



Delta Dental of New Jersey, Inc.
Rate Proposal for: Mount Laurel Township BOE (Group No. 07654)

PPO Fixed Copay 6

Delta Dental PPO

Diagnostic Code	Copayment Amount
D0120 Periodic oral evaluation - established patient	\$0
D0210 Intraoral - complete series of radiographic images	\$0
D1110 Prophylaxis cleaning - adult	\$0
D1120 Prophylaxis cleaning - child	\$0
D1351 Sealant - per tooth	\$20
D2140 Amalgam - one surface, primary or permanent	\$0
D2330 Resin-based composite - one surface, anterior	\$0
D2391 Resin-based composite - one surface, posterior	\$20
D2740 Crown - porcelain/ceramic substrate	\$290
D2791 Crown - full cast predominantly base metal	\$290
D2952 Post and core in addition to crown	\$175
D3310 Root canal - endodontic therapy, anterior tooth	\$0
D3330 Root canal - endodontic therapy, molar	\$0
D4260 Osseous surgery	\$0
D4341 Periodontal scaling and root planing	\$0
D4910 Periodontal maintenance	\$0
D5110 Complete denture - maxillary	\$300
D5213 Maxillary partial denture	\$340
D7140 Extraction, erupted tooth or exposed root	\$0
D7240 Removal of impacted tooth - completely bony	\$0
Orthodontics (Adult & Child)	\$2,200

The Delta Dental PPO – Fixed Copay program, or Fixed Copay PPO, combines the predictable copays of the Flagship Dental Health Maintenance Organization (DHMO) program with greater access to dentists through our Preferred Provider Organization (PPO) network.

With the Delta Dental PPO program, members utilizing Delta Dental PPO dentists will enjoy discounted dental fees (discount may vary) in addition to protection from balance billing for charges above the dentist's maximum allowable charges. Members utilizing non-PPO dentists (covered for emergency services only) may be subject to balance billing.

Dependent children are covered to age 23.

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