

Please note that some maximums may be included with other maximums. For more information, please go to www.deltadentalnj.com

Remaining maximum amounts reflect only claims that Delta Dental has completed processing at this time. Some procedures may have different maximum limits. Due to different family enrollment plans, eligible family members may not display if a claim has not yet been processed for them.

Plan Maximums and Deductibles for Benefit Year 01/01/2015 - 12/31/2015

Benefit Class *	Network Participation	Individual				Family			
		Annual Deductible	Lifetime Deductible	Annual Max	Lifetime Max	Annual Deductible	Lifetime Deductible	Annual Max.	Lifetime Max.
Dental Care	Both	\$50		\$2,500		\$150			
Orthodontics	Both	\$0			\$2,000	\$0			
Diagnostic Dental	Both	\$0				\$0			

* The employer may offer more than one benefit class. For detailed information please go to www.deltadentalnj.com

A waiting period may apply before benefits begin. For more information, please go to www.deltadentalnj.com. Subject to Age and Frequency Limitations.

(Please [click here](#) for more detailed information)

Benefit Levels

Benefit Class	Network Participation	% Delta Pays*	% Co-insurance
Diagnostic Dental	Both	100%	0%
Oral Cancer Screening	Both	0%	100%
Routine (Preventive) Dental	Both	100%	0%
Unknown	Both	100%	0%
Sealant - per tooth	Both	0%	100%
Resin-based composite - two surfaces, posterior	Both	80%	20%
Inlay - porcelain/ceramic - three or more surfaces	Both	50%	50%
Onlay - porcelain/ceramic - three surfaces	Both	50%	50%
Core buildup, including any pins	Both	50%	50%
Prefabricated post and core in addition to crown	Both	50%	50%
Endodontics	Both	80%	20%
Osseous surgery (including flap entry and closure) - four or more contiguous teeth or bounded teeth spaces per quadrant	Both	80%	20%
Periodontal scaling and root planing - four or more contiguous teeth or bounded teeth spaces per quadrant	Both	80%	20%
Localized delivery of chemotherapeutic agents via a controlled release vehicle into diseased crevicular tissue, per tooth, by report	Both	0%	100%

Periodontal maintenance	Both	80%	20%
Prosthodontics	Both	50%	50%
Replace all teeth and acrylic on cast metal framework (maxillary)	Both	80%	20%
Reline complete mandibular denture (laboratory)	Both	50%	50%
Surgical placement of implant body: endosteal implant	Both	0%	100%
Crown - porcelain fused to high noble metal	Both	50%	50%
Oral Surgery	Both	80%	20%
Orthodontics	Both	50%	50%
Analgesia, anxiety, inhalation of nitrous oxide	Both	0%	100%
Intravenous conscious sedation/analgesia - first 30 minutes	Both	80%	20%
Application of desensitizing medicament	Both	0%	100%
Occlusal guard, by report	Both	80%	20%

Delta Dental's payment is calculated at the percentages listed above. For in-network benefits, benefits are based on Delta Dental's approved fee. For services rendered by out-of-network dentists, and groups that offer fee schedules, benefits are based on Delta Dental's allowed fee. Some groups may offer more than one plan type.

Individual Balances
(* indicates remaining deductible or remaining maximum)

Benefit Class	Network Participation	Individual				Family			
		*Annual Deductible	*Lifetime Deductible	*Annual Max	*Lifetime Max	*Annual Deductible	*Lifetime Deductible	*Annual Max.	*Lifetime Max.
Orthodontics	Both				\$2,000				
Dental Care	Both	\$50		\$2,500		\$150			