



Giving you access to high-quality dental care is our mission. With many plans to choose from, you're sure to find one to make you smile!

Enjoy these great benefits — no matter which Delta Dental plan you choose:

Coverage for everyone. Coverage is available to all permanent residents of the state.

Works with Medicare. You can get dental coverage even if you're part of a Medicare plan.

Travel with confidence. Delta Dental coverage goes wherever you go, in or out of the state, to your secondary residence or with college students as they travel across the country.

Quick approval. Your policy could be in effect on the first day of the month following approval of your application, if you apply before the 27th of the prior month.

Easy enrollment! Contact your local agent for information on how to enroll.



Why choose Delta Dental for your individual and family dental coverage? We're passionate about people and oral health.

Having a good dental benefits plan not only helps promote a healthy smile, but it can greatly improve your overall health.

With the nation's largest provider network, Delta Dental covers more people and has more participating dentists than any other dental benefits program. For over 62 years, members have relied on Delta Dental to provide outstanding benefits, caring customer service and easy claims processing. No wonder more people trust their oral health to Delta Dental!

Delta Dental can make you smile, too. See the rest of this flyer for plan options and benefits. If you have questions about our plans, or the enrollment process, I'm happy to help.

I'm your local agent. Contact me today for your custom enrollment link.

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This policy contains general and specific exclusions and limitations. This means certain dental services are not covered under the policy. Also, coverage for certain covered dental services is subject to conditions and other limitations, such as the number of times they may be covered in a given time period. You should obtain the policy and review these exclusions prior to enrollment. The policy is available during the quoting process from your agent or Delta Dental of New Jersey.

Smile! Here's your choice of high-quality dental plans ... from the nation's preferred dental benefits provider.

NJ Individual Dental Plans Sold Off-Exchange (Plans do not include ACA Pediatric Dental Essential Benefit)		
PLAN DETAIL	Clear Plan	Premium Plan
Plan Benefits Applicable to	All Enrollees	All Enrollees
Plan dollar maximum per calendar year	None	\$2,000
Deductible per calendar year (not applied to Preventive & Diagnostic services)	None	\$100 (once per lifetime as long as policy is in force)
Out-of-pocket limit	Not Applicable	Not Applicable
In-Network	PPO Plus Premier	PPO Plus Premier
Out-of-Network Coverage?	No	Yes
Preventive & Diagnostic	\$60 "check-up bundle"	100%
Basic Restorative & Oral Surgery	\$120 per filling \$120 per non-surgical extraction	80% Basic Restoration / 50% Oral Surgery (12-month waiting period may apply to Oral Surgery)
Endodontics & Periodontics	\$500 per root canal (Limited to two teeth per 12-month period)	50% (12-month waiting period may apply)
Major Services (crowns & prosthetics)	\$750 per crown \$2,500 per implant (Limited to one tooth per 12-month period per procedure type)	50% (12-month waiting period may apply)
Orthodontics	Not Covered	Not Covered

Please Note: This flyer shows certain plans offered by Delta Dental of New Jersey. **Please contact your local agent or call Delta Dental at 888-899-3736 for the latest plan information and rates.** Monthly premiums may be different based on plan choice, age, location, number of people insured, their age and relationship to you. Plan designs and rates are subject to change. The Clear plan above displays some examples of fixed copayments; additionally, it covers one prosthodontic device per 12-month period.

There are additional limitations, exclusions and copayments for various services. For full details, please refer to the policy.

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NJ Individual Dental Plans Sold Off-Exchange (Plans do not include ACA Pediatric Dental Essential Benefit)		
PLAN DETAIL	Enhanced Plan	Classic Plan
Plan Benefits Applicable to	All Enrollees	All Enrollees
Plan dollar maximum per calendar year	\$1,000	\$1,000
Deductible per calendar year (not applied to Preventive & Diagnostic services)	\$50 per person \$150 per family	\$50 per person \$150 per family
Out-of-pocket limit	Not Applicable	Not Applicable
In-Network	PPO Plus Premier	PPO Plus Premier
Out-of-Network Coverage?	Yes	Yes
Preventive & Diagnostic	100%	80%
Basic Restorative & Oral Surgery	80% Basic Restorative 50% Oral Surgery	50% (6-month waiting period may apply to Basic Restorative)
Endodontics & Periodontics	50% (12-month waiting period may apply)	50% (12-month waiting period may apply)
Major Services (crowns & prosthetics)	50% (12-month waiting period may apply)	50% (12-month waiting period may apply)
Orthodontics	Not Covered	Not Covered

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Plans Include the ACA Pediatric Dental Essential Health Benefit

PLAN DETAIL	Family Plan I			Family Plan II		
	Adults		Pediatric (below age 19)	Adults		Pediatric (below age 19)
Plan Benefits Applicable to						
Plan dollar maximum per calendar year	In-Network \$1,000	Out-of-Network \$750	None	In-Network \$1,000	Out-of-Network \$750	None
Deductible per calendar year	In-Network \$75 per person \$225 per family	Out-of-Network \$100 per person \$300 per family	In & Out of Network \$135 per person \$405 per family	In-Network \$25 per person \$75 per family	Out-of-Network \$50 per person \$150 per family	In & Out of Network \$135 per person \$405 per family
	Not applied to Preventive and Diagnostic		Applied to Preventive and Diagnostic	Not applied to Preventive and Diagnostic		Applied to Preventive and Diagnostic
Out-of-pocket limit	Not Applicable		In-Network only (PPO) \$350 per person \$700 per family	Not Applicable		In Network only-(PPO) \$350 per person \$700 per family
In-Network	PPO (Premier & Non-Par are Out-of-Network)			PPO (Premier & Non-Par are Out-of-Network)		
Preventive & Diagnostic	100%		100%	100%		100%
Basic Restorative	60%		50%	60%		50%
Endodontics, Periodontics, Oral Surgery	Not Covered		50%	50%		50%
Major Services (crowns & prosthetics)	Not Covered		50%	50%		50%
Orthodontics (medically necessary only)	Not Covered		50%	Not Covered		50%

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Plans Include the ACA Pediatric Dental Essential Health Benefit

PLAN DETAIL	Family Plan III			Preventive Family PPO Plan		
	Adults		Pediatric (below age 19)	Adults		Pediatric (below age 19)
Plan Benefits Applicable to						
Plan dollar maximum per calendar year	In-Network \$1,000	Out-of-Network \$750	None	In-Network None	Out-of-Network \$500	None
Deductible per calendar year	In-Network \$25 per person \$75 per family	Out-of-Network \$50 per person \$150 per family	In & Out of Network \$35 per person \$105 per family	In-Network None	Out-of-Network \$75 (applies to all services)	In & Out of Network \$135 per person \$405 per family
	Not applied to Preventive and Diagnostic		Not applied to Preventive and Diagnostic	Not applied to Preventive and Diagnostic		Applied to Preventive and Diagnostic
Out-of-pocket limit	Not Applicable		In-Network only (PPO) \$350 per person \$700 per family	No Limit		In-Network \$350 one child \$700 2+ children Out-of-Network No limit
In-Network	PPO (Premier & Non-Par are Out-of-Network)			PPO (Premier & Non-Par are Out-of-Network)		
Preventive & Diagnostic	100%		100%	100%		100%
Basic Restorative	80%		80%	Not Covered		50%
Endodontics, Periodontics, Oral Surgery	50%		50%	Not Covered		50%
Major Services (crowns & prosthetics)	50%		50%	Not Covered		50%
Orthodontics (medically necessary only)	Not Covered		50%	Not Covered		50%

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