



**DELTA DENTAL OF NEW JERSEY, INC.
ESSEX REGIONAL EDUCATIONAL SERVICES COMMISSION
Group # 07477**

| Plan Design | Delta Dental Premier® Program 00001 | Delta Dental PPO™ Program 06001 | DeltaCare® Plan NJ7 |
|--|--|--|--------------------------------|
| Preventive & Diagnostic | 100% | 100% | \$0.00 - \$35.00 |
| Basic | 75% | 100% | \$0.00 - \$285.00 |
| Crowns | 50% | 60% | \$200.00 - \$290.00 |
| Prosthodontics | 50% | 60% | \$50.00 - \$340.00 |
| Orthodontics | N/A | N/A | N/A |
| Annual Maximum | \$1,000.00 | \$1,000.00 | None |
| Lifetime Ortho Maximum | Not Covered | Not Covered | Not Covered |
| Deductible (waived on P&D***) | \$25/\$75 | \$25/\$75 | None |

Visit your own dentist. If you do not have a dentist, there is a directory available with your plan administrator listing participating dentists. You may call 1-800-DELTA-OK and a list of participating dentists located in your area will be mailed directly to your home or you may access our Website at www.deltadentalnj.com.

During your FIRST appointment, tell your dentist that you are covered under this program. Give him/her your Group's name, its Delta Dental Group Number and your Member ID number.

If you have any questions regarding your dental benefits, you may contact our Customer Service Department Monday through Thursday, 8:00 a.m. to 6:30 p.m. EST and Friday, 8:00 a.m. to 5:00 p.m. EST, at 1-800-452-9310.

This comparison contains a general description of your dental care program for your use as a convenient reference. Complete details of your program appear in the group contract between your plan sponsor and Delta Dental of New Jersey, Inc. which governs the benefits and operation of your program. The group contract would control if there should be any inconsistency or difference between its provisions and the information in this comparison.