

Delta Dental Plan of New Jersey, Inc.
Group Name: Social Services Purchasing Alliance
Group Number: 9146-02
Presented By: Van Palmer Group, LLC

Plan Design	DeltaPremier	DeltaPreferred
Preventive & Diagnostic	100%	100%
Basic	80%	90%
Crowns	50%	50%
Prosthodontics	50%	50%
Orthodontics	50%	50%
Annual Maximum	\$1,500.00	\$1,500.00
Lifetime Ortho Maximum	\$1,500.00	\$1,500.00
Deductible (Waived for P&D)	50/150	50/150
Procedure Codes	Approximate Employee Out-Of Pocket Costs*	
0120-Periodic Oral Exam	\$0.00	\$0.00
0210- X-Rays, Complete Series	\$0.00	\$0.00
0272- 2 Bitewing X-Rays	\$0.00	\$0.00
1110- Adult Prophylaxis	\$0.00	\$0.00
2150- 2 Surface Filling	\$28.00	\$8.40
2330- 1 Surface Comp. Resin Filling	\$22.00	\$7.00
2750- Porcelain/Gold Crown	\$440.00	\$345.00
3310- Anterior Root Canal	\$114.00	\$38.00
4341- Scaling & Root Planning/Quad	\$36.00	\$10.00
5110- Complete Upper Denture	\$550.00	\$412.50
6750- Abutment Crown	\$445.00	\$345.00
7140- Single Extraction	\$26.00	\$8.00
8000- Orthodontics**	\$2,700.00	\$2,700.00

N/A=Not Applicable

***Assumes utilization of a network dentist in each program.**

****Based upon a \$4,400.00 charge.**

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

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