



**DELTA DENTAL OF NEW JERSEY, INC.
MOUNT LAUREL TOWNSHIP BOARD OF EDUCATION
Group # 7654**

Plan Design	Delta Dental PPO plus Premier			
	Delta Dental Premier [®] Program	Delta Dental PPO SM Program	DeltaCare [®] Plan NJ6	Flagship Complete Program
Preventive & Diagnostic	100%	100%	No Charge	No Charge
Basic	80%	80%	No Charge	No Charge
Crowns	80%	80%	See Below	No Charge
Prosthodontics	80%	80%	See Below	No Charge
Orthodontics	50%	50%	See Below	No Charge
Annual Maximum	\$2,000.00	\$2,000.00	None	None
Lifetime Ortho Maximum	\$1,250.00	\$1,250.00	See Below	See Below
Deductible (waived on P&D^{***})	\$50/\$150	\$50/\$150	None	None

Visit your own dentist. If you do not have a dentist, visit www.deltadentalnj.com for a directory of participating dentists.

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.

February 27, 2024