



2017 Plans for Small Businesses

NEW JERSEY

Delta Dental PPOSM

Why choose Delta Dental¹? It's simple, really.

Employees are a small business owner's greatest investment, and it's difficult to balance protecting employee health and managing a budget. That's why we've specially designed a portfolio of dental plans² to help small businesses meet their benefits goals — simply. We deliver valuable dental benefits at affordable rates, we eliminate complicated benefit administration and we cover more than the bare minimum with rich plan designs and optional features.

The Delta Dental Difference[®]

Our Small Business Program offers rate stability.

We work hard to keep rates consistent year after year.

Our rates don't include hidden fees or set-up charges, so clients know what to expect from enrollment to claims processing.

We specialize in dental benefits. Our rates reflect the true cost of the plan — no cost shifting to other lines of coverage.

We design our portfolio of plans to fit any budget.

We offer the power of choice — contribution, network participation, orthodontics and optional features to suit any benefits strategy.

Plan options, such as PPO plus Premier or voluntary coverage, are attractive for employers and employees alike.

Our plans are easy-to-use and designed to fit any budget — employers can offer quality dental benefits at an affordable cost.

We keep it simple — from claims to customer service.

Our industry-leading³ dentist networks make it easy to find network savings.

Our enrollee Online Services offer self-service tools that can answer questions, so small business owners don't have to.

We have dedicated customer service lines, with live representatives to assist enrollees.

We are fast and accurate. Our dental-specific IT platforms process claims with more than 99% accuracy.⁴

For more information, or to get a client quote, contact Small Group Market Director, Carin Hep. Go ahead — crunch some numbers!

¹Delta Dental of New Jersey, Inc. and its affiliated companies

²In New Jersey Delta Dental PPO is underwritten by Delta Dental of New Jersey

³NetMinder Dental Network Trend Report, March 2016

⁴Delta Dental 2015 Annual Report

Smiles: A new return on investment

If employees are a small business owner's greatest investment, protecting their smiles could be good for business, since good dental health could mean less expensive dentist visits and missed time at work.¹ But we don't stop at healthy — we've got small businesses covered with key plan features that also make employees happy, which could help in attracting top talent.

Stand-out features and options²

Delta Dental PPO

Our open network plans combine access with affordability — enrollees can visit any licensed dentist, but usually save the most when visiting a PPO dentist. Plus, most plans also include a choice of attractive options and features, like:

Flexible Plans

We offer small groups options to choose from — like orthodontic coverage and calendar year deductibles and maximums — to help select a benefits package for every objective.

PPO plus Premier

This feature provides additional network cost protections with our Delta Dental Premier® network. Protections include no unbundling of services or billing above the contracted fee; however, enrollees will usually pay less when visiting a PPO dentist.

¹ Morpace, Inc. conducted the Delta Dental Oral Health and Well-Being Survey on behalf of Delta Dental with 1,003 consumers across the United States, 2014.

² Features and options listed may vary by plan. Please contact your general agent or Delta Dental sales representative for complete information.

Delta Dental PPO Benefit Designs¹

Open network plans combine savings with access to dentists where enrollees need them.

Employer-Paid Plans (Employer contribution of 50% or more)

Group Size	2-9 Enrolled Employees		10-49 Enrolled Employees							
	Plan	PPO 3	PPO 1	PPO 2	PPO 3	PPO 4	PPO A		PPO B	
Coinsurance for	PPO and non-PPO	PPO and non-PPO	PPO and non-PPO	PPO and non-PPO	PPO and non-PPO	PPO and non-PPO	PPO	Non-PPO	PPO	Non-PPO
Diagnostic and Preventive (D&P) Services	100%	100%	100%	100%	100%	100%	100%	80%	100%	80%
Basic Services	80%	50%	80%	80%	80%	80%	80%	60%	80%	60%
Major Services ²	50%	Not covered	Not covered	50%	50%	50%	50%	50%	50%	50%
Endodontics and Periodontics	80%	Not covered	80%	80%	80%	80%	80%	60%	80%	60%
Oral Surgery	80%	Not covered	80%	80%	80%	80%	80%	60%	80%	60%
Orthodontics ² (Children to age 19)	Not covered	Not covered	Not covered	Not covered	50%	Not covered		50%		
Orthodontic Lifetime Maximum	Not applicable	Not applicable	Not applicable	Not applicable	\$1,000	Not applicable		\$1,000		
Calendar Year Deductible (per patient/per family)	\$50/ \$150	\$25/ \$75	\$50/ \$150	\$50/ \$150	\$50/ \$150	\$50/ \$150	\$50/ \$150	\$75/ \$225	\$50/ \$150	\$75/ \$225
Deductible Waived for D&P?	Yes	Yes	Yes	Yes	Yes	Yes		Yes		
Calendar Year Maximum (per enrollee)	\$1,500	\$1,000	\$1,500	\$1,500	\$1,500	\$1,500	\$1,000	\$1,500	\$1,000	
Fee Basis	PPO ³	PPO ³	PPO ³	PPO ³	PPO ³	PPO ³		PPO ³		
Rate Tier	3 tier	3 tier	3 tier	3 tier	3 tier	3 tier		3 tier		

¹ This benefit information is only a summary and not intended or designed to replace or serve as the plan contract. Please contact your general agent or Delta Dental sales representative for complete information.

² For groups under 25 employees there is a six-month waiting period for all major and orthodontic services, if covered. The waiting period may be waived for groups with proof of prior comprehensive group dental coverage with no break in coverage.

³ Reimbursement for all dentists is based on the PPO contracted fee.

Delta Dental PPO Benefit Designs¹

Open network plans combine savings with access to dentists where enrollees need them.

Employer-Paid Plans (Employer contribution of 50% or more)

Group Size	2-9 Enrolled Employees	10-49 Enrolled Employees							
	Plan	PPO plus Premier 3	PPO plus Premier 1	PPO plus Premier 2	PPO plus Premier 3	PPO plus Premier 4	PPO plus Premier A		PPO plus Premier B
Coinsurance for	PPO and non-PPO	PPO and non-PPO	PPO and non-PPO	PPO and non-PPO	PPO and non-PPO	PPO	Non-PPO	PPO	Non-PPO
Diagnostic and Preventive (D&P) Services	100%	100%	100%	100%	100%	100%	80%	100%	80%
Basic Services	80%	50%	80%	80%	80%	80%	60%	80%	60%
Major Services ²	50%	Not covered	Not covered	50%	50%	50%	50%	50%	50%
Endodontics and Periodontics	80%	Not covered	80%	80%	80%	80%	60%	80%	60%
Oral Surgery	80%	Not covered	80%	80%	80%	80%	60%	80%	60%
Orthodontics ² (Children to age 19)	Not covered	Not covered	Not covered	Not covered	50%	Not covered		50%	
Orthodontic Lifetime Maximum	Not applicable	Not applicable	Not applicable	Not applicable	\$1,000	Not applicable		\$1,000	
Calendar Year Deductible (per patient/per family)	\$50/\$150	\$25/\$75	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150	\$75/\$225	\$50/\$150	\$75/\$225
Deductible Waived for D & P?	Yes	Yes	Yes	Yes	Yes	Yes		Yes	
Calendar Year Maximum ³ (per enrollee)									
<i>PPO dentist</i>	\$1,500	\$1,500	\$2,000	\$2,000	\$2,000	\$1,500		\$1,500	
<i>Non-PPO dentist</i>	\$1,000	\$1,000	\$1,500	\$1,500	\$1,500	\$1,000		\$1,000	
Fee Basis	PPO plus Premier ⁴	PPO plus Premier ⁴	PPO plus Premier ⁴	PPO plus Premier ⁴	PPO plus Premier ⁴	PPO plus Premier ⁴		PPO plus Premier ⁴	
Rate Tier	3 tier	3 tier	3 tier	3 tier	3 tier	3 tier		3 tier	

¹ This benefit information is only a summary and not intended or designed to replace or serve as the plan contract. Please contact your general agent or Delta Dental sales representative for complete information.

² For groups under 25 employees there is a six-month waiting period for all major and orthodontic services, if covered. The waiting period may be waived for groups with proof of prior comprehensive group dental coverage with no break in coverage.

³ Calendar year maximum is a single combined maximum amount; in- and out-of-network services do not accrue separately. The calendar year maximum will be higher for enrollees who visit an in-network provider.

⁴ Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and the plan contract allowance for non-Delta Dental dentists.

Delta Dental PPO Benefit Designs¹

Open network plans combine savings with access to dentists where enrollees need them.

Voluntary Plans (Employer contribution of 0–49%)

Group Size	2–9 Enrolled Employees		10–49 Enrolled Employees			
	Plan	PPO V2	PPO V1	PPO V2	PPO plus Premier V1	PPO plus Premier V2
Coinsurance for	PPO and non-PPO	PPO and non-PPO	PPO and non-PPO	PPO and non-PPO	PPO and non-PPO	PPO and non-PPO
Diagnostic and Preventive (D&P) Services	100%	100%	100%	100%	100%	100%
Basic Services	80%	80%	80%	80%	80%	80%
Major Services ²	50%	Not covered	50%	Not covered	50%	50%
Endodontics and Periodontics ³	80%	80%	80%	80%	80%	80%
Oral Surgery ³	80%	80%	80%	80%	80%	80%
Orthodontics	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
Calendar Year Deductible (per patient/per family)	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150
Deductible Waived for D&P?	Yes	Yes	Yes	Yes	Yes	Yes
Calendar Year Maximum ⁴ (per enrollee)						
<i>PPO dentist</i>	\$1,000	\$1,000	\$1,000	\$1,500	\$1,500	
<i>Non-PPO dentist</i>	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	
Fee Basis	PPO ⁵	PPO ⁵	PPO ⁵	PPO plus Premier ⁶	PPO plus Premier ⁶	
Rate Tiers	3 tier	3 tier	3 tier	3 tier	3 tier	

¹ This benefit information is only a summary and not intended or designed to replace or serve as the plan contract. Please contact your general agent or Delta Dental sales representative for complete information.

² There is a 12-month waiting period for all major services, if covered. The waiting period may be waived for groups with proof of prior comprehensive group dental coverage with no break in coverage.

³ There is a six-month waiting period for all oral surgery, endodontics and periodontics services. The waiting period may be waived for groups with proof of prior comprehensive group dental coverage with no break in coverage.

⁴ Calendar year maximum is a single combined dollar amount; in- and out-of-network services will not accrue separately. The calendar year maximum will be higher for enrollees who visit an in-network provider.

⁵ Reimbursement for all dentists is based on the PPO contracted fee.

⁶ Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and the plan contract allowance for non-Delta Dental dentists.

Delta Dental PPO

Limitations & Exclusions

Limitations

1. Exams and cleanings¹ are limited to twice each calendar year.
2. Bitewing x-rays are limited to twice each calendar year.
3. Full mouth x-rays are limited to once every three years.
4. Topical fluoride is limited to twice each calendar year for children under age 19.
5. Space maintainers are limited to the initial appliance for children to age 14.
6. Sealants will be replaced only after two years have elapsed following any prior provision. Age limitations may vary.
7. Periodontal scaling and root planing in the same quadrant are limited to once every two years.
8. Crowns, inlays/onlays and prosthodontic appliances (bridges, dentures and implants) are limited to every five years.
9. The orthodontic maximum amount is a lifetime maximum. Benefits are not paid to repair or replace any orthodontic appliance received under a Delta Dental plan.
10. Delta Dental will base payment for optional services on the contract allowance for the covered procedure. Optional services are those elected by the enrollee in lieu of lower-cost conventional services, such as composite instead of amalgam.

Exclusions

1. Treatment of injuries or illness covered by workers' compensation.
2. Cosmetic surgery or procedures for purely cosmetic reasons.
3. Maxillofacial prosthetics.
4. Provisional and/or temporary restorations.
5. Services for congenital (hereditary) or developmental (following birth) malformations.
6. Treatments or devices that increase the vertical dimension of an occlusion, restore an occlusion to normal, replace tooth structure lost by abrasion or erosion, or otherwise.
7. Services provided, supplies furnished or devices started prior to a patient's effective eligibility date.
8. Prescription drugs, pre-medication and relative analgesias.
9. Charges for anesthesia, other than general anesthesia or IV sedation, administered by a provider in connection with covered oral surgery or selected endodontic and periodontal surgery.
10. Experimental procedures.
11. Extraoral grafts.
12. Lab-processed crowns for children under age 12.
13. Fixed bridges and removable partials for children under age 16.
14. Indirectly fabricated resin-based inlays/onlays.
15. Services for any disturbance of the Temporomandibular (jaw) Joints (TMJ) or associated musculature, nerves and tissue except as provided under the TMJ benefit section, if applicable.
16. Missed and/or canceled appointments.

Please see the client contract and explanation of coverage for a complete list of limitations and exclusions.

¹ Pregnant enrollees may receive an additional exam and either: one additional cleaning; or periodontal scaling or root planing per quadrant in the calendar year they are pregnant.

Delta Dental Small Business Program

Underwriting Guidelines

Group Size

2–49 eligible employees

Eligible Industries

See Eligible Industries page for a complete list of eligible/ineligible industries.

Eligible Employees

Full-time, permanent employees. Contract employees (category 1099) are not eligible. Employer must submit documentation to verify employer/employee relationship. A group of two cannot be comprised of a dependent relationship (e.g., husband and wife).

Eligible Dependents

Spouse (or domestic partner, if offered by group) and dependent children up to age 26. Orthodontic treatment, if applicable, covers dependent children to age 19. Dependents in military service are not eligible.

Eligible Retirees

Retiree coverage is available with an active employee plan if there is no break in coverage and employee contribution is identical for both plans. Coverage must be available to all retirees.

Participation Requirements (unless covered elsewhere)

All plans — If employer contributes 100% of the cost, all eligible employees must enroll. If employer contributes 100% of the cost for dependents, all eligible dependents must enroll.

If employer contributes:

0–49% (Voluntary) — At least 50% of all eligible employees or two primary enrollees, whichever is greater, must enroll.

50–99% (Employer-Paid) — At least 75% of eligible employees or ten primary enrollees (two primary enrollees for groups with 2–9 employees), whichever is greater, must enroll. At least 50% of employees with dependents must enroll their dependents.

Out-of-State Enrollees

Eligible employees residing out-of-state may receive care from any licensed dentist, regardless of location.

Employer Contribution (used to determine participation requirements)

Employee contribution must be paid through pre-tax payroll deductions.

Employer-Paid

Employer contributes at least 50% of the cost of the plan.

Voluntary

Employer contributes less than 50% of the cost of the plan (employee may contribute up to 100% toward the cost of the plan).

Underwriting Guidelines (continued)

Waiving Coverage

Employees who contribute toward the cost of the premium for themselves and/or their dependents and employees/dependents with coverage elsewhere can waive coverage.

Open Enrollment

Employees who contribute towards the cost of coverage for themselves and/or their dependents, using pretax dollars, may enroll, terminate or change all dependents status.

Termination

Dental coverage will end on the last day of the month when the primary enrollee is no longer eligible. Dependent coverage ends when a dependent is no longer eligible, or when the primary enrollee's coverage ends.

Changing Benefits

Groups can only change benefits at the policy anniversary (renewal).

Waiting Period

The below waiting periods may be waived if the group can provide proof of prior comprehensive group dental coverage with no break in coverage and a copy of the most recent invoice or statement from the previous carrier.

Employer-Paid Plans

Groups with 2-24 primary enrollees: Subject to a six-month waiting period for major and orthodontic services, if covered.

Groups with 25-49: No waiting period

Voluntary Plans

There is a six-month waiting period for all oral surgery, endodontics and periodontics services.

There is a 12-month waiting period for all major services, if covered.

Delta Dental PPO

Eligible Industries¹

Level One	SIC Code
Advertising (except Misc. not classified #7319)	7311-7313
Agriculture, Forestry, Fishing (except seasonal employees)	0100-0999
Auto Rental Agencies	7513-7519
Automobile Parking Services	7521
Building Maintenance/Equipment Rental	7349-7359
Collection Agencies & Credit Reporting Services	7322-7323
Communication (Radio, Telephone, TV/Radio Broadcasting)	4800-4899
Community Service Organizations/ Social Services	8300-8499
Computer Programming & Related Services	7371-7379
Construction Contractors	1500-1799
Direct Mailing, Reproductions, Secretarial Services	7331-7338
Disinfecting & Pest Control Services	7342
Electrical Repair (Radio, TV, A/C, Refrigerator)	7622-7629
Finance (Banks, Securities, Credit Agencies)	6000-6299
Funeral Services & Crematories	7261
Furniture Repair/Reupholstery	7641
Government-Funded Groups	8300-8499
Hospitals	8062-8069
Independent Auto Repair & Services	7532-7599
Laundry/Garment Services/Shoe Repair Shops	7211-7219/7251
Manufacturing (except Jewelry Manufacturing)	2000-2699
Manufacturing (Chemicals, Allied and Other Products)	2810-3999
Mining, Oil and Gas Extraction	1000-1499
Misc. Computer Services	7379
Misc. Repair (Welding, etc.)	7692-7699
Museum Art Galleries & Gardens	8412, 8422
News Syndicates	7384, 7383
Photofinishing Labs	7384
Printing & Publishing	2700-2799
Retail	5200-5510, 5610-5699, 5712-5736, 5912-5999
Transportation	4000-4799
Security Systems, Detectives, Armored Cars	7381-7382
Utilities	4900-4999
Wholesale Trade	5000-5199

Level Two	SIC Code
Advertising, Misc. not classified	7319
Amusement, Recreation & Entertainment	7800-7999
Auto Dealerships	5511-5599
Churches (Management and Administrative staff only)	8661
Engineering & Management Services	8711-8748
Hotels	7000-7099
Insurance Carriers/Brokers	6300-6499
Jewelry Manufacturing	3911-3915
Legal	8100-8199

Delta Dental PPO (continued)

Eligible Industries¹

Management Carve-out (regardless of industry)	9999
Medical Groups	8000-8059 & 8082-8099
Photographic Studios	7221
Private Schools (Elementary & High School)	8200-8299
Real Estate	6500-6799
Restaurants	5800-5899
Tax Return Preparation Services/Misc. Personal Services	7291-7299
Watch, Clock & Jewelry Repair	7631

Ineligible Industries

SIC Code

Associations and Trusts ² (except #8661)	8600-8699
Beauty & Barber Shops	7231-7241
Dentist offices, Dental Labs and Medical Labs	8021, 8071, 8072
Employment Agencies	7361-7363
High Turnover ³	Varies
International Affairs	9721
Misc. Business Services	7389
Misc. Services not elsewhere classified	8999
Private Households	8811
Public Schools (Elementary & High School)	8200-8299
Public Administration (Cities, Counties, Police, etc.)	9000-9720, 9722-9998
Religious Organizations (except Churches #8661)	No SIC
Seasonal Employees (Christmas/Part-time help)	No SIC
Seasonal Employees (Agriculture)	0761-0783

Voluntary PPO Eligible Industries

All

¹ SIC rate level cannot change for renewing business.

² Management and the Administrative staff of Associations and Trusts are eligible under Level two. Use SIC Code 9999.

³ A business has high turnover if 20% or more of the average number of its employees during the past 12 months were newly hired for reasons other than the growth of the business.



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