SETON HALL UNIVERSITY

Your 2025 Delta Dental Plans



Contents

- Your dental plan choices & networks
- Benefit enhancements (PPO Plus Premier Plans):
 - CarryOver MaxTM
 - Oral Health Enhancement
 - Integrated Oral Health
 - Virtual Visits
 - Special Health Care Needs benefit
 - Hearing Savings Program New for 2025!
- ID cards

- Member experience
- Delta Dental contact information
- Oral health
- Additional plan information



Throughout this deck, this symbol indicates clickable links or screenshots on a page.

Your dental plan choices & networks

- ✓ PPO Plus Premier Plan
- ✓ PPO Plus Premier Plan Buy-Up
- ✓ DeltaCare USA DMO Plan



Quick reference to your plans

Seton Hall University	Delta Dental PPO Plus Premier™ Base Plan #07742-00001	Delta Dental PPO Plus Premier™ Buy-up Plan #07742-00002	DeltaCare USA DMO Plan* 14I #78998
Calendar year deductible • Per person • Family aggregate deductible	\$50 \$100	\$50 \$100	No deductible
Calendar year maximum – per person	\$1,500	\$2,000	No maximum
 Preventive & diagnostic Exams, Cleanings, Bitewing X-Rays (each twice per calendar year) Full Mouth X-Rays (once per every three years) Fluoride Treatments, Sealants, Space Maintainers, Perio Maintenance (Frequency limitations apply) 	100% Covered	100% Covered	Most at no cost to member; See co-pay sheet
Remaining basic • Fillings, Simple Extractions, Root Canals (Endodontics) • Repair of Dentures, Periodontics, Oral Surgery	80% Covered	80% Covered	See co-pay sheet
 Crowns & prosthodontics Crowns & Gold Restorations, Bridgework, Full & Partial Dentures Implants 	50% Covered	50% Covered	See co-pay sheet
Orthodontic benefits	(Children Only) 50% Covered \$1,000	(Adult & Children) 50% Covered \$2,000	(Adult & Children) \$1,900/\$2,100 Co-Pay (24 months of comprehensive treatment)

Dependents covered on the PPO plus Premier plans until the end of the month they turn age 26. They are covered up to age 26 on the DCUSA DMO plan.

*DeltaCare® USA DHMO members must choose and visit their selected DeltaCare® USA dentist to receive benefits



Glossary

Coinsurance percentages indicate what Delta Dental pays towards your visit to the dentist

Plan Maximum indicates the total amount Delta Dental will pay per benefit period

Deductibles apply, per plan benefit period, as indicated

Using a non-participating (out-of-network) dentist may result in balance billing

PPO Plus Premier Plan summaries

	Seton Hall University
	Group # 07742-00001
Del	ta Dental PPO Plus Premier™
Preventive & Diagnostic	100%
Exams (twice per calendar year)	
Cleanings (twice per calendar year) Bitewing X-rays (twice per calendar year)	
Full Mouth X-rays (once per three years)	
Fluoride Treatment (twice per calendar year, to age 19) Sealants. Space Maintainers. Perio Maintenance	
Sealants, Space Maintainers, Peno Maintenance	
Remaining Basic	80%
Fillings, Simple Extractions, Endodontics (root canal) Periodontics, Oral Surgery, Repair of Dentures, Periodontics	
Periodontics, Oral Surgery, Repair or Dentures, Periodontics	
Crowns & Prosthodontics	50%
Crowns, Gold Restorations, Bridgework, Full & Partial Dentures, In	mplants
Calendar Year Maximum (per patient)	\$1,500
Calendar Year Deductible (waived on Preventive & Diagnostic)	
Per Person	550
Family Aggregate Deductible	\$100
Orthodontic Benefits, full comprehensive treatment (Child only)	50%
Lifetime Maximum (per patient)	\$1,000
Composer Maxim from Delta Dental allows you to increase your benefits.	
This valuable benefit feature allows you to carry over a portion of your upon	sed standard annual maximum benefit simil into the next year and beyond. You can acrum slate part of you
This valuable benefit feature allows you to carry over a portion of your unu- unused benefit dollars from a healthy year and use it for larger, more exp	sed standard annual maximum benefit limit into the next year, and beyond. You can accumulate part of you ensive procedures in the future-such as origing, crowns, and root canals.
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	Group # 07742-00002	
	Delta Dental PPO Plus Premier™	
Preventive & Diagnostic		100
Exams (twice per calendar year)		
Cleanings (twice per calendar year) Bitewing X-rays (twice per calendar year	1	
Full Mouth X-rays (once per three years)		
Fluoride Treatment (twice per calendar Sealants, Space Maintainers, Perio Main		
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Remaining Basic		80
Fillings, Simple Extractions, Endodontics Periodontics, Oral Surgery, Repair of Der	(root canal)	
Crowns & Prosthodontics Crowns, Gold Restorations, Bridgework.	Build Breaks Developer Services	80
	Total School Sch	
Calendar Year Maximum (per patient)		\$2,00
Calendar Year Deductible (waived on Pr	reventive & Diagnostic)	
Per Person		\$1
Family Aggregate Deductible		\$10
Orthodontic Benefits, full comprehensi	ve treatment (Adult & Children)	50
Lifetime Maximum (per patient)		\$2,00
Corryover Maxim from Delta Dental allows yo	u to increase your benefits.	
This valuable benefit feature allows you to car	ry over a portion of your unused standard annual maximum benefit limit into the next year, and beyo d use it for larger, more expensive procedures in the future- such as bridges, crowing, and root cane	and. You can accumulate part of y
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Base Plan

Buy-Up Plan



Delta Dental PPO Plus Premier™ nationwide networks

If you use a....

Delta Dental PPO™ dentist

- Large choice of network providers
- Dentist's fees are capped, so your annual maximum stretches farther
- Lowest out-of-pocket cost
- No hassle! Dentists are paid directly by Delta Dental

Delta Dental Premier® dentist

- Largest choice of network providers
- Dentist fees are capped, but not as discounted as PPO dentists, so your annual plan maximum will not go as far
- Slightly higher out-of-pocket cost
- No hassle! Dentists are paid directly by Delta Dental

Non-participating dentist

- Freedom to choose
- Highest out-of-pocket cost
- You are responsible for submitting the claim form
- You are responsible for making payments to the dentist



Need a dentist? Visit www.DeltaDentalNJ.com/SHU





Delta Dental PPO Plus Premier Network

AT A GLANCE EXAMPLES

Choosing an in-network dentist saves you money. For example:

Regular Preventive and Diagnostic Visit

	Dentist's charge	Sample Delta Dental fees	Coinsurance	Delta Dental pays	Balance billed amount	Amount you pay out of pocket
PPO Network	\$262	\$140	0%	\$140	\$0	\$0
Premier Network	\$262	\$160	0%	\$160	\$0	\$0
Non-Participating	\$262	\$140	0%	\$140	\$122	\$122 (\$262 - \$140)

For illustrative purposes only. Fees vary by procedure and location. Illustration assumes 100% coverage for P&D.

Getting a Crown

	Dentist's charge	Sample Delta Dental fees	Coinsurance	Delta Dental pays	Balance billed amount	Amount you pay out of pocket
PPO Network	\$1,404	\$790	50%	\$395	\$0	\$395 (\$790 - \$395)
Premier Network	\$1,404	\$930	50%	\$465	\$0	\$465 (\$930 - \$465)
Non-Participating	\$1,404	\$790	50%	\$395	\$614	\$1,009 (\$1,404 - \$395)

For illustrative purposes only. Fees vary by procedure and location.

Please note that an out-of-network dentist is not bound by Delta Dental's in-network contractual obligations and may bill patients for the remaining balance, called balance billing. The practice of balance billing refers to a provider's ability to bill patients for outstanding balances after the insurance company pays the required portion of the bill (coinsurance percentage). Check your specific plan to see what the coinsurance rate is as they differ from plan to plan.

DeltaCare USA® DMO Plan

Keep smiling

DeltaCare® USA



Dental benefits made easy!

When you enroll in a DeltaCare USA¹ plan, you'll choose a primary care dentist from our network of carefully screened, private-practice dentists. You must visit your primary care dentist to receive benefits.2

- No restrictions on pre-existing conditions (except work in progress)
- · Access to specialty care and out-of-area emergency care

A partner in oral health

Your DeltaCare USA plan encourages regular dental care with an extensive list of covered services to help you stay healthy.

· Low or no copayments for services like cleanings and exams

Budget-friendly costs

With your DeltaCare USA plan, there are no surprises. You'll know your copayments, and your out-of-pocket costs are clearly defined before treatment begins.

- No deductibles or maximums: for covered
- . Pay only your copayment (if any) at the time of treatment

Convenient services

We make it easy for you - there are no claim forms to complete, and no plan ID card is required to receive treatment.

- · Access plan information online
- . Change your primary care dentist by phone or

LEGAL NOTICES: Access federal and state legal notices related to your plan: deltadentalins.com/about/legal/index-enrollee.html Lesons, Inc., In Earl Access receives and state legal notices related to your plan delitasteralinis completion/(legal/index-errollechtrid). Politicians U.S.A. and publication (I.S.A. — Alpha Denital of Administration, Inc., Inc. — Alpha Denital of Administration, Inc., Inc.,

Verify your selected DeltaCare USA primary care dentist before each appointment

Flans with an Accidental Injury Rider have a \$1,600 annual maximum for accidental injury. Consult your Evidence/Certificate of Coverage.

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deltadentalins.com/enrollees

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Administered by Delta Dental Insurance Company

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Delta Dental DHMO Network

DeltaCare® USA (DCUSA)

- Dental HMO plan with no deductibles, maximums or claim forms
- Requires selection of primary care dentist
- You may change your assigned dentist by calling customer service or going online
- You must change your assigned dentist prior to the 21st of the month, to see your new dentist as of the 1st of the following month
- Adult and child orthodontics
- You pay set copayments for procedures, including orthodontia



Welcome to your DeltaCare USA plan







Benefit enhancements

For your PPO Plus Premier Plans

- CarryOver MaxTM
- Oral Health Enhancement
- Integrated Oral Health
- Virtual Visits
- Special Health Care Needs benefit
- Hearing Savings Program New for 2025!

Carryover MaxSM (COM)

Allows members to carry over up to 25% of their unused annual maximum (up to \$500) in one year to increase benefits for the following year.

The accumulated amount can never exceed your standard annual maximum.

Who is eligible?

- Members who have had a preventive visit
- Members who have not used more than half of their regular plan maximum

See how Carryover Max works year over year (based on a member's standard annual maximum amount of \$1,000):

Annual maximum		\$1,000	\$1,000	\$1,000
Carryover amount from previous year	N/A	\$150	\$150	\$50
Total benefits dollars available	\$1,000	\$1,150	\$1,150	\$1,050
Total claims paid*	\$400 (less than \$500)	\$800 (more than \$500)	\$1,100** (more than \$500)	\$300 (less than \$500)
Cleaning or oral exam during the prior year	Yes	Yes	Yes	Yes
Carryover amount earned	\$150	\$0	\$0	\$175
Accumulated Carryover Max total available***	\$150	\$150	\$50	\$225

^{*} If you use less than one half of your standard annual maximum, then you are eligible for Carryover Max.

^{**} In year three, the \$1,000 standard annual maximum was exceeded, but the member had enough Carryover Max dollars accumulated (\$150) to cover the additional \$100 cost.

^{***} If you fail to see a dentist at least once during the benefit year for an oral evaluation (exam) or prophylaxis (cleaning) and submit a claim to Delta Dental for that service, your accumulated Carryover Max will revert to zero and you will begin another accumulation process.

Oral Health Enhancement (OHE)

Who is eligible for OHE?

Members with a history of periodontal (gum) surgery or scaling and root planning.

How does the OHE help members?

Allows up to two extra routine dental cleanings and/or periodontal maintenance procedures per benefit period (up to a total of four).

What do you need to do?

Your dentist will need to submit evidence of your history of having periodontal surgery or scaling and root planning.



Integrated Oral Health (IOH)

Who is eligible for the IOH enhancement?

- Members who have been diagnosed qualifying systemic health conditions (i.e., diabetes, heart disease, and pregnancy).
- Members who are or become pregnant; IOH applies during the course of the pregnancy until delivery.

How does IOH help members?

Allows up to two extra routine dental cleanings and/or periodontal maintenance procedures per benefit period (for a total of four).

What do you need to do?

Ask your dentist to complete and sign an Integrated Oral Health Option Qualification form.

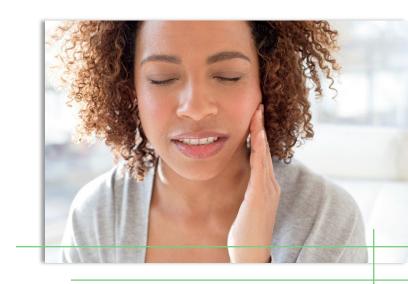


Dental emergency? Use our Virtual Visits service!

Delta Dental Virtual Visits, delivered by TeleDentistry.com, provides 24/7 access to a dentist, 365 days a year, for our members.

You can use Delta Dental Virtual Visits when:

- having a dental emergency while on vacation, during holidays, or away from home
- needing access to a licensed dentist after hours or if your dentist is unavailable
- having a dental emergency and you do not have an established dentist





Call: (866) 443-1882



Visit: <u>DeltaDentalNJ.com/VirtualVisits</u>



Always try to access your regular dentist before using this service.



Special Health Care Needs benefit*

Who qualifies for this benefit?

Covered members (children and adults) with a qualifying special health care need.

How does this help Special Health Care needs patients?

- Additional dental examinations and/or consultations.
- Up to four total dental cleanings in a benefit year.
- Coverage for anesthesia and nitrous oxide.

What do you need to do?

- Please share the <u>Special Health Care Needs flyer</u> with your dentist to help them better understand the benefit and how to bill for services provided.
- Call Delta Dental Customer Service at 800-452-9310.

For the 6.5 million people of all ages in the U.S. with intellectual or developmental disabilities, oral health care can be inaccessible or overwhelming.

Delta Dental is changing that.



^{*}Does not apply to Flagship, DeltaCare® USA, or Individual and Family Plans.

Hearing Savings Program

Who qualifies for this enhancement?

All members are can take advantage of the Hearing Savings Program.

How does the Hearing Savings Program help members?

Provides access to virtual screenings and in-person evaluations on hearing, as well as savings on hearing aids and services at no cost to members.

Where can I find more information?

*from the National Institute on Deafness and Other Communication Disorders, March 2022

DeltaDentalNJ.com/Hearing





40 million* Americans experience hearing loss.

We teamed up with Amplifon Hearing Health Care, so you can have access to quality hearing care.







ID cards

Delta Dental of NJ - ID card



A welcome letter including two copies of your ID card will be mailed to your home address prior to your coverage effective date.

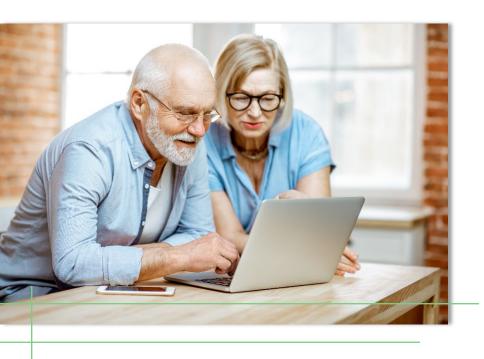
As of your effective date, you may download your ID card from our mobile-friendly website by registering at www.DeltaDentalNJ.com/SHU in our MySmile portal.

From our Delta Dental mobile app, you can also email this card or even save it to your Apple Wallet.

Click **here** for a sample welcome letter.



DeltaCare USA® DMO - ID card



Your ID cards will arrive in the mail with your Welcome letter.

If you have been already assigned to a DeltaCare USA Primary care dentist, the dentist's office will appear on the Welcome letter.

Your ID cards are also available online at www.DeltaDentalIns.com/DeltaCare or in the Delta Dental Mobile App.



Member experience

Access your benefits online

Delta Dental of NJ PPO Plus Premier Plan website

Your MySmile® account has it all

Easy-to-use dashboard to navigate your benefits:

- View your coverage details
- Check your dental claims
- View and print your ID card
- Review your treatment history
- Find the right dentist for you
- Get accurate estimates and more

Two simple ways to register for and then access MySmile®:



www.DeltaDentalNJ.com/SHU



Delta Dental Mobile App





- Use the same log in for both the website and app.
- The subscriber and any adult dependents on the plan can create their MySmile® account with or without an ID number.

Watch these handy videos:

Navigating the website

Your Explanation of Benefits (EOB)
Explained

Why it pays to stay in network





DeltaCare® USA DMO Plan website



To register or log in, visit **DeltaDentalIns.com/DeltaCare**

You can:

- Look up your benefits and eligibility
- View or print your ID card
- Find, view, or change your DeltaCare® USA primary dentist
- Get to know your plan



Delta Dental Mobile App









Delta Dental contact information

Connect with Delta Dental



Delta Dental of NJ PPO Plus Premier Plans

Group no.: 07742

Customer Service: 800-452-9310

Website: www.DeltaDentalNJ.com/SHU

DeltaCare® USA DMO Plan 14

Group no.: 78998

Customer Service: 800-422-4234

Website: DeltaDentalIns.com/DeltaCare

Delta Dental Mobile App

Same log in as Delta Dental websites.







Oral health information

Educational member resources



- Dental Central
- Oral health library
- Captain Supertooth
- grin! Magazine
- MyDentalScore.com
- Wellness articles





Additional plan information

Learn more about your PPO Plus Premier plan benefits

- Registering for your benefits on MySmile
- No ID Card? No problem!
- How to find a network dentist
- Understanding how dual coverage works
- Delta Dental PPO Plus Premier[™]
- CarryOver[™] Max
- Oral Health Enhancement (OHE)
 - OHE Qualification Form

- Integrated Oral Heath (IOH)
 - IOH Qualification Form
- Using Delta Delta's Virtual Visits
- Our Special Health Care Needs benefit
- No cost Hearing Savings Program
 - DeltaDentalNJ.com/Hearing



DeltaCare USA® DMO dental plan resources

INFORMATIONAL FLYERS



- Making the most of your dental plan
- Maximizing preventive care to maintain your smile
- Managing your plan online
- The facts about your orthodontic benefits
- Orthodontic treatment already in progress? Start here.



Thank you!