



Association Member Trust Group #03930-00002 (Dent Plus) Delta Dental PPO Plus Premier™



Caring for your teeth starts with preventive care, and your dental plan makes it easy and affordable.

All AMT Delta Dental plans offer:

- **Extensive National Network** - Access more than 300,000 participating dental offices nationwide through the Delta Dental PPO network, providing convenient choices wherever members live or work.
- **Lower Out-of-Pocket Costs** - Delta Dental PPO dentists accept reduced, contracted fees, helping members save money on services.
- **Direct Payment to Dentists** - Participating providers bill Delta Dental directly for covered services, minimizing paperwork and simplifying the dental visit.
- **Freedom of Choice** - Members may visit any licensed dentist but enjoy the greatest savings when receiving care from a Delta Dental PPO provider.
- **No Referrals Required** - Members can see specialists within the network without needing prior authorization from a primary dentist.

Included in this plan:

- The Dent Plus Premier plan provides robust coverage for Preventive, Basic, Major, and Orthodontic services.
- Covered procedures include exams, cleanings, fillings, crowns, root canals, extractions, dentures, implants, and orthodontic treatment for dependent children.
- The plan includes a \$2,000 annual maximum per patient and a \$50/\$150 deductible, waived for Preventive services.

Locate a provider

Find a participating Delta Dental PPO Plus Premier dentist by:

- Visiting www.deltadentalnj.com and using the "Find a Dentist" tool.
- Calling 1-800-DELTA-OK to request a printed directory.
- Asking your dentist if they participate in the Delta Dental PPO Plus Premier network.

Using a PPO Plus Premier dentist maximizes benefits and minimizes out-of-pocket expenses.

What to Bring to Your First Appointment

During your initial visit, inform the dental office that you are covered under:

- Association Member Trust
- Delta Dental Group #03930-00002
- Provide your Member ID number

This ensures accurate billing and benefit coordination.

Your cost		
Employee Contribution	Monthly	Annually
Employee	\$59.65	\$715.80
Employee + spouse	\$119.30	\$1,431.60
Employee + child(ren)	\$134.21	\$1,610.52
Employee + family	\$155.96	\$1,871.52

Benefit	Coverage
Calendar Year Deductible	\$50 per person / \$150 family aggregate Waived for Preventative & Diagnostic Services
Calendar Year Maximum	\$2,000 per patient, per calendar year
Preventive & Diagnostic Services	
Routine oral exams, Cleanings, Bitewing X-rays	100% Covered Twice per calendar year
Sealants, Perio maintenance	100% Covered
Fluoride treatments (children up to age 19)	100% Covered
All preventive services are subject to plan-specific frequency limitations as outlined in the Group Contract.	
Basic Services	
Fillings, Endodontics (root canals), Extractions, Periodontics, Oral surgery, Repair of dentures	80% (after deductible)
Major Services	
Crowns and Gold restorations, Bridgework, Full & partial dentures, Implants	50% (after deductible)
Orthodontic Services	
Child Only	50% covered, \$1,000 lifetime maximum per child Applies to full comprehensive orthodontic treatment
HOW BENEFITS ARE PAID	
When Using a Delta Dental PPO Dentist	<ul style="list-style-type: none"> The dentist accepts Delta Dental's contracted PPO maximum allowable charge. Delta Dental pays the dentist directly for covered services. The member is responsible only for applicable deductibles or coinsurance.
When Using a Delta Dental Premier Dentist	<ul style="list-style-type: none"> Dentist agrees not to charge more than their filed fee or Delta Dental's maximum plan allowance Delta Dental pays based on the least of the actual fee, filed fee, or maximum plan allowance Member pays applicable deductibles and coinsurance
When Using a Non-Participating Dentist	<ul style="list-style-type: none"> Benefits are paid based on the Delta Dental PPO schedule of allowances. The member is responsible for any charges above the PPO allowance.
Using a Delta Dental PPO participating dentist provides the greatest savings and lowest out-of-pocket costs.	
Calendar Year Maximum	The total amount the plan will pay for covered dental services in a calendar year. Once this amount is reached, the member is responsible for all additional dental expenses for the remainder of the year.
For complete information & verification of all your benefits, refer to your benefits certificate. In the event a conflict exists between the information contained on this benefit description and the actual terms of the group contract, the terms of the contract will prevail. For further information on your contract, you may call customer service at (973) 379-1090.	