

# DENTAL BENEFITS DELTA DENTAL



## FIND A PROVIDER

To find a participating Delta Dental provider, please visit  
[www.deltadentalnj.com/fad/search](http://www.deltadentalnj.com/fad/search)

Below is a summary of the dental plans offered through Delta Dental. You can visit any dentist you wish, however, if you visit a dentist from the Delta Dental PPO or PPO Premier networks, you can reduce your out-of-pocket expenses.

A complete list of covered dental services and frequency limitations can be found on BenePortal at:

[www.archerbeneportal.com](http://www.archerbeneportal.com)

BENEFIT DESCRIPTION	LOW PLAN	HIGH PLAN	ENHANCED PLAN
	IN-NETWORK & OUT-OF-NETWORK	IN-NETWORK & OUT-OF-NETWORK	IN-NETWORK & OUT-OF-NETWORK
<b>DEDUCTIBLE</b> (Individual/Family)	\$50 / \$150	\$50 / \$150	\$50 / \$150
<b>CALENDAR YEAR MAXIMUM*</b> (Per Patient)	\$1,500	\$2,000	\$2,500
<b>PREVENTIVE CARE (TYPE A)</b> Fluoride, Cleanings, Oral Examinations, Sealants, Full Mouth and Bitewing X-rays	100%, no deductible	100%, no deductible	100%, no deductible
<b>BASIC SERVICES (TYPE B)</b> Periodontal Maintenance, Root Planing & Scaling, Amalgam & Composite Fillings, Root Canal, Repairs (Crowns), Periodontal Surgery	80% after deductible	80% after deductible	90% after deductible
<b>MAJOR SERVICES (TYPE C)</b> Implants, Crowns, Bridges, Dentures	Not Covered	50% after deductible	60% after deductible
<b>ORTHODONTIA BENEFITS (TYPE D)</b> Child(ren) up to age 19	Not Covered	50%, no deductible \$2,000 Lifetime Maximum	50%, no deductible \$2,500 Lifetime Maximum

\*Carryover Max: If you get your annual preventive exam and use less than half of your plan's calendar year maximum, the difference between your calendar year maximum and what you actually used multiplied by 25% will be carried over to the following plan year. You may carryover up to \$500 towards your calendar year maximum annually.

## DENTAL CONTRIBUTIONS

TIER	LOW PLAN	HIGH PLAN	ENHANCED PLAN
<b>SINGLE</b>	\$13.92	\$21.55	\$25.74
<b>EMPLOYEE + SPOUSE</b>	\$27.94	\$43.52	\$51.97
<b>EMPLOYEE + CHILD(REN)</b>	\$29.25	\$46.76	\$55.85
<b>FAMILY</b>	\$46.11	\$73.23	\$87.45

**IMPORTANT:** If you utilize an out-of-network provider, you may be subject to balance billing. This means that the provider can bill you for the difference between what they charge and what Delta Dental pays for the service. If your provider is a PPO or PPO Premier dentist within Delta Dental's network, you will not be subject to balance billing. Visit [www.deltadentalnj.com/fad/search](http://www.deltadentalnj.com/fad/search) to locate a PPO or Premier dentist near you!