#### Wesleyan University – Group # 6507 Delta Dental PPO plus Premier™ **Buv-up Plan**

Calendar Year Deductible • Per Person • Family Aggregate Maximum	\$50 \$150
<ul> <li>Preventive &amp; Diagnostic (No Deductible, Not Applicable to Calendar Year Max)</li> <li>Exams, Cleanings</li> <li>Bitewing X-Rays (2 per calendar year per person to age 19 only)</li> <li>Full Mouth X-Rays (1 set every five years)</li> <li>Fluoride Treatment (1 per calendar year for children to age 19)</li> <li>Space Maintainers</li> </ul>	<u>Plan Pays:</u> 100%
<ul> <li>Remaining Basic (After Deductible)</li> <li>Fillings (including composites), Extractions, Root Canals (Endodontics)</li> <li>Periodontal, Oral Surgery</li> <li>Sealants (To age 16)</li> </ul>	80%
Crowns & Prosthodontics (After Deductible) • Crowns, Gold Restorations • Bridgework, Full & Partial Dentures • Repair of Dentures • Implants	60%
Calendar Year Maximum (Per Person)	\$2,000
Orthodontia (Adults & Dependent Children) • Coinsurance • Lifetime Maximum	50% \$2,000

Dependent children are covered to the end of the month in which they turn 26.

Carryover Max<sup>TM</sup> from Delta Dental allows you to increase your benefits. This valuable benefit feature allows you to carry over a portion of your unused standard annual maximum benefit limit into the next year and beyond.

Carryover Max is easy and automatic:

- To qualify for Carryover Max, you must receive at least one cleaning or one oral exam during the plan year. If you don't receive a cleaning or exam, you won't be eligible to carry over any of your benefit dollars to the following year. If you fail to do so, any accumulated carryover will be lost. A covered person is eligible for the Carryover Max benefit if less than half of the standard annual maximum is used in the prior benefit year.
- Carryover Max allows you to carry over up to 25% of the unused portion of your standard annual maximum up to a maximum of \$500. For example, if your standard annual maximum is \$1,000 and you use \$200, you can carry over \$200 (\$800 x 25% = \$200).
- The accumulated amount can never exceed your standard annual maximum.
- Standard annual maximum dollars are used first. Carryover Max dollars are used after the standard annual maximum is met.

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>™</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. Delta Dental PPO<sup>SM</sup> dentists offer the lowest fees of our networks.

Participating dentists will be paid directly by Delta Dental for covered services. Non-participating dentists will bill you directly, and Delta Dental may 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 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 1-800-452-9310.

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.

### **Δ DELTA DENTAL**°

## Everyone Deserves a Healthy Smile



# Manage Your Dental Benefits with MySmile®

**Thank you for choosing Delta Dental.** To access MySmile, go to DeltaDentalCT.com and click on 'Sign in or Register' at the top right of the page. Once registered and logged in, you will be able to:

- View your dental benefits to see important details regarding your dental coverage
- Print your ID card

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 Provide an endorsement for your dentist to help others find the one that meets their needs

### Other member tools available, include:

- Our Find a Dentist tool find a dentist near where you work or live
- Dental Cost Estimator find out cost ranges for common dental care needs
- Forms download and use important Delta Dental forms
- Explanation of Benefits view and print your EOBs
- Oral Health and Wellness Check out grin! magazine to learn more about the connection between a healthy smile and overall wellbeing

Three Easy Ways to Find a Participating Dentist

- 1. Website. Use the Find a Dentist tool at DeltaDentalCT.com
- 2. Mobile App. Download the Delta Dental App on your smart phone.
- 3. Telephone. Call us at 800-DELTAOK to have a listing sent to you.

