COMPREHENSIVE DENTAL & VISION

	COMPREHENSIVE 1500 DENTAL	
DENTAL BENEFITS	In-Network	Out-of-Network
Preventive & Diagnostic Exams; Cleanings; Bitewing X-Rays; Full Mouth X-Rays; Fluoride Treatments (Frequency limitations apply); Space Maintainers	100%	80%
Basic Fillings; Simple Extractions; Oral Surgery; Periodontics; Root Canals (Endodontics); Sealants	80%	50%
Major Crowns & Gold Restorations; Bridgework; Full & Partial Dentures; Repair of Dentures; Implants	50%	50%
Annual Maximum (per person)	$1,500	$1,500
Annual Deductible Per Person Family Maximum	 $50 $150	 $100 $300
Waived For		
VISION BENEFITS		
VSP VISION	See Benefit Summary Page	

DENTAL PROVIDER LOOKUP

Visit: https://www.deltadental.com/us/en/member/find-a-dentist.html
Specialty: Choose one or Choose Any | Your Plan: Delta Dental PPO
Search by Current Location: No, Enter Zip Code | Find Dentists

DELTA DENTAL®

DENTAL PLAN NOTES

Carryover Max℠ 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 limit 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.

HOW DOES DENTAL INSURANCE WORK?
https://www.deltadentalnj.com/our-plans/dental-benefits-explained

The benefits outlined above are a summary of the quoted plan design. Full details on the plan of benefits and applicable policy provi-sions, including limitations and exclusions, are provided in the group contract.

PREVENTIVE DENTAL & VISION

	PREVENTIVE DENTAL	
DENTAL BENEFITS	In-Network	Out-of-Network
Preventive & Diagnostic Exams; Cleanings; Bitewing X-Rays; Full Mouth X-Rays; Fluoride Treatments (Frequency limitations apply); Space Maintainers	100%	100%
Basic Fillings; Simple Extractions; Oral Surgery; Periodontics; Root Canals (Endodontics); Sealants	-	-
Major Crowns & Gold Restorations; Bridgework; Full & Partial Dentures; Repair of Dentures; Implants	-	-
Annual Maximum (per person)	$1,000	$1,000
Annual Deductible Per Person Family Maximum	 None None	 None None
Waived For	Preventive & Diagnostic	
VISION BENEFITS		
VSP VISION	See Benefit Summary Page	

DENTAL PROVIDER LOOKUP

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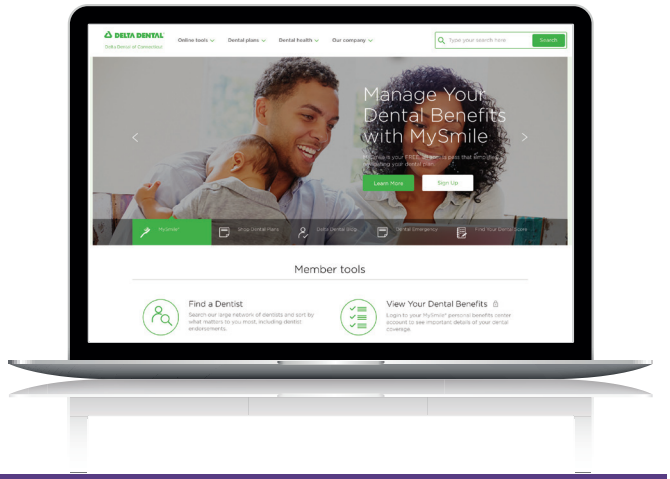
DELTA DENTAL®

Connect with Your Benefits on MySmile®

MySmile offers free, easy-to-use tools that make navigating your Delta Dental benefits a whole lot simpler.



Benefits Information with a Click (or Tap)

Access MySmile from your computer or mobile device to securely:

- View your coverage
- Check your dental claims
- View and print your ID card
- Review your treatment history
- Find a dentist
- Get a cost estimate
- And more

Visit our Website or Download our App

How to Register:

1. Visit DeltaDentalNJ.com; click "Sign In or Register" on the top right corner of the homepage.
2. Click "Register Now" and enter your contact information.
3. Create a username and password when prompted.
4. Read and check the box to "agree to Terms of Use" for our website.
5. Click "Register"; you will be emailed a code within 24 hours to the email address you used when registering.
6. Enter the code when prompted.
7. Once you enter the code, you will be able to access your account using your newly created username and password!

Download on the App Store

GET IT ON Google Play

The subscriber and any adult dependents on the plan can create their account with or without an ID number.

(800) 452-9310 www.deltadentalnj.com

VSP VISION
Benefit Summary

	VSP VISION	
BENEFITS		
Network/Plan	VSP Vision	
Copay (Exams/Materials)	$10/$25	
SERVICE FREQUENCIES		
Eye Exams	Once Every 12 months	
Lenses Benefit	Once Every 12 months	
Contact Lenses	Once Every 12 months	
Frames	Once Every 24 months	
REIMBURSEMENT SCHEDULE		
	In-Network (Copay)	Out-of-Network (Before Copay)
Eye Exams	$10	$50 max
Lenses Benefit		
Single Vision	$25	$48 max
Bifocal	$25	$67 max
Trifocal	$25	$86 max
Lenticular	$25	$126 max
Contact Lenses Benefit		
Medically Necessary	Covered (Copay Waived)	$210 max
Elective Materials	$150 max + 15% off	$105 max
Frames Benefit	$150 retail max + 20% off	$48 max

VISION PROVIDER LOOKUP

Visit: https://www.vsp.com/eye-doctor
Search by Location, Office Name, or Doctor Name