



**STANDARD BRED BREEDERS & OWNERS
ASSOCIATION OF NEW JERSEY
GROUP # 9084
Delta Dental Premier®**

| | |
|--|---------|
| Preventive & Diagnostic | 100% |
| * Exams, Cleanings & Bitewing X-rays (each twice in a calendar year) | |
| * Fluoride Treatment (once in a calendar year, children to age 19) | |
| * Sealants | |
| Remaining Basic | 80% |
| * Fillings, Extractions | |
| * Periodontics | |
| * Endodontics (root canal) | |
| Crowns & Prosthodontics | 50% |
| * Crowns, Gold Restorations (over natural teeth) | |
| * Bridgework | |
| * Full & Partial Dentures | |
| * Major Oral Surgery | |
| Calendar Year Maximum (per patient) | \$1,500 |
| Calendar Year Deductible (waived on Preventive & Diagnostic) | |
| * Per Person | |
| | \$25 |

Over 301,000 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 subscriber. **Maximum benefit may be derived by utilizing the services of a participating dentist.**

Visit your own dentist. If you do not have a dentist, there is a directory available with your plan administrator listing participating dentists. You may call **1-800-DELTA-OK** and a list of participating dentists located in your area will be mailed directly to your home or you may access our Website at www.deltadentalnj.com.

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 Delta Dental Premier® 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.

Your Delta Dental ID card is now available... *online!*

Delta Dental doesn't require ID cards, but many dental offices ask for them anyway. Now it's as easy as 1-2-3 to get your Delta Dental ID cards.

1. Go to Delta Dental's Web site at www.deltadentalnj.com and click "Members."
2. Log on to Benefits Connection.
3. Click "Print ID Card."

That's it! Your ID card includes your name, group number, and the Delta Dental program in which you are enrolled. You can reprint your card whenever you need, as often as you need.

If you have any questions, please contact Delta Dental's customer service department at 800-452-9310.



John Doe

Group: 9999-9999

Plan Description: Delta dental Premier

Submit claims to Delta Dental of New Jersey, Inc.
P.O. Box 222, Parsippany, NJ 07054

How to Use Your Delta Dental Program

Visit your dentist, if you do not have a dentist, you can obtain a customized listing of participating dentist within the geographic area of your choice by calling 1-800-DELTA-OK or by visiting or website at www.deltadentalnj.com. When making your first appointment tell your dentist that you are covered under this Delta Dental program. Give your dentist your group's name and number along with your ID number. Your dependent, if covered should give your ID number.

This card is for information purpose only and is not a guarantee of coverage for information concerning benefits, you may contact Delta Dental at 1-800-452-9310.