DELTA DENTAL®

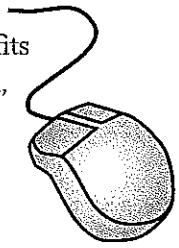
Everyone Deserves a Healthy Smile

Thank you for choosing Delta Dental. Our goal is to provide you and your covered dependents with the highest quality dental benefit program. We are committed to helping you improve your oral health while providing access to the nation's largest network of dental providers.

Convenience That Counts

Benefits Connection. Your online resource for accessing real-time plan information and more.

To access "Benefits Connection" go to: **www.deltadentalnj.com** and log onto "Benefits Connection." Once registered and logged in, you will be able to:



- Review your eligibility, claims history and status
- Browse our Oral Health Library
- Receive answers to your benefits-related questions
- Print ID cards
- Sign up for *Member News*, a free electronic monthly newsletter

Extensive Choice of Providers

Finding a Dentist. You can find a participating dentist two ways:

- **Website.** Using the Find a Dentist search feature at **www.deltadentalnj.com.**
- **Telephone.** Call toll free 1-800-DELTA-OK (1-800-335-8265) and a list of participating dentists located in your area can be emailed, faxed, or mailed directly to you.

To learn more or to locate a provider near you visit www.deltadentalnj.com or call toll free 1-800-452-9310

DELTA DENTAL

CPC BEHAVIORAL HEALTHCARE
GROUP # 3664
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)	
Remaining Basic	80%
* Fillings, Extractions	
* Endodontics (root canal)	
* Periodontics, Oral Surgery	
* Sealants	
* Repair of Dentures	
Crowns & Prosthodontics	50%
* Crowns, Gold Restorations (over natural teeth)	
* Bridgework	
* Full & Partial Dentures	
Calendar Year Maximum (per patient)	$1,000
Calendar Year Deductible (waived on Preventive & Diagnostic)	
* Per Person	$50
* Family Aggregate Deductible	$150
Orthodontic Benefits, full comprehensive treatment (Child Only)	50%
* Lifetime Maximum (per patient)	$1,000

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 Social Security number. Your dependents, if covered, should give YOUR SOCIAL SECURITY 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.

September 2014

DELTA DENTAL

CPC BEHAVIORAL HEALTHCARE
GROUP # 3664
Enhanced
Delta Dental PPO[SM]
plus 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)	
Remaining Basic	80%
* Fillings, Extractions	
* Endodontics (root canal)	
* Periodontics, Oral Surgery	
* Sealants	
* Repair of Dentures	
Crowns & Prosthodontics	50%
* Crowns, Gold Restorations (over natural teeth)	
* Bridgework	
* Full & Partial Dentures	
Calendar Year Maximum (per patient)	$1,750
Calendar Year Deductible (waived on Preventive & Diagnostic)	
* Per Person	$50
* Family Aggregate Deductible	$150
Orthodontic Benefits, full comprehensive treatment (Child Only)	50%
* Lifetime Maximum (per patient)	$1,000

Carryover Max[SM] 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 a bridges, crowns, and root canals.

Carryover Max[SM] is easy and automatic.

- To qualify for Carryover Max[SM], 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[SM] benefit if less than half of the standard annual maximum is used in the prior benefit year.
- Carryover Max[SM] 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[SM] dollars are used after the standard annual maximum is met.

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 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[SM] 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, 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 Social Security number. Your dependents, if covered, should give YOUR SOCIAL SECURITY 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.

April 22, 2016

DELTA DENTAL

Carryover Max℠
A Delta Dental benefit feature that lets members carry over part of their unused standard annual maximum in one year to increase benefits for the following year and beyond.

Qualifying for Carryover Max Benefits
Members must meet the following criteria to qualify for Carryover Max benefits:

- Enroll on or before the effective date of the Carryover Max benefit year. The benefit year to accumulate Carryover Max benefits are the same as the group's standard annual maximum (calendar year or contract year). Members enrolling after the effective date of the Carryover Max benefit period are not eligible to accrue carryover benefits until the start of the next benefit year.
- Use no more than 50% of the standard annual maximum during the benefit year.
- See a dentist during the benefit year for an exam or cleaning and submit a claim for these services. If a claim for an exam or cleaning is not received, any accumulated Carryover Max benefit will be lost.

Members meeting these criteria can accumulate 25% of the unused standard annual maximum. Members continuing to accumulate benefits can eventually have twice the standard annual maximum available. The accumulated amount can never exceed the standard annual maximum amount. Claims will always use the plan's annual maximum first. The accumulated benefit is applied when the standard annual maximum is exhausted.

An Example of Carryover Max Benefits

Benefit Year	Standard Annual Maximum	Usage Limit: 50% of Standard Annual Maximum	Accumulation Limit: 25% of the Standard Annual Maximum	Maximum That Can Be Carried Over
Calendar Year Beginning 1/1/09	$1,000	$500	$250	$500

Year 1:
The member is eligible on 1/1/2013. During the year, the member has a dental cleaning for $80 and no other dental services. At the end of the year, the member has $920 of the standard annual maximum remaining, and used less than the $500 usage limit. This qualifies the member to accumulate a Carryover Max benefit for the following year. In this case, the member can accumulate 25% of the remaining maximum, or $250.00 since $250 does not exceed the carryover limit of $500.

Year 2:
The available annual maximum is now $1250 ($1000 standard annual maximum plus $250.00 accumulated Carryover Max benefit). This year, the member has a dental cleaning for $80 plus $200 in other dental services, totaling $280. At the end of the year, the member has $970 of the maximum remaining. The member used less than the usage limits of $500 and had a dental cleaning, and qualifies for a Carryover Max benefit again. In this case, the member can accumulate 25% of the remaining maximum, or $ since it does not exceed the carry over limit of $500.

Year 3:
The available annual maximum is now $1,500. Accumulations will continue in a similar manner unless:

- The member does not receive an exam or cleaning during the benefit period, in which case the entire accumulated benefit is lost;
- The accumulated benefit equals the standard annual maximum ($1,000 in this example), in which case the member will have a $1.500 annual maximum available.
- The member is no longer eligible with Delta Dental of New Jersey. Benefits are not transferable.

Questions? Please contact our Customer Service Agents at 1-800-452-9310.

 PPD 7-22-09