



Delta Dental of New Jersey, Inc.
Rate Proposal for: Belleville Board of Education (360 PLUSS)

\$1500 Max Plan - PPO Only

Delta Dental PPO

Dentist Used	Delta Dental PPO	Non-PPO
Deductible	\$50/\$150	\$50/\$150
Waived for	Preventive & Diagnostic	Preventive & Diagnostic
P&D	100%	100%
Basic	80%	80%
Major	50%	50%
Annual maximum	\$1,500	\$1,500
Orthodontics	Not Covered	Not Covered
Reimbursement level	PPO Fee Schedule	PPO Fee Schedule
P&D services:	Fluoride Treatments (Frequency limitations apply);Sealants;Space Maintainers;Exams;Cleanings;Bitewing X-Rays;Full Mouth X-Rays	
Basic services:	Fillings;Simple Extractions;Root Canals (Endodontics);Periodontics;Oral Surgery;Cone Beam Radiographs	
Major services:	Crowns & Gold Restorations;Bridgework;Full & Partial Dentures;Repair of Dentures	

With the Delta Dental PPO program, members utilizing Delta Dental PPO dentists will enjoy discounted dental fees (discount may vary) in addition to protection from balance billing for charges above the dentist's maximum allowable charges. Members utilizing non-PPO dentists may be subject to balance billing.

Claims for non-participating dentists will be reimbursed up to the discounted Delta Dental PPO fees.

Dependent children are covered to age 26.

The benefits outlined above are a summary of the quoted plan design. Full details on the plan of benefits and applicable policy provisions, including limitations and exclusions, are provided in the group contract.