



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.

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.



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Contract tier	Fully insured monthly rates
Employee only	\$44.44
Employee & spouse	\$92.32
Employee & 1 child	\$85.54
Employee & children	\$85.54
Family	\$141.34

Underwriting policies and requirements

- Proposed rates are valid for effective dates through 6/1/2026 and are guaranteed for a minimum of 12 months.
- Delta Dental reserves the right to adjust rates if the actual enrollment varies by 10% or more from the assumed enrollment.
- The rates are contingent upon the participation of at least 35% of all eligible employees. Minimum participation requirements are waived for this proposal, provided the employer participates in Delta Dental’s Your Enrollment Success (YES) program.
- The above rates include 20% broker commission.
- The above rates include a 2% cross sell discount. Vision must be sold with dental with the same effective date.
- The above rates are based upon the 360 PLUSS program being the secondary dental plan.