

Delta Dental of New Jersey, Inc.
Proposed Fully Insured Program and Monthly Rates
Rate Proposal for: 360 PLUSS
BioTouch

\$2500 Max PPO Plan (With Cross Sell)	Delta Dental PPO		
	If a Delta Dental PPO™ Dentist is Used	If a Delta Dental Premier® Dentist is Used	If a Non-Participating Dentist is Used
Preventive & Diagnostic Exams; Cleanings; Bitewing X-Rays; Fluoride Treatments (Frequency limitations apply); Full Mouth X-Rays; Space Maintainers; Sealants	100%	100%	100%
Basic Fillings; Periodontics; Root Canals (Endodontics); Simple Extractions; Oral Surgery; Cone Beam Radiographs	80%	80%	80%
Major Crowns & Gold Restorations; Bridgework; Full & Partial Dentures; Repair of Dentures; Implants	50%	50%	50%
Annual Maximum (per person)	\$2,500	\$2,500	\$2,500
Annual Deductible Per Person Family Maximum Waived for	\$50 \$150 Preventive & Diagnostic	\$50 \$150 Preventive & Diagnostic	\$50 \$150 Preventive & Diagnostic
Orthodontics Children Only to age 26 Lifetime Maximum	50% \$2,000	50% \$2,000	50% \$2,000

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.

24 Months	Monthly Rates
Employee	\$58.84
Employee & Spouse	\$125.29
Employee & Children	\$127.32
Family	\$211.99

Underwriting Policies and Requirements are on the next page.

UNDERWRITING POLICIES AND REQUIREMENTS

- Dependent children are covered to age 27.
- 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-participating dentists may be subject to balance billing. Claims for non-Delta Dental PPO dentists will be reimbursed up to the discounted Delta Dental PPO fee schedule.
- Proposed rates are valid for enrollment by 1/1/2025.
- The above rates include 20% broker commission.
- 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 acceptance of an application by Delta is subject to a review of a current IRS form 941. If the results are unfavorable, then Delta Dental at its discretion, may request supplemental funding methods prior to accepting an application.
- Delta Dental reserves the right to adjust rates if the actual enrollment varies by 10% or more from the assumed enrollment.
- The above rates include a 2% cross sell discount. Vision must be sold with dental with the same effective date.