



Association Member Trust<sup>SM</sup>

More Options. More Health.

## Association Member Trust Group #03930-06002 (Tooth Guard) Delta Dental PPO<sup>TM</sup>



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 Tooth Guard plan offers comprehensive dental coverage combining strong preventive benefits with protection for both Basic and Major restorative needs.
- Covered services include exams, cleanings, fillings, extractions, root canals, crowns, dentures, bridgework, implants, and more (subject to plan limitations).
- The plan includes a \$1,500 annual maximum per patient and a \$50/\$150 deductible, waived for Preventive services.

### Locate a provider

Find a participating Delta Dental PPO dentist by:

- Visiting [www.deltadentalnj.com](http://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 network.

Using a PPO 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 #03930-06002**
- Provide your **Member ID number**

This ensures accurate billing and benefit coordination.

Your cost		
Employee Contribution	Monthly	Annually
Employee	\$40.39	\$484.68
Employee + spouse	\$80.78	\$969.36
Employee + child(ren)	\$90.88	\$1,090.56
Employee + family	\$105.27	\$1,263.24

Benefit	Coverage
Calendar Year Deductible	\$50 per person / \$150 family aggregate Waived for Preventative & Diagnostic Services
Calendar Year Maximum	\$1,500 per patient, per calendar year
<b>Preventive &amp; Diagnostic Services</b>	
Routine oral exams, Cleanings, Sealants, Bitewing X-rays, 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.	
<b>Basic Services</b>	
Fillings, Endodontics (root canals), Extractions, Periodontics, Oral surgery	70% (after deductible)
<b>Major Services</b>	
Crowns, Gold restorations, Bridgework, Full & partial dentures, Implants	50% (after deductible)
<b>Orthodontic Services</b>	
No orthodontic services (adult or child) are covered under this plan. Members are responsible for all orthodontic expenses.	
<b>HOW BENEFITS ARE PAID</b>	
When Using a Delta Dental PPO Dentist	<ul style="list-style-type: none"> <li>The dentist accepts Delta Dental's contracted PPO maximum allowable charge.</li> <li>Delta Dental pays the dentist directly for covered services.</li> <li>The member is responsible only for applicable deductibles or coinsurance.</li> </ul>
When Using a Non-Participating Dentist	<ul style="list-style-type: none"> <li>Benefits are paid based on the <b>Delta Dental PPO schedule of allowances</b>.</li> <li>The member is responsible for any charges above the PPO allowance.</li> <li>Delta Dental participating dentists (PPO or Premier) may not charge more than their filed fee or Delta Dental's maximum plan allowance.</li> </ul>
Using a Delta Dental PPO participating dentist provides the <b>greatest savings</b> and lowest out-of-pocket costs.	
<b>Calendar Year Maximum</b>	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.	