

## Delta Dental of New Jersey

Affordable dental plans for Individuals & Families



### Choose from a variety of plans designed to fit your needs and budget.

Enjoy these great benefits — no matter which Delta Dental plan you choose:

#### A large network of providers

Our network includes more participating dentists than any other dental benefits program.

#### Nationwide coverage of more than 90 million people\*

We also provide reliable, affordable dental coverage to the most people out of any other dental benefits provider.

#### A wide variety of plans

We offer an extensive selection of plans to fit your individual needs and budget. Plus, vision options!

#### Hearing benefits

Dental plans include access to our Hearing Savings plan in partnership with Amplifon Hearing Health Care.

#### On Medicare?

You can get dental coverage even if you're part of a Medicare plan.

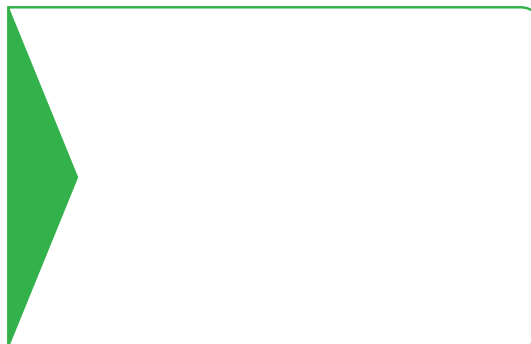
#### Travel with confidence

Delta Dental coverage goes wherever you go, in or out of the state, to your secondary residence or with college students as they travel across the country.

#### Easy!

Contact your local agent for information on how to enroll.

I'm your local agent. Call today:



Plus, check out  
**DeltaVision®**



Administered by VSP®

PLAN BENEFIT In-network providers only	BRILLIANCE PLAN (IND)	ESSENTIAL PLAN (IND)
ALLOWANCE		
<b>Frame</b> + 20% savings on amounts over allowance	<b>\$200</b> (Includes Walmart/ Sam's Club) <b>\$110</b> Costco	<b>\$150</b> (Includes Walmart/ Sam's Club) <b>\$80</b> Costco <b>\$10 copay</b>
<b>Elective contact lenses</b> (Instead of glasses)	<b>\$200</b>	<b>\$150</b>
COPAY		
<b>WellVision Exam®</b>	<b>\$0</b>	<b>\$10</b>
<b>Contact lens exam</b> (Fitting & evaluation)	<b>\$0</b>	<b>Up to \$40</b>
<b>Lenses</b> Single vision, lined bifocal or trifocal, lenticular. Standard progressives, polycarbonate (for children).	<b>\$0</b>	<b>\$10</b>
ADDITIONAL SAVINGS		
<b>Lens enhancements¹</b>	COPAY	
Anti-reflective coating	<b>\$41</b>	<b>\$41</b>
Scratch-resistant coating	<b>\$0</b>	<b>Up to \$33</b>
Solid & gradient tints	<b>\$0</b>	<b>\$15 – \$17</b>
Standard progressive lenses (multifocal)	<b>\$0</b>	<b>\$55</b>
<b>Glasses &amp; sunglasses²</b> ✓ Extra \$20 to spend on featured frame brands ✓ 20% savings on pairs of glasses and sunglasses, including lens enhancements <b>Retinal screening</b> ✓ No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam <b>Laser vision correction³</b> ✓ Average 15% off regular price or 5% off promotional price		

Log in to [vsp.com](https://www.vsp.com) to check your benefits for eligibility and to confirm in-network locations based on your plan type. VSP guarantees coverage from VSP network providers only. Coverage information is subject to change.

¹Standard lens enhancements; premium or custom enhancements may also be available at an additional cost.

²From in-network provider within 12 months of last WellVision Exam.

³Member must first visit a VSP Network Laser Vision doctor. This is a VSP provider who works with contracted centers or surgeons in member's area (not all VSP providers are Laser Vision doctors). After that, member would be referred to a VSP-contracted laser vision center or surgeon.

On Vision policies, certain services are provided through Vision Service Plan (VSP). Delta Dental and DeltaVision are registered marks of Delta Dental Plans Association. VSP and WellVision Exam are registered trademarks of Vision Service Plan.

## Easily compare Delta Dental Individual and Family™ Plan benefits

Delta Dental plans are a smart choice to fill the gaps in your health or Medicare plan. Plus, enrollment is easy — simply follow the step-by-step instructions online or call us with questions. You, your spouse and/or dependent children are eligible for coverage if you're a permanent resident of the state. Apply before the 27th of the month, and your policy could take effect on the first day of the month following approval of your application.

PLAN BENEFIT ▼	CHOICE 5000 PLAN	PROGRESSIVE PLAN			PREMIUM PLAN	ENHANCED PLUS ORTHO PLAN	CLASSIC PLAN	CLEAR PLAN™
		Year 1	Year 2	Year 3				
<b>Dollar maximum</b> (per person per policy year)	<b>\$5,000</b>	<b>\$1,500</b>	<b>\$1,750</b>	<b>\$2,000</b>	<b>\$2,500</b>	<b>\$1,000</b> There is a separate dollar maximum for Orthodontics	<b>\$1,000</b>	<b>None</b>
<b>Deductible</b> Does not apply to routine procedures like cleanings, exams, X-rays and topical fluoride	<b>\$250/person</b>	<b>\$50</b>	<b>\$50</b>	<b>\$50</b>	<b>\$100/person</b> Once per lifetime as long as policy remains in force.	<b>\$50/person</b>	<b>\$50/person</b>	<b>None</b>
	The percent you pay after your deductible (where required)*	The percent you pay after your deductible (where required)*			The percent you pay after your deductible (where required)*	The percent you pay after your deductible (where required)*	The percent you pay after your deductible (where required)*	The dollar amount you pay*
<b>Cleanings, exams and bitewing X-rays</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>\$60</b>
<b>Topical fluoride</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	(included in cleaning)
<b>Fillings</b>	<b>25%</b>	<b>60%</b>	<b>40%</b>	<b>20%</b>	<b>20%</b>	<b>20%</b>	<b>40%</b>	<b>\$120</b>
<b>Crowns</b>	<b>50%</b> (12-month waiting period may apply)	<b>70%</b>	<b>60%</b>	<b>50%</b>	<b>50%</b> (12-month waiting period may apply)	<b>50%</b> (12-month waiting period may apply)	<b>50%</b> (6-month waiting period may apply)	<b>\$750</b> (Limited to one tooth per 12-month period)
<b>Implants</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>50%</b> (12-month waiting period may apply)	<b>N/A</b>	<b>N/A</b>	<b>\$2,500</b> (Limited to one tooth per 12-month period)
<b>Root canals</b>	<b>50%</b> (12-month waiting period may apply)	<b>70%</b>	<b>60%</b>	<b>50%</b>	<b>50%</b> (12-month waiting period may apply)	<b>50%</b> (12-month waiting period may apply)	<b>50%</b> (12-month waiting period may apply)	<b>\$500</b> (Limited to one tooth per 12-month period)
<b>Non-surgical extractions</b>	<b>25%</b>	<b>60%</b>	<b>40%</b>	<b>20%</b>	<b>20%</b>	<b>20%</b>	<b>40%</b>	<b>\$120</b>
<b>Teeth whitening</b>	<b>N/A</b>	<b>N/A</b>			<b>50%</b> (12-month waiting period may apply)	<b>50%</b> (12-month waiting period may apply)	<b>50%</b> (12-month waiting period may apply)	<b>N/A</b>
<b>Orthodontics</b> (Correction of crooked teeth for adults and children)	<b>N/A</b>	<b>N/A</b>			<b>N/A</b>	<b>50%</b> (1,500 lifetime maximum, \$100 lifetime deductible, 12-month waiting period will apply)	<b>N/A</b>	<b>N/A</b>

Please visit [DeltaDentalCoversMe.com](https://www.DeltaDentalCoversMe.com) or call 1-888-899-3736 for the latest plan information and rates. Monthly premiums may be different based on plan choice, age, location, number of people insured, their age and relationship to you. Plan designs and rates are subject to change. Waiting periods on plans may be waived when transferring from another qualifying dental plan.

**Limitations and Conditions:** Plan benefits are subject to certain limitations and conditions and have a policy-year maximum. Coverage on Premium, Enhanced and Progressive plans may have a deductible. Benefit payments are calculated based on Delta Dental PPO fees. If the dentist is not a Delta Dental PPO dentist, the patient is responsible for the difference between the Delta Dental PPO fee and the Maximum Plan Allowance (MPA). Members can see any dentist, but savings will be greatest when seeing a Delta Dental PPO dentist. The Clear Plan does not cover services received from non network dentists.

\*Your out-of-pocket costs are likely to be greater when covered services are provided by a dentist who is not a network dentist. The amount we will pay toward out-of-network services is generally less than for in-network services, because we can limit the fees of network dentists but not non-network dentists.

Delta Dental of New Jersey complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

Delta Dental of Connecticut, Inc., is a licensed insurer in Connecticut that markets and sells dental and vision coverage on an insured basis in that state and is licensed in New Jersey to market and sell vision coverage. Its ultimate parent company, Delta Dental of New Jersey, Inc., is a licensed dental service corporation in the State of New Jersey.