Fairfield Public Schools – Group #4697-0004, 0304
Delta Dental PPO[SM] plus Premier
Central Office

Calendar Year Deductible	
• Per Person	$0
	Plan Pays:
Preventive & Diagnostic	100%
• Oral Examination (Limited to 2 times in any Calendar Year period)	
• Individual Periapical X-Rays	
• Bite-Wing X-Rays (Limited to once per Calendar Year)	
• Dental Prophylaxis (Limited to 2 times in any Calendar Year period)	
• Fluoride Treatments (Limited to 2 times per Covered Person in any one calendar year period and to Covered Persons under age 19)	
• Palliative Treatment (Paid as a separate benefit only if no other service, except x-rays, was rendered during the visit)	
• Initial Examination (Once per Covered Person in any 3 calendar years per provider)	
• Full Mouth X-Ray Series (Once per Covered Person in any 3 calendar years per provider)	
Remaining Basic	100%
• Stainless Steel Crowns (Limited to deciduous teeth only)	
• Pulpotomy (Limited to deciduous teeth only)	
• Root Canal Therapy (Limited to one per tooth root in a Covered Person's lifetime)	
• Repairs to Full Dentures, Partial Dentures, Bridges (Limited to repairs or adjustments of that appliance done more than 12 months after the initial insertion and then not more than once per Covered Person in any 2 consecutive calendar years)	
• Relining Dentures (Limited to relining done more than 12 months after the initial insertion and then not more than once in any 2 consecutive calendar years)	
• Amalgam Restorations (Restorations involving multiple surfaces will be combined for benefit purposes and paid according to the number of discrete surfaces treated; and is limited to one time per tooth surface in any one calendar year)	
• Silicate Restorations (Not covered for posterior teeth)	
• Plastic Restorations (Not covered for posterior teeth)	
• Composite Restorations (Not covered for posterior teeth)	
• Sealants (Limited to Covered Persons 16 and under to 1 time per tooth in any 36 consecutive month period)	
• Simple Extraction	
Major Services	50%
• Initial Inlays and Onlays (Covered only when the tooth cannot be restored by silver fillings)	
• Replacements of Inlays and Onlays (Same limitations apply)	
• Porcelain Restorations (Covered only if the tooth cannot be restored by a filling or by other means)	
• Initial Crowns not part of a Bridge (Covered only if the tooth cannot be restored by a filling or by other means. Crowns are not covered if placed for the purpose of periodontal splinting)	
• Replacement Crowns (Same limitations apply)	
• Space Maintainers (Not covered if placed for purpose of interceptive orthodontic device; limited to two per Covered Person's lifetime)	
• Apicoectomy	
• Surgical Extraction	
• Impactions	
• Incision and Drainage	
• Removal of a Cyst	
• Biopsy	
Calendar Year Maximum (Per Person)	Unlimited

Dependent children are covered to age 25.

Delta Dental has two networks available under this plan. The Delta Dental Premier® network is the largest of the Delta Dental networks with over 268,000 participating dentist offices nationally (80%+). Delta Dental PPO[SM] is a smaller, but more discounted network with over 183,500 participating dentist offices nationwide. Delta Dental PPO[SM] fees are on average 20% less than Delta Dental Premier®.

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 **deltadentalnj.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.