directory of participating dentists.

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. 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. 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.