

Delta Dental of New Jersey, Inc.
Proposed Fully Insured Program and Monthly Rates
Rate Proposal for: Ocean Township School District

PPO Plus Premier	Delta Dental PPO Plus Premier		
	In-Network		Out-of-Network
	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; Sealants	80%	80%	80%
Basic Fillings; Periodontics; Root Canals (Endodontics); Simple Extractions; Oral Surgery; Cone Beam Radiographs; Repair of Dentures; Space Maintainers; Crowns & Gold Restorations	80%	80%	80%
Major Bridgework; Full & Partial Dentures	50%	50%	50%
Annual Maximum (per person)	\$1,350	\$1,350	\$1,350
Annual Deductible Per Person Family Maximum Waived for	None None N/A	None None N/A	None None N/A
Orthodontics Adult & Child Lifetime Maximum	50% \$1,150	50% \$1,150	50% \$1,150

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.