

## 2025 Dental Plan Summary Becton Dickinson & Company Group # 03780

**OPTION NAME:** Delta Dental  
**Type of Plan:** Dental

**Internet Address:** [www.deltadentalnj.com](http://www.deltadentalnj.com)  
**Member Services:** 1-888-696-2820

	Basic PPO™	PPO Plus Premier™
<b>Preventive &amp; Diagnostic Services</b>	100%	100%
* Exams, Cleanings (each twice in a calendar year; an additional cleaning is available for pregnant members)		
* Bitewing x-rays (Twice per calendar year for persons 19 and younger, once per calendar year for persons age 19 and over)		
* Complete series of radiographic images (once per five years)		
* Fluoride Treatment (twice in a calendar year, children to age 19)		
* Sealants (once per 3 years, permanent molars & bicuspids, children to age 19)		
* Space Maintainers (1 per arch, per lifetime, to age 14)		
* Periodontal Maintenance (2 per calendar year - with history of periodontal disease)		
<b>Remaining Basic Services</b>	70%	80%
* Simple Restorations (including composite restorations on back teeth)		
* Endodontics (root canal)		
* General Periodontics		
* Oral Surgery		
* Simple Extractions		
<b>Major Services and Prosthodontics</b>	50%	50%
* Crowns, Gold Restorations (over natural teeth – once per tooth per seven years)		
* Implants, Implant Related Services		
* TMJ Therapy, TMJ Appliance		
* Bridgework		
* Full & Partial Dentures		
* Surgical Periodontics		
<b>Calendar Year Maximum</b> (per person) (Preventive & Diagnostic services are excluded from the calendar maximum.)	\$1,000	\$2,000
<b>Calendar Year Deductible</b> (waived on Preventive & Diagnostic)		
* Per Person	\$50	\$0
* Family Aggregate Deductible	\$100	\$0
<b>Orthodontic Benefits</b> , full comprehensive treatment	Not covered	50%
Lifetime Maximum (per patient- Adult & Child, to age 26)	N/A	\$2,000

Delta Dental's *Oral Health Enhancement Option* enables you to receive up to four dental cleanings and/or periodontal maintenance procedures in any combination per benefit period if you have been treated for periodontal (gum) disease in the past. For the additional dental cleaning and/or periodontal maintenance procedures to be covered, you must have had periodontal surgery or periodontal scaling and planing in the past. Details on how to qualify can be found in your benefit booklet.

### Delta Dental PPO™

This program is based upon a network of Delta Dental PPO™ dental offices, although you may choose any fully licensed dentist to render necessary services. Participating dentists will be paid directly by Delta Dental to the extent that services are covered by the contract. Non-participating dentists will bill the patient directly, and Delta Dental will make payment directly to the subscriber. Patients who select a non-Delta Dental PPO™ dentist have benefits paid on a Delta Dental PPO™ schedule of allowances and are responsible for any part of the dentist's fee which exceeds the allowance except that a Delta Dental participating dentist can only charge up to his/her filed fee or Delta Dental's maximum plan allowance, whichever is less. **PPO dentists' rates are usually the best value and provide the lowest out of pocket cost for services.**

### Delta Dental PPO Plus Premier™

Over 300,000 participating dental offices nationwide participate with the national Delta Dental system. Participating dentists will be paid directly by Delta Dental to the extent that services are covered by the contract. Non-participating dentists will bill the patient directly, and Delta Dental will make payment directly to the subscriber. **Maximum benefit may be derived by utilizing the services of a participating dentist. Using a PPO dentist will further maximize your benefits as these dentists are willing to accept a more discounted rate for services.**

Where the eligible patient is treated by a Delta Dental PPO™ Program dentist, the fee for the covered service(s) will not exceed the Delta Dental PPO™ Program's maximum allowable charge(s). Where the eligible patient is treated by a Delta Dental Premier® dentist who does not participate in the Delta Dental PPO™ Program or by a *Participating Specialist*, the dentist has agreed not to charge eligible patients more than the dentist's filed fee or Delta Dental's established maximum plan allowance, and Delta Dental will pay such dentists based on the least of the actual fee, the filed fee, or Delta Dental's established maximum plan allowance for the procedure(s). Claims for services provided by dentists who are neither Delta Dental Premier®, Delta Dental PPO™ Program dentists, or *Participating Specialists* are paid based on the lesser of the dentist's actual charge or the prevailing fee.

If you have any questions regarding your 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 1-888-696-2820.