



**DELTA DENTAL OF NEW JERSEY, INC.
MOORESTOWN BOARD OF EDUCATION
Group # 7653-0001**

Plan Design	Delta Dental PPO SM plus Premier		
	Delta Dental Premier [®] Program	Delta Dental PPO SM Program	Delta Dental PPO SM Program
Preventive & Diagnostic	100%	100%	100%
Basic	100%	100%	100%
Crowns	100%	100%	100%
Prosthodontics	80%	80%	80%
Orthodontics	80%	80%	80%
Annual Maximum	\$1,350.00	\$1,350.00	\$1,350.00
Lifetime Ortho Maximum	\$1,000.00	\$1,000.00	\$1,000.00
Deductible (waived on P&D^{***})	\$0	\$0	\$0
Procedure Codes	Approximate Employee Out-Of Pocket Costs*		
0120- Periodic Oral Exam	\$0.00	\$0.00	\$0.00
0210- X-Rays, Complete Series	\$0.00	\$0.00	\$0.00
0272- 2 Bitewing X-Rays	\$0.00	\$0.00	\$0.00
1110- Adult Prophylaxis	\$0.00	\$0.00	\$0.00
2150- 2 Surface Filling	\$0.00	\$0.00	\$0.00
2330- 1 Surface Comp. Resin Filling (anterior teeth)	\$0.00	\$0.00	\$0.00
2750- Porcelain/Gold Crown	\$0.00	\$0.00	\$0.00
3310- Anterior Root Canal	\$0.00	\$0.00	\$0.00
4341- Scalings & Root Planing (Quad)	\$0.00	\$0.00	\$0.00
5110- Complete Upper Denture	\$292.00	\$191.20	\$191.20
6750- Abutment Crown	\$230.00	\$160.00	\$160.00
7140- Single Extraction	\$0.00	\$0.00	\$0.00
8000- Orthodontics**	\$4,000.00	\$4,000.00	\$4,000.00

*Assumes utilization of a network dentist in each program.

**Based upon a \$5,000.00 charge.

***P & D=Preventive & Diagnostic

Visit your own dentist. If you do not have a dentist, there is a directory available with your plan administrator listing participating dentists. You may call 1-800-DELTA-OK and a list of participating dentists located in your area will be mailed directly to your home or you may access our Website at www.deltadentalnj.com.

During your FIRST appointment, tell your dentist that you are covered under this program. Give him/her your Group's name, its Delta Dental Group Number and your Social Security number. Your dependents, if covered, should give YOUR SOCIAL SECURITY NUMBER.

If you have any questions regarding your dental benefits, you may contact our Customer Service Department Monday through Thursday, 8:00 a.m. to 6:30 p.m. EST and Friday, 8:00 a.m. to 5:00 p.m. EST, at 1-800-452-9310.

This comparison contains a general description of your dental care program for your use as a convenient reference. Complete details of your program appear in the group contract between your plan sponsor and Delta Dental of New Jersey, Inc. which governs the benefits and operation of your program. The group contract would control if there should be any inconsistency or difference between its provisions and the information in this comparison.

Costs are estimated on average dental charges for each procedure based on information from Delta Dental.