

Delta Dental of NJ Premier Plans

	Choice 5000	Premium 2500	Progressive	Clear Copay
Monthly Premium: * Single (x2 couple) * 1 Adult + 1 child * 2 Adults + 1 child * Family of 4	\$46.45/mo \$122.63 \$179.30 \$179.30	\$62.58/mo \$165.20 \$241.55 \$241.55	\$53.40/mo \$127.19 \$185.50 \$185.39	\$49 / \$57 50+ yrs \$106.00 \$163.00 \$196.00
Find a Delta Dental Dentist	Premier	Premier	Premier	Premier
Max Per Member: Policy Year	\$5,000	\$2,500	\$1,500 → \$1,750 → \$2,000	Copays For Services
Plan Benefits (Preventative/Minor/Major)	100/75/50	100/80/50	1 st year: 100/40/30 2 nd year: 100/60/40 3 rd year: 100/80/50	Copays For Services
Waiting Periods 12-mo wait on Major Services	Yes , but waived if you had recent prior dental	Yes , but waived if you had recent prior dental	No Waiting periods	No Waiting Periods
Deductible: Waived for Preventive	\$250 per person	\$100 per person (lifetime)	\$50 per person	No Deductible
PREVENTATIVE – (No Ded)	PREVENTATIVE	PREVENTATIVE (x3/yr)	PREVENTATIVE	PREVENTATIVE
Cleaning & Exams	100% covered (2x yr)	100% covered	100% covered	\$60 copay
Bitewing X-rays / Fluoride	100% covered	100% covered	100% covered	Included in cleaning
Sealants per tooth	100% covered	100% covered	100% covered	\$30 copay
Full mouth X-rays	100% covered	100% covered	100% covered	\$60 copay
MINOR & MAJOR	MINOR & MAJOR	MINOR & MAJOR	MINOR & MAJOR	MINOR & MAJOR
Fillings	75% covered	80% covered	40% / 60% / 80% covered	\$120 copay
Crowns	50% *	50% *	30% / 40% / 50%	\$750 copay
Fixed bridges	50% *	50% *	30% / 40% / 50%	\$750 copay
Root canal therapy	50% *	50% *	30% / 40% / 50%	\$500 copay
Periodontal scaling	50% *	50% *	30% / 40% / 50%	\$120 copay
Deep cleaning	50% *	50% *	30% / 40% / 50%	\$120 copay
Wisdom tooth extract	50% *	50% *	30% / 40% / 50%	\$120 copay
Non-surgical extracts	75% *	80% *	30% / 40% / 50%	\$120 copay
Surgical extractions	50% *	50% *	30% / 40% / 50%	\$225 copay
Other oral surgery	50% *	50% *	30% / 40% / 50%	\$225 copay
Removable dentures	50% *	50% *	30% / 40% / 50%	\$750 copay
General & IV sedation	50% *	50% *	30% / 40% / 50%	\$200 copay
Implants	No coverage	50% *	No coverage	\$2,500 per tooth
Orthodontics	No coverage	No coverage	No coverage	No coverage
Out-of-network benefits	Yes	Yes	Yes	No
Annual contract	Yes	Yes	Yes	Yes
Plan Benefits Summary	Plan Summary	Plan Summary	Plan Summary	Plan Summary

Enhanced Ortho Plus Plan:

100/80/50 - \$50 deductible / \$1,000 Max / No Implants / Ortho: \$100 ded then 50% up to \$1,500 = **\$55.56/mo**

- * For Illustration purposes - See Plan Summary for detailed plan & benefits information
- * Once enrolled, view your member portal at [DeltaDentalCoversMe.com](https://www.deltadentalcoversme.com) for billing, ID cards, claims, benefits and find a Delta dentist.
- * Premier Dental Plans are not ACA Pediatric eligibl.

Delta Dental of NJ – PPO3 Plan

Effective Dates: 1 st of upcoming month	 Enhanced Family PPO 3 Plan	
Find a Delta Dental Dentist		
Monthly Premium: *Single (x2 couple): *1 Adult + 1 child: *2 Adult + 1 child: *Family of 4:	Monthly Premium: \$44.90 \$83.40 \$128.30 \$166.80	
Waiting Period	No Waiting Periods	
Summary of Coverage	100% preventative / 80% minor / 50% major	
Carrier Max - Calendar year benefits	Age 0-19: None	Age 19+: PPO \$1,000
Deductible - calendar year Waived for Diagnostic & Preventive Services	Age 0-19: \$35 per person; \$105 per family	Age 19+: \$25 per person, \$75 per family
	Out of Network: \$50 per person, \$150 per family	
PREVENTATIVE SERVICES	100% PREVENTATIVE	
Office visit copayment	No copay	
Cleaning & Exams	Age 0-19: 100%	Age 19+: 100%
Bitewing X-rays	Age 0-19: 100%	Age 19+: 100%
Full mouth X-rays	Age 0-19: 100%	Age 19+: 100%
Topical fluoride	Age 0-19: 100%	Age 19+: N/C
Sealants (per tooth)	Age 0-19: 100%	Age 19+: N/C
MINOR SERVICES	80% MINOR SERVICES	
Fillings	Age 0-19: 80%	Age 19+: 80%
MAJOR SERVICES	50% MAJOR SERVICES	
Crowns	Age 0-19: 50%	Age 19+: 50%
Fixed bridges	Age 0-19: 50%	Age 19+: 50%
Removable dentures	Age 0-19: 50%	Age 19+: 50%
Root canal therapy	Age 0-19: 50%	Age 19+: 50%
Deep cleaning for gum disease	Age 0-19: 50%	Age 19+: 50%
Surgical extractions	Age 0-19: 50%	Age 19+: 50%
Non-surgical extractions	Age 0-19: 50%	Age 19+: 50%
Other oral surgery procedures	Age 0-19: 50%	Age 19+: 50%
General & IV sedation	Age 0-19: 50%	Age 19+: 50%
Implants	Age 0-19: 50%	Not covered
Orthodontics	Age 0-19: 50% Medically Necessary	Not covered
Out-of-Network Coverage	Yes	
Annual Contract Required	Yes	

DeltaVision
VSP Vision Coverage
VSP Choice Provider Network

Brilliance Vision Plan Monthly Premium: \$21.39	Essential Vision Plan Monthly Premium: \$14.07
Plan Description \$200 allowance for frames or contact lenses. No copay for exams and many lens options. Waiting Periods None Exam VSP Choice Provider: \$0 per exam every 12 months; Open Access Provider: Covered up to \$45 per exam every 12 months Frames VSP Choice Provider: \$200 allowance; Open Access Provider: \$70; once every 12 months; View More Details for more information Lenses View More Details for lens enhancement coverage Contact Lenses VSP Choice Provider: \$200 allowance; Open Access Provider: \$105; once every 12 months In lieu of Frames + Lenses Annual contract required Yes	Plan Description \$150 allowance for frame or contact lenses. Copay for all coverages. Waiting Periods None Exam VSP Choice Provider: \$10 copay per exam every 12 months; Open Access Provider: Covered up to \$45 after \$10 copay per exam every 12 months Frames VSP Choice Provider: \$150 allowance; Open Access Provider: \$70; once every 12 months; View More Details for more information Lenses View More Details for lens enhancement coverage Contact Lenses VSP Choice Provider: \$150 allowance; Open Access Provider: \$105; once every 12 months In lieu of Frames + Lenses Annual contract required Yes
Plan Summary: Brilliance	Plan Summary: Essential

Laser Vision Correction (Lasik): VSP provides a discount which on average is about 15% off the regular price or 5% off the promotional price. It's available only from contracted facilities.

To find a participating VSP eye doctor, [visit VSP](#)

For Illustration purposes. See Detailed Plan Summary for detailed plan information and benefits. Plan designs and rates are subject to change. Monthly premiums may be different based on plan choice, effective date, age, location, number of people insured and their age. Please contact us for the latest plan information and rates. Policies are underwritten by Delta Dental of New Jersey, Inc. 1639 Route 10 Parsippany, NJ 07054. All policies are administered, at least in part, by Delta Dental of Wisconsin and/or its subsidiary, Wyssta Services, Inc.