



**DELTA DENTAL OF NEW JERSEY, INC.
TOMS RIVER BOARD OF EDUCATION
Group # 7166**

Delta Dental PPOSM/Advantage/Premier Plan

Plan Design	Delta Dental PPOSM Program	Advantage Program	Delta Dental Premier[®] Program	DeltaCare[®] Plan NJ5
Preventive & Diagnostic	100%	100%	100%	No Charge
Basic	75%	75%	75%	No Charge
Crowns	75%	75%	75%	Patient Co-Payment
Prosthodontics	50%	50%	50%	Patient Co-Payment
Orthodontics	50%	50%	50%	Patient Co-Payment
Annual Maximum	\$1,000.00	\$1,000.00	\$1,000.00	None
Lifetime Ortho Maximum	\$1,000.00	\$1,000.00	\$1,000.00	Patient Co-Payment
Deductible (waived on P&D^{***})	None	None	None	None

*****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.

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.

August 1, 2017