

**Delta Dental Plan of New Jersey, Inc.**  
**Group Name: Social Services Purchasing Alliance**  
**Group Number: 9146-03**  
**Presented By: Van Palmer Group, LLC**

<b>Plan Design</b>	<b>DeltaPremier</b>	<b>DeltaPreferred</b>
Preventive & Diagnostic	100%	100%
Basic	80%	90%
Crowns	50%	50%
Prosthodontics	50%	50%
Orthodontics	50%	50%
<b>Annual Maximum</b>	<b>\$1,500.00</b>	<b>\$1,500.00</b>
<b>Lifetime Ortho Maximum</b>	<b>\$1,000.00</b>	<b>\$1,000.00</b>
<b>Deductible (Waived for P&amp;D)</b>	<b>50/150</b>	<b>50/150</b>
<b>Procedure Codes</b>	<b>Approximate Employee Out-Of Pocket Costs*</b>	
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**	\$3,200.00	\$3,200.00

**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.**

**U&A\_\_\_\_\_**