



Dental Benefits Solution



Delta Dental of New Jersey, Inc.
1639 Route 10
Parsippany, NJ 07054

[DeltaDentalNJ.com](https://www.DeltaDentalNJ.com)

For: New Jersey State Bar Association
Effective date: 6/1/2026

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Delta Dental gives you many reasons to smile

As the largest national dental network,¹ our flexible dental and vision benefit plans are customized to meet your needs, resulting in measurable cost savings for your oral health needs. Friendly and efficient service is provided by our locally based customer service team, experienced dental professionals on staff, and an account management team that works for you.

Dental benefits, vision and, overall wellness are our focus

1. **Delta Dental was founded by business leaders and dentists in 1954.** These early visionaries believed that dental benefits could improve people's oral and overall health.
2. **That philosophy still drives us.** We believe sticking with strong benefit designs and best-in-class service delivers the greatest value with no surprises.
3. **We're no longer just a stand-alone dental carrier.** We also offer best in class vision solutions through our partnership with VSP. Also, no-cost and low-cost extras make it easy to maintain oral and hearing health.



We keep your smiles healthy

Over 78 million Americans trust Delta Dental to help keep their smiles healthy.¹ Trust us to do the same for your group.

Plan sponsors choose and stay with us

Delta Dental of New Jersey first started offering dental programs in 1970. Many of our groups and their covered members have been with us for decades. Our high retention rates (95+%)¹ speak for themselves.



We are the market leader

Nationally, we are the largest dental network and insure more Americans than any other dental carrier. As New Jersey's leading dental benefits company, we provide or administer coverage to more than 2 million people through contracts with groups in New Jersey and Connecticut.²

¹ Delta Dental Plans Association 2025 Fact Sheet

² Internal Delta Dental of New Jersey Data

The Delta Dental difference

Delta Dental

- Most New Jersey dentists (85%) are in our network, and you can see an in-network dentist anywhere in the country
- Coverage for two exams and cleanings per calendar year
- White fillings for all teeth
- Coverage for missing teeth, even if they fell out prior to the start of your Delta Dental coverage¹
- Dependent children covered until age 26
- New Jersey-based customer service representatives
- Physical ID cards mailed to your home

DeltaVision

(in partnership with VSP® Vision Care)

- Access to the largest network of independent eye doctors nationwide
 - » Including in-network retail locations, like Costco®, Walmart®, Sam's Club®, Pearle Vision®, Visionworks®, Cohen's Fashion Optical®, and MyEyeDr.®
- Coverage available for glasses or contacts
- One comprehensive eye exam covered per year
- Retinal screenings for members with diabetes covered in full
- Additional discounts, including LASIK at contracted providers



More than 90% of all systemic diseases are linked to oral health²



An oral health exam can reveal early warning signs for 120+ diseases and conditions³



Eye exams can help a vision doctor detect more than 270 conditions⁴

Our National Networks

Delta Dental PPO™

A network with deeper discounts

Delta Dental Premier®

A network with broader access and impressive discounts



4 out of 5 dentists nationwide participate with Delta Dental

85% of dentists in New Jersey participate

96% dentist retention rate

¹ Only for dental plans that cover Major procedures

² U.S. Department of Health and Human Services (2000), Oral health in America: A report of the Surgeon General.

³ James W. Little et al., Dental Management of the Medically Compromised Patient (St. Louis: Mosby, 2012).

⁴ American Academy of Ophthalmology

Value ads



Enhanced Pregnancy Benefit

Offers expectant mothers an additional cleaning or an additional periodontal scaling or root planing per quadrant in the calendar year they are pregnant. While other carriers may limit their pregnancy benefit to an additional cleaning, we offer a choice depending on their oral health needs.



Special Health Care Needs Benefit

Enhanced benefits, such as additional cleanings, examinations, and/or consultations, for children and adults with qualifying special health care conditions.



Hearing Savings Program

Get access to savings on hearing aids and services through Amplifon Hearing Health Care at no cost to groups or members.



Virtual Visits

Delta Dental Virtual Visits, delivered by TeleDentistry.com, provides round-the-clock, year-round access to a dentist for emergencies, holidays, after-hours dental care, and travel.



Wellness Perks

An exclusive online program that allows our members and their families to access significant savings on recognizable brands for oral health, hearing care, and lifestyle needs.



Delta Dental of New Jersey Employer-paid Plan Options | Small Group (2-50)

| Plan | Bronze Plan | | Silver Plan | | Gold Plan¹ | |
|---|------------------|--|------------------|--|--|--|
| Program Type | Delta Dental PPO | | Delta Dental PPO | | Delta Dental PPO Plus Premier | |
| Dentist Used | PPO | Premier/ OON² | PPO | Premier/ OON² | PPO | Premier/ OON² |
| Annual Deductible (waived for P&D) | None | None | \$50/\$150 | \$50/\$150 | \$50/\$150 | \$50/\$150 |
| Waiting Period | None | None | None | None | None | None |
| Preventive and Diagnostic Services • Oral examinations and cleanings • Bitewing x-rays • Full mouth x-rays • Sealants • Topical fluoride • Space maintainers | 100% | 100% of MAC²/ 100% of MAC² Provider fee payments and out- of-pocket expenses vary² | 100% | 100% of MAC²/ 100% of MAC² Provider fee payments and out- of-pocket expenses vary² | 100% | 100% of MAC / 100% of MAC² Out-of-network provider fee payments and out-of-pocket expenses vary² |
| Basic Services • Composite (white) fillings • Simple extractions • Cone beam radiographs • Oral surgery • Periodontics • Endodontics | Not Covered | Not Covered | 50% | 50% of MAC²/ 50% of MAC² Provider fee payments and out-of-pocket expenses vary² | 80% | 80% of MAC/ 80% of MAC² Out-of-network provider fee payments and out-of-pocket expenses vary² |
| Major Services • Crowns and gold restorations • Prosthodontics (full and partial dentures, bridges, implants) • Denture repairs | Not Covered | Not Covered | 50% | 50% of MAC²/ 50% of MAC² Provider fee payments and out- of-pocket expenses vary² | 50% | 50% of MAC/ 50% of MAC² Out-of-network provider fee payments and out-of-pocket expenses vary² |
| Annual Maximum (per person) | \$500 | \$500 | \$1,000 | \$1,000 | \$1,500 | \$1,500 |
| Dependent Age Limit | 26 | | 26 | | 26 | |
| Orthodontic Lifetime Maximum | Not Covered | | Not Covered | | 50%/\$1,500 - Child only through age 19 | |

| Plan | Bronze Plan | Silver Plan | Gold Plan ¹ |
|----------------------------------|-------------|-------------|------------------------|
| Fully insured monthly rates 2-50 | | | |
| Employee | \$7.83 | \$26.44 | \$36.74 |
| Employee + 1 | \$15.66 | \$52.87 | \$75.69 |
| Employee + family | \$24.75 | \$83.80 | \$127.50 |

¹ A minimum of 10 enrolled employees is required for Gold Plans.

² Delta Dental's payments for services performed by non-participating (out-of-network) dentists are calculated based on the amount Delta Dental pays to participating (in-network) dentists for those services. This column shows the percentage of that participating dentist payment that determines your Delta Dental claim payment if you use a non-participating dentist. If the claim payment amount is less than the amount charged by your non-participating dentist, you are responsible for paying the difference as an out-of-pocket expense. Delta Dental's claim payment is based on its Maximum Allowable Charge (MAC), an internally set fee schedule that is typically lower than what non-participating dentists bill.



Delta Dental of New Jersey

Voluntary Plan Options | Small Group (2-50)

| Plan | Voluntary Bronze Plan | | Voluntary Silver Plan | | Voluntary Gold Plan ¹ | |
|--|-------------------------|--|------------------------------------|--|---|--|
| Program Type | Delta Dental PPO | | Delta Dental PPO | | Delta Dental PPO Plus Premier | |
| Dentist Used | PPO | Premier/OON ² | PPO | Premier/OON ² | PPO | Premier/OON ² |
| Annual Deductible (waived for P&D) | None | None | \$50/\$150 | \$50/\$150 | \$50/\$150 | \$50/\$150 |
| Waiting Period | None | None | 6 months basic/ 12 months major | | 6 months basic/ 12 months major | |
| Preventive and Diagnostic Services <ul style="list-style-type: none"> • Oral examinations and cleanings • Bitewing x-rays • Full mouth x-rays • Sealants • Topical fluoride • Space maintainers | 100% | 100% of MAC ² / 100% of MAC ² <small>Provider fee payments and out-of-pocket expenses vary²</small> | 100% | 100% of MAC ² / 100% of MAC ² <small>Provider fee payments and out-of-pocket expenses vary²</small> | 100% | 100% of MAC / 100% of MAC ² <small>Out-of-network provider fee payments and out-of-pocket expenses vary²</small> |
| Basic Services <ul style="list-style-type: none"> • Composite (white) fillings • Simple extractions • Cone beam radiographs • Oral surgery • Periodontics • Endodontics | Not Covered | Not Covered | 50% | 50% of MAC ² / 50% of MAC ² <small>Provider fee payments and out-of-pocket expenses vary²</small> | 80% | 80% of MAC / 80% of MAC ² <small>Out-of-network provider fee payments and out-of-pocket expenses vary²</small> |
| Major Services <ul style="list-style-type: none"> • Crowns and gold restorations • Prosthodontics (full and partial dentures, bridges, implants) • Denture repairs | Not Covered | Not Covered | 50% | 50% of MAC ² / 50% of MAC ² <small>Provider fee payments and out-of-pocket expenses vary²</small> | 50% | 50% of MAC / 50% of MAC ² <small>Out-of-network provider fee payments and out-of-pocket expenses vary²</small> |
| Annual Maximum (per person) | \$500 | \$500 | \$1,000 | \$1,000 | \$2,000 | \$1,500 |
| Dependent Age Limit | 26 | | 26 | | 26 | |
| Orthodontic Lifetime Maximum | Not Covered | | Not Covered | | 50%/\$1,000 - Child only through age 19 | |

| Plan | Voluntary Bronze Plan | Voluntary Silver Plan | Voluntary Gold Plan ¹ |
|---|-----------------------|-----------------------|----------------------------------|
| Fully insured monthly rates 2-50 | | | |
| Employee | \$8.88 | \$29.99 | \$47.21 |
| Employee + 1 | \$17.05 | \$57.60 | \$95.51 |
| Employee + family | \$28.99 | \$97.85 | \$161.53 |

¹ A minimum of 10 enrolled employees is required for Gold Plans.

² Delta Dental's payments for services performed by non-participating (out-of-network) dentists are calculated based on the amount Delta Dental pays to participating (in-network) dentists for those services. This column shows the percentage of that participating dentist payment that determines your Delta Dental claim payment if you use a non-participating dentist. If the claim payment amount is less than the amount charged by your non-participating dentist, you are responsible for paying the difference as an out-of-pocket expense. Delta Dental's claim payment is based on its Maximum Allowable Charge (MAC), an internally set fee schedule that is typically lower than what non-participating dentists bill.

Standard Selected Covered Services and Frequency Limitations (2-50 subscribers)

Does not apply to all in force and quoted groups. Please refer to group contract for specific provisions.

| Service/Procedure | Frequency |
|---|--|
| Preventive and Diagnostic | |
| Oral exams and evaluations | |
| Consultations — combined with all other exams | 2 per benefit period |
| Emergency exams — combined with all other exams | 2 per benefit period |
| Cleanings/Prophylaxis | 2 per benefit period |
| Bitewing X-rays | 2 per benefit period (through age 18) 1 per benefit period (age 19 and older) |
| Full mouth X-rays or panoramic film | 1 per 5 years |
| Topical fluoride periodontics | 2 per benefit period (through age 18) |
| Space maintainers | 1 per arch per lifetime (through age 13) |
| Remaining Basic Services (does not apply to Bronze Plan and Voluntary Bronze Plan) | |
| Fillings | Repeat restorations of same surface payable once in 2 years |
| Composite/resin restorations on second bicuspid and molars (white fillings) | Composite resin restorations will be covered on all teeth (white fillings) |
| Sealants | 1 per lifetime per tooth (dependents through age 15) on permanent molars with no prior restorations on the “O” surface Not covered in addition to resin fillings |
| Simple extractions | 1 per lifetime per tooth |
| Root canal therapy (Endodontics) | 1 per lifetime per tooth |
| Periodontal maintenance | 2 per calendar year Periodontal maintenance is interchangeable with, but not in addition to, routine cleanings |
| Periodontal scaling and root planing | 1 per 2 years per quadrant Not an eligible service when provided in conjunction with cleaning |
| Periodontal surgeries (gingivectomy, osseous surgery, flap surgery, grafts, etc.) | 1 per three years per quadrant Frequencies vary by procedure code |
| Oral surgery | Frequencies vary by procedure code If performed within 6 months of a major restoration or endodontic procedure, no further benefits provided for the extraction |
| General anesthesia or IV sedation | Payable with covered oral surgery |

(Continued)

Major Services (does not apply to Bronze Plan and Voluntary Bronze Plan)

| | |
|--|--|
| Single crowns | Replacement 1 in 5 years against itself or any other major services on the same tooth |
| Stainless steel crowns | Replacement 1 in 2 years |
| Crown inlay, onlay and veneer repairs | No frequency limitations |
| Crown recements | Payable 6 months after insertion, then 1 in 12 months |
| Post and core | Replacement 1 in 5 years |
| Inlays | Given alternate benefit of a composite at the restorative copay |
| Inlays/Onlays | If inlays are payable, replacement 1 in 5 years; onlays are payable 1 in 5 years |
| Implants | Once every 60 months per tooth for ages 16 and older |
| Bridgework (abutment crowns and pontics) | 1 per 5 years |
| Recements | Not billable when performed within 6 months of initial placement by the same dentist/dental office, but then payable 1 per 12 months |
| Repairs | Not billable within 12 months of the initial placement, but then payable 2 per 3 years |
| Dentures | 1 per 5 years |
| Complete and partial dentures | Not billable when performed within 6 months of the initial placement by the same dentist/dental office |
| Adjustments — dentures and partials | Not billable when performed within 6 months of the initial placement by the same dentist/dental office |
| Repairs — dentures and partials | Not billable when performed within 6 months of the initial placement by the same dentist/dental office |
| Relines and rebases to dentures and partials | Not billable when performed within 6 months of the initial placement by the same dentist/dental office |

Details regarding covered benefits, limitations and exclusions, waiting periods, and non-covered services are subject to the terms of the applicable master group contract. If there is a discrepancy between this document and the master group contract issued by Delta Dental, the master group contract will govern. For non-covered services, including those listed above, covered members of an insured contract are financially responsible for the Delta Dental participating dentist's full fee and do not receive the benefit of Delta Dental's contracted fee.

Dental insurance is underwritten by Delta Dental of New Jersey, 1639 Route 10 Parsippany, NJ 07054, under Policy Forms Series NJ MCG PPO 1/17 and NJ MCG PPO PLUS 1/17.

**If you need a quote for 51+ lives,
please contact your sales representative (see page 1).**

Delta Dental pays participating dentists directly for covered services. While non-participating dentists may accept Delta Dental insurance, this does not mean they are in-network or participating dentists. If you use a non-participating (out-of-network) dentist, you will pay the dentist yourself and Delta Dental will make a claim payment to you based on your plan's rules. For non-participating dentists, the allowed amount—also referred to as the Maximum Allowable Charge (MAC)—is the amount used by Delta Dental in calculating your benefit payments based on applicable deductibles, maximums, and coinsurance percentages.



The Delta Dental allowed amount (i.e., the claim payment to you) may be less than the amount charged by your non-participating dentist. In that situation, you are responsible for paying the difference as an out-of-pocket expense. You should always confirm before you receive treatment whether your dentist is a participating or non-participating dentist and, when visiting a non-participating dentist, you should always ask for an itemized breakdown of what your Delta Dental insurance covers and your out-of-pocket costs. You will maximize your benefits and reduce paperwork by using a Delta Dental participating dentist.

Delta Dental strongly recommends you ask your Dentist to submit a Pre-Treatment Estimate for treatment. This is especially important when using a Non-Participating Dentist because the Pre-Treatment Estimate lets you know in advance approximately how much of the costs are your responsibility. Please keep in mind that a Pre-Treatment Estimate is only an estimate and not a guarantee of benefits or payment.

Underwriting policies and requirements

1. The rates are valid for 6/1/2026 through 5/31/2027.
2. Eligible employers are law firms with principal offices based in New Jersey and one or more of the law firm's partners or owners is an active NJSBA member in good standing for at least 60 days prior to the requested effective date of insurance coverage. Two or more of its employees (one of whom must be a partner or owner who is an active NJSBA member) must enroll in the NJSBA group insurance program underwritten by Delta Dental. The employer shall be the group contract holder, and coverage shall be offered subject to the small group participation and contribution requirements reflected in the underwriting requirements.
3. For employer-paid plans, rates are based upon a minimum participation of 100% of all eligible employees, when employer contribution is 100%. Minimum participation of 75% is required when the employer is paying between 50-99% of the premium. For voluntary plans, rates are based upon a minimum participation of 25% of all eligible employees, and employer contribution is 0-49%. For vision plans: rates are based upon a 25% participation requirement or a minimum of two enrolled employees, whichever is greater. A minimum of 10 enrolled employees is required for the Gold Plans (employer-paid or voluntary).
4. The benefits outlined above are a summary of the quoted plan design. Full details on the plan of benefits and applicable policy provisions, including limitations and exclusions, are provided in the group contract.
5. With the Delta Dental PPO program, members utilizing Delta Dental PPO dentists will enjoy discounted dental fees (discount may vary) in addition to protection from balance billing for charges above the dentist's maximum allowable charges. Members utilizing non-participating dentists do not have balance billing protection. For non-participating dentists, Delta Dental of New Jersey bases its payment on the Maximum Allowable Charge (MAC), an internally set fee schedule that is typically lower than what non-participating dentists charge. As a result, you will be responsible for paying the difference between the MAC and the dentist's actual billed amount out-of-pocket (balance billing), in addition to any deductibles or coinsurance.
6. With the Delta Dental PPO Plus Premier program, members utilizing Delta Dental PPO or Delta Dental Premier dentists will enjoy protection from balance billing in addition to access to Delta Dental's largest provider network. Claims for Delta Dental PPO dentists will be reimbursed using Delta Dental's deeper discounted PPO fees. Claims for Delta Dental Premier dentists will be reimbursed using Delta Dental's discounted Premier fees. Claims for non-participating dentists will be reimbursed using Delta Dental's Maximum Allowable Charge (MAC), an internally set fee schedule that is typically lower than what non-participating dentists charge. The percentages shown in the benefit charts apply only to this MAC, not to the dentist's total billed amount. You are responsible for paying the difference out-of-pocket (balance billing). With the broad coverage of the Premier network, Delta Dental PPO Plus Premier groups average in-network utilization ranging from 85-90%.

Monthly premium for groups with 2-50 employees

| Plan | Essential | Brilliance |
|-------------------|-----------|------------|
| Employee | \$6.01 | \$9.07 |
| Employee + 1 | \$12.03 | \$18.15 |
| Employee + family | \$19.37 | \$29.23 |



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Complete details of your program appear in the group contract between your plan sponsor and Delta Dental of Connecticut, 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 document. Claims processing, claims service, and provider network administration for DeltaVision® are provided under contract by VSP. DeltaVision® and Delta Dental are registered trademarks of the Delta Dental Plans Association.

DeltaVision® insurance plans are underwritten by Delta Dental of Connecticut, Inc., 1639 Rt.10, Parsippany, NJ 07054, under Policy Form Series NJ DV MGC 8.21. VSP, Inc. performs claims processing, customer service, and provider network administration for DeltaVision® products. VSP is not an affiliate of Delta Dental of Connecticut or its affiliates. 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.



Count on Delta Dental to keep it simple

Implementation

- Secure employer portal
- Streamlined invoice and eligibility management
- Easy enrollment through Excel spreadsheet or paper application

Customer service

- Dedicated NJ-based customer service team
- 90% customer service satisfaction
- 99% claim accuracy

Member resources

- Convenient member portal
- Educational materials
- Find a Dentist and Cost Estimator tools
- And so much more!

