

2017 Dental Benefits Comparison Chart

Same Great Plans for 2017!

Plan Provisions	Delta Dental Premier	Delta Dental PPO (Preferred)	Healthplex
Your Annual Deductible • For basic and major care only <i>waived for Diagnostic & Preventive Services</i>	\$50/person \$150/family	\$50/person \$150/family	None None
Maximum Benefit Payable • Basic Services • Major Services	\$1,500 per person/year	\$1,500 per person/year	None
Diagnostic and Preventive Care • Checkups per tooth • Cleanings • X-rays	100%	100%	100%
Basic Services (after deductible) • Root canals • Amalgam fillings • Extractions • Periodontal care	70%	80%	100% (most services)
Major Services • Crowns • Bridges • Dentures	50%	60%	For specific fee information, contact Healthplex at 1-800-982-5529
Orthodontic Care (includes adults)	50%*	50%*	
Prosthodontics (after deductible)	50%	60%	
Provider Information	• Must use Delta Dental network dentist Go to www.deltadentalnj.com for the most current list of participating providers.	• Must use Delta Dental network dentist Go to www.deltadentalnj.com for the most current list of participating providers.	• Must use Healthplex network providers • Small network of selected family dentists and dental facilities • You select one primary dental provider who will provide or coordinate all of your dental care within the network. Go to www.healthplex.com for the most current list of participating providers.

*Orthodontic Care is covered to a maximum benefit amount of \$2,000. This coverage is only available to dependent children up to and including the age of 19. However, if treatment is ongoing and begins while the participant is within the age limit, the benefit will be extended until completion of the treatment.

Should there be conflict in benefit provisions, the plan document will prevail.