

SETON HALL UNIVERSITY

Your 2026 Delta Dental Plans



Contents

- Your dental plan choices & networks
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(PPO Plus Premier Plans):

- CarryOver Max™
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- Special Health Care Needs benefit
- Hearing Savings Program
- Wellness Perks

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- Member experience
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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* 141 #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 - Coinsurance - Lifetime maximum – per patient	(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

This overview contains a general description of your dental care program for your use as a convenient reference. Complete details of your program appear in the group contract between your plan sponsor and Delta Dental of New Jersey, Inc.

PPO Plus Premier Plan summaries

Glossary

Coinurance

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**



Seton Hall University
Group # 07742-00001
Delta Dental PPO Plus Premier™

Preventive & Diagnostic 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, Period Maintenance	100%
Remaining Basic Fillings, Simple Extractions, Endodontics (root canal) Periodontics, Oral Surgery, Repair of Dentures, Periodontics	80%
Crowns & Prosthodontics Crowns, Gold Restorations, Bridgework, Full & Partial Dentures, Implants	50%
Calendar Year Maximum (per patient)	\$1,500
Calendar Year Deductible (waived on Preventive & Diagnostic) Per Person Family Aggregate Deductible	\$50 \$100
Orthodontic Benefits, full comprehensive treatment (child only) Lifetime Maximum (per patient)	50% \$1,000

Carrier's Plan™ from Delta Dental allows you to increase your benefits.

This valuable benefit feature allows you to carry over a portion of your unused standard annual maximum benefit into the next year, and beyond. You can accumulate part of your unused benefit dollars from a healthy year and use it for larger, more expensive procedures in the future, such as bridges, crowns, and root canals.

Carrier's Plan™ is easy and automatic.

- To qualify for Carrier's Plan™, you must receive at least one cleaning or one exam each during the plan year. If you don't receive a cleaning or exam, you won't be eligible to carry over any of your benefit dollars to the following year. If you fail to do so, any accumulated carrier's plan will be lost.
- A covered person is eligible for the Carrier's Plan™ benefit if less than half of the standard annual maximum is used in the prior benefit year.
- Carrier's Plan™ allows you to carry over up to 25% of the unused portion of your standard annual maximum up to a maximum of \$500. For example, if your standard annual maximum is \$2,000, and you use \$500, you can carry over \$500 (\$2,000 x 25% = \$500).
- The accumulated amount can never exceed your standard annual maximum.
- Standard annual maximum dollars are used first. Carrier's Plan™ dollars are used after the standard annual maximum is met.

Delta Dental's One Month Enhancement System enables you to receive up to four dental cleaning and/or periodontal maintenance procedures in any combination per benefit period if you have been treated for periodontitis (gum disease) in the past. For the additional dental cleaning and/or periodontal maintenance procedures to be covered, you must have had periodontal surgery or periodontal scaling and planing in the past. Details on how to qualify can be found in your benefit booklet.

In addition, members with defined medical conditions such as Diabetes, Cardiovascular Disease, Pregnancy or are undergoing certain Cancer treatments may qualify for up to two additional cleanings when certified by a physician or dentist.

Covered Persons with special health care needs may be eligible for additional services for exams, hygiene visits, and denture care management, and additional benefits. Special health care needs include any physical, developmental, mental, sensory, behavioral, cognitive, or emotional impairment or limiting condition that requires medical management, healthcare intervention, and/or use of specialized services or programs. The condition may be congenital, developmental, or acquired through disease, trauma, or environmental cause and may impose limitations in performing daily self-maintenance activities or sustainable limitations in a major life activity.

Over \$300 participating dentists offer off-network services with the national Delta Dental system, although you may choose any fully licensed dentist to render necessary services. Participating dentists will be paid directly by Delta Dental to the extent that services are covered by the contract. Non-participating dentists will bill the patient directly, and Delta Dental will make payment directly to the member. Maximum benefits may be derived by utilizing the services of a participating dentist.

Where the eligible patient is treated by a Delta Dental PPO dentist, the fee for the covered individual will not exceed the Delta Dental PPO maximum allowable charge. Where the eligible patient is treated by a Delta Dental Premier™ dentist who does not participate in Delta Dental PPO or is a Participating Specialist, the dentist has agreed not to charge eligible patients more than the dentist's fee for the same or similar services, and Delta Dental will pay such benefits based on the least of the above. The fee schedule, or Delta Dental's established maximum payable allowance for the procedure(s). Claims for services provided by dentists who are neither Delta Dental Premier, Delta Dental PPO dentists, or Participating Specialists are paid based on the least of the dentist's actual charge or the prevailing fee.

Visit your own dentist. If you do not have a dentist, visit www.deltadentalnj.com for a directory of participating dentists.

During your FIRST appointment, tell your dentist that you are covered under this program. Give him/her your Group's name, its Delta Dental Group Number and your Member ID number.

If you have any questions regarding your benefits, you may contact our Customer Service Department Monday through Thursday, 8:00 a.m. to 8:00 p.m. EST and Friday, 8:00 a.m. to 5:00 p.m. EST, at 1-800-422-9332.

This overview contains a general description of your benefit coverage for your plan as a convenient reference. Complete details of your program appear in the group contract between your plan sponsor and Delta Dental of New Jersey, Inc., which governs the benefits and conditions of your program. The group contract would contain the actual benefit descriptions and other information. © 2018



Seton Hall University
Group # 07742-00002
Delta Dental PPO Plus Premier™

Preventive & Diagnostic 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, Period Maintenance	100%
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Base Plan

Buy-Up Plan



This overview contains a general description of your dental care program for your use as a convenient reference. Complete details of your program appear in the group contract between your plan sponsor and Delta Dental of New Jersey, Inc.



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 maximums³ for covered services
- 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 online

LEGAL NOTICES: Access federal and state legal notices related to your plan: deltadentalins.com/about/legal/index-enrollee.html

DeltaCare USA is underwritten in these states by these entities: AL — Alpha Dental of Alabama, Inc.; AZ — Alpha Dental of Arizona, Inc.; CA — Delta Dental of California; CO, CT, IL, IN, ME, MI, MN, NC, ND, NE, NH, NJ, NY, OH, OR, RI, SC, SD, VA, VT, WA, WI, WV — Dentene Insurance Company; AK, CT, DC, DE, FL, GA, HI, LA, MS, MT, TN, WV — Delta Dental Insurance Company; HI, ID, IL, IN, KY, MD, MO, NJ, OH, TX — Alpha Dental Programs, Inc.; NV — Alpha Dental of Nevada, Inc.; UT — Alpha Dental of Utah, Inc.; VT — Alpha Dental of New Mexico, Inc.; WV — Delta Dental of New York, Inc.; WA — Delta Dental of Pennsylvania; Delta Dental Insurance Company acts as the DeltaCare USA administrator in all these states. These companies are financially responsible for their own products. Delta Dental is a registered trademark of Delta Dental Plans Association.

¹ Verify your selected DeltaCare USA primary care dentist before each appointment.

² Plans with an Accidental Injury Rider have a \$1,000 annual maximum for accidental injury. Consult your Evidence/Certificate of Coverage.



deltadentalins.com/enrollees

SCNUST0

Administered by Delta Dental Insurance Company

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DeltaCare USA

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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



Watch this introductory video:

[Welcome to your DeltaCare USA plan](#)



Benefit enhancements

For your PPO Plus Premier Plans

- CarryOver Max™
- Oral Health Enhancement
- Integrated Oral Health
- Virtual Visits
- Special Health Care Needs benefit
- Hearing Savings Program
- Wellness Perks

(Not available with the DeltaCare USA DMO plan)

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: DeltaDentalNJ.com/VirtualVisits

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 [Special Health Care Needs flyer](#) 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?

- 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.



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

Wellness Perks premium brand offerings

Who qualifies for this enhancement?

As a member, you can take advantage of this online premium savings program at no extra cost.

How do Wellness Perks add value?

Helps you save money on recognizable brands for oral health, hearing care, and lifestyle needs

Promotes year-round wellness for you and your family

Where can I find more information?

DeltaDentalNJ.com/Perks



Exclusive discounts on Oral-B electric toothbrushes, replacement brush heads, water flossers, and more



Special pricing on a range of products, including Philips Sonicare, Avent mother-and-baby products, and Norelco shaving and grooming products



A comprehensive savings marketplace with member discounts and deals on everything from flights and groceries to electronics and entertainment



Discounts on curated children's oral health kits



Protect smiles with ADA-accepted, Delta Dental-branded mouthguards



Exclusive savings on toothbrush and mouthguard shields

ID cards

Delta Dental of NJ - ID card



New members will receive a welcome letter, including your ID card in the mail prior to your effective date of coverage.

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.



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

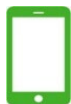
Easy-to-use dashboard to navigate your benefits:

- 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

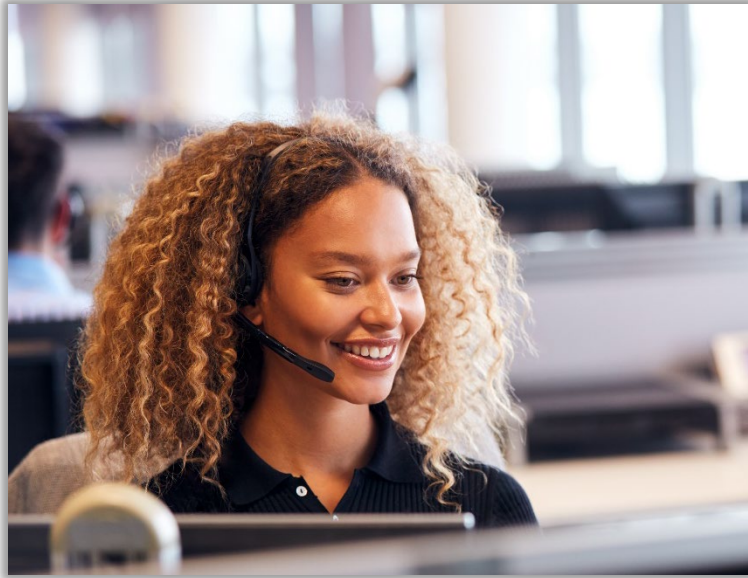


Delta Dental Mobile App



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 14I

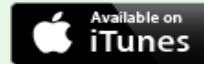
Group no.: 78998

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](#)
- [grin! Magazine](#)
- [MyDentalScore.com](#)
- [Wellness articles](#)



Additional plan information

Learn more about your PPO Plus Premier plan benefits

INFORMATIONAL FLYERS

- [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 Health \(IOH\)](#)
 - [IOH Qualification Form](#)
- [Using Delta Dental's Virtual Visits](#)
- [Our Special Health Care Needs benefit](#)
- [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!