

Delta Dental of New Jersey, Inc.

**Proposed Administrative Services Program and Monthly Rates
For
UFCW National Health & Welfare Fund # 03747**

Delta Dental PPOSM Program

**Superior Linen Service
Plan**

	If a Delta Dental PPOSM Dentist is Used:	If a non-participating Dentist is Used:
Calendar Year Deductible		
Per Person	\$50	\$50
Family Aggregate Maximum	\$150	\$150
Preventive & Diagnostic (No deductible)		
Exams, Cleanings, Bitewing x-rays	100%	80%
Fluoride Treatment, Space Maintainers, Sealants	100%	80%
Remaining Basic (After deductible)		
Fillings, Extractions, Oral Surgery	80%	70%
Periodontics, Endodontics	80%	70%
Crowns & Prosthodontics (After deductible)		
Crowns & Gold Restorations, Implants	50%	40%
Bridgework, Full & Partial Dentures	50%	40%
Calendar Year Maximum (per person)	\$1,500	\$1,500
Orthodontics (Dependent Children Only)		
Coinsurance	N/A	N/A
Lifetime Maximum	N/A	N/A

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.

Dependent children are covered to age 26.

Members utilizing Delta Dental PPOSM dentists will enjoy discounted dental fees in addition to protection from balance billing for charges above the dentist's maximum allowable charges.

Members utilizing non-participating dentists will have the same benefits but may be subject to balance billing.

**Provided By: Kim White, Senior Account Executive
973-285-4093, KWhite@DeltaDentalNJ.com**

Date: March 26, 2018

Prepared by Matthew Rohde, CLU[®], RHU[®]

Delta Dental of New Jersey, Inc.

**Proposed Administrative Services Program and Monthly Rates
For
UFCW National Health & Welfare Fund # 03747**

Delta Dental PPO[®] plus Premier[®] Program

**Superior Linen Service
Plan**

	If a Delta Dental PPO[®] Dentist is Used:	If a Delta Dental Premier[®] or non-participating Dentist is Used:
Calendar Year Deductible		
Per Person	\$50	\$50
Family Aggregate Maximum	\$150	\$150
Preventive & Diagnostic (No deductible)		
Exams, Cleanings, Bitewing x-rays	100%	80%
Fluoride Treatment, Space Maintainers, Sealants	100%	80%
Remaining Basic (After deductible)		
Fillings, Extractions, Oral Surgery	80%	70%
Periodontics, Endodontics	80%	70%
Crowns & Prosthodontics (After deductible)		
Crowns & Gold Restorations, Implants	50%	40%
Bridgework, Full & Partial Dentures	50%	40%
Calendar Year Maximum (per person)	\$1,500	\$1,500
Orthodontics (Dependent Children Only)		
Coinsurance	N/A	N/A
Lifetime Maximum	N/A	N/A

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.

Dependent children are covered to age 26.

Members utilizing Delta Dental PPO[®] or Delta Dental Premier[®] dentists will enjoy discounted dental fees in addition to protection from balance billing for charges above the dentist's maximum allowable charges.

Members utilizing non-participating dentists will have the same benefits but may be subject to balance billing.

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