Delta Dental of New Jersey, Inc.
Rate Proposal for: IMAC 360 PLUSS

Plan 2 (360 PLUSS Secondary)

Delta Dental PPO

Dentist Used	Delta Dental PPO	Non-PPO
Deductible	$50/$150	$50/$150
Waived for	P&D	P&D
P&D	100%	100%
Basic	80%	80%
Major	50%	50%
Annual maximum	$2,500	$2,500
Orthodontics	50%	50%
Lifetime maximum	$2,000	$2,000
Orthodontics Type	Child Only	Child Only
Child Orthodontics to Age	26	26
Reimbursement level	PPO Fee Schedule	PPO Fee Schedule

P&D services: exams; cleanings; bitewing x-rays; fluoride treatments (frequency limitations apply); full mouth x-rays; space maintainers; sealants

Basic services: fillings; periodontics; root canals (endodontics); simple extractions; oral surgery; cone beam radiographs

Major services: crowns and gold restorations; bridgework; full and partial dentures; repair of dentures; implants

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 Delta Dental's maximum allowable charges.

Dependent children are covered to age 26.