



Bayada Home Health Care, Inc. (Base Plan)
Group #09069-01,-03,-06,-10,-13,-15,-17,-19,-21,-23,-27,-29,-31,-33,-35,-37
Delta Dental PPO Plus Premier™

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| Preventive & Diagnostic | 100% |
| * Exams, Cleanings (each twice in a contract year) | |
| * Bitewing X-rays (twice per contract year for persons 18 and younger, once per contract year for persons age 19 and over) | |
| * Full mouth x-rays and panoramic x-rays (once per five years) | |
| * Fluoride Treatment (twice in a contract year, children to age 19) | |
| * Sealants | |
| Remaining Basic | 80% |
| * Fillings (including composite restorations on back teeth) | |
| * Extractions | |
| * Endodontics (root canal) | |
| * Periodontics, Oral Surgery | |
| Crowns & Prosthodontics | 50% |
| * Crowns, Gold Restorations (over natural teeth) | |
| * Bridgework | |
| * Full & Partial Dentures | |
| Contract Year Maximum (per patient) | \$1,500 |
| Contract Year Deductible (waived on Preventive & Diagnostic) | |
| * Per Person | |
| * Family Aggregate Deductible | |
| Orthodontic Benefits, full comprehensive treatment (Child Only) | 50% |
| * Lifetime Maximum (per patient) | |

Contract Year = January 1st – December 31st

Carryover MaxSM 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. You can accumulate part of your unused benefit dollars from a healthy year and use it for larger, more expensive procedures in the future- such as bridges, crowns, and root canals.

Carryover MaxSM is easy and automatic.

- To qualify for Carryover MaxSM, 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 MaxSM benefit if less than half of the standard annual maximum is used in the prior benefit year.
- Carryover MaxSM 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 \times 25\% = \200)
- The accumulated amount can never exceed your standard annual maximum.
- Standard annual maximum dollars are used first. Carryover MaxSM dollars are used after the standard annual maximum is met.

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.

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 PPO 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.

Visit your own dentist. If you do not have a dentist, you may access our website at www.deltadentalnj.com for a list 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. The group contract would control if there should be any inconsistency or difference between its provisions and the information in this overview.