



PPO PLUS PREMIER PLAN

	IN-NETWORK	OUT-OF-NETWORK
Annual Plan Deductible	\$50 individual / \$150 family	\$50 * individual / \$150 * family
Preventive and Diagnostic Services Exams, Cleanings, X-rays, Fluoride Treatment, Space Maintainers, Sealants	Plan pays 100% no deductible	Plan pays 100% * no deductible
Basic Services Fillings, Extractions, Oral Surgery, Root Canals, Repair of Dentures or Bridges, Periodontics	Plan pays 70% after deductible	Plan pays 70% * after deductible
Major Services, Prosthodontics & Crowns Crowns, Onlays and Inlays, Full & Partial Dentures, Implants	Plan pays 50% after deductible	Plan pays 50% * after deductible
Calendar Year Maximum (maximum annual benefit per enrolled member)	\$1,500	\$1,500 *
Orthodontia Benefits Coverage for dependent children up to age 19 only	Plan pays 50% up to a \$1,500 ** lifetime maximum benefit	Plan pays 50% * up to a \$1,500 ** lifetime maximum benefit

^{*} Non-participating dentists may balance bill above the maximum allowable charge. Members are responsible for balance bill.

DENTAL BI-MONTHLY CONTRIBUTIONS

NO INCREASE IN PAYROLL DEDUCTIONS FOR 2025		
Employee	\$14.50	
Employee & Children	\$22.56	
Employee & Spouse	\$24.17	
Family	\$34.55	

Service limitations/frequencies may apply.
Additional plan details can be found by
visiting Conner Strong & Buckelew's
BenePortal at www.csbbeneportal.com.

ADDITIONAL PLAN FEATURES

Carryover Max Benefit

The Delta Dental Carryover Max benefit allows members to carry over part of their unused standard annual maximum in one year to increase benefits for the following year and beyond.

Special Needs Benefit

Members with a qualifying special healthcare need are eligible to receive up to four dental cleanings, additional examinations and/or consultations, and treatment delivery modifications. Learn more by visiting the Conner Strong BenePortal.

Oral Health Enhancement Option

Eligible members who have been previously treated for periodontal (gum) disease will receive up to four dental cleanings and/or periodontal maintenance procedures per benefit period. If you had periodontal surgery or scaling and root planing in the past while covered by Delta Dental of New Jersey, you are automatically covered. You may have to submit additional information if the procedure was more than 2 years ago.

^{** \$1,500} lifetime maximum for orthodontia benefits applies to new cases beginning January 1, 2017. If treatment began prior to January 1, 2017 the lifetime maximum is \$1,000.