

# Delta Dental of New Jersey, Inc.

## Enhanced Premier Plan

Delta Dental PPO<sup>SM</sup> plus Premier<sup>®</sup>/Advantage Program

BuyUp Pan for 03238	Delta Dental PPO Plus Premier <sup>™</sup> /Advantage Program			
	In-Network			Out-of-Network
	If a Delta Dental PPO <sup>™</sup> Dentist is Used	If a Delta Dental Premier <sup>®</sup> Dentist is Used	If a Advantage Program Dentist is Used	If a Non- Participating Dentist is Used
<b>Preventive &amp; Diagnostic</b> Exams; Cleanings; Bitewing X-Rays; Fluoride Treatments (Frequency limitations apply); Full Mouth X-Rays; Space Maintainers	100%	100%	100%	100%
<b>Basic</b> Fillings; Periodontics; Root Canals (Endodontics); Simple Extractions; Oral Surgery; Sealants	80%	80%	80%	80%
<b>Major</b> Bridgework; Crowns & Gold Restorations; Full & Partial Dentures; Repair of Dentures	50%	50%	50%	50%
<b>Annual Maximum (per person)</b>	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000
<b>Annual Deductible</b> Per Person Family Maximum Waived for	\$50 \$150 Preventive & Diagnostic	\$50 \$150 Preventive & Diagnostic;	\$50 \$150 Preventive & Diagnostic	\$50 \$150 Preventive & Diagnostic
<b>Orthodontics</b> Adult & Child Lifetime Maximum	50% \$ 2,500	50% \$ 2,500	50% \$ 2,500	50% \$ 2,500