

Catalent Pharma Solutions

Your 2025 Delta Dental Plans



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Throughout this deck, this symbol indicates clickable links or screenshots on a page.

Available dental networks

✓ PPO Plus Premier

Delta Dental PPO Plus Premier™ nationwide networks

If you use a....

Delta Dental PPO™ dentist

- Large choice of network providers
- Dentist's fees are capped, so **your annual maximum stretches farther**
- **Lowest out-of-pocket cost**
- **No hassle!** Dentists are paid directly by Delta Dental

Delta Dental Premier® dentist

- Largest choice of network providers
- Dentist fees are capped, but not as discounted as PPO dentists, so your annual plan maximum will not go as far
- Slightly higher out-of-pocket cost
- **No hassle!** Dentists are paid directly by Delta Dental

Non-participating dentist

- Freedom to choose
- Highest out-of-pocket cost
- You are responsible for submitting the claim form
- You are responsible for making payments to the dentist



Need a dentist? Visit www.DeltaDentalNJ.com/FAD



Delta Dental PPO Plus Premier Network

AT A GLANCE EXAMPLES

Choosing an in-network dentist saves you money. For example:

Regular Preventive and Diagnostic Visit

	Dentist's charge	Sample Delta Dental fees	Coinsurance	Delta Dental pays	Balance billed amount	Amount you pay out of pocket
PPO Network	\$262	\$140	0%	\$140	\$0	\$0
Premier Network	\$262	\$160	0%	\$160	\$0	\$0
Non-Participating	\$262	\$140	0%	\$140	\$122	\$122 (\$262 - \$140)

For illustrative purposes only. Fees vary by procedure and location. Illustration assumes 100% coverage for P&D.

Getting a Crown

	Dentist's charge	Sample Delta Dental fees	Coinsurance	Delta Dental pays	Balance billed amount	Amount you pay out of pocket
PPO Network	\$1,404	\$790	50%	\$395	\$0	\$395 (\$790 - \$395)
Premier Network	\$1,404	\$930	50%	\$465	\$0	\$465 (\$930 - \$465)
Non-Participating	\$1,404	\$790	50%	\$395	\$614	\$1,009 (\$1,404 - \$395)

For illustrative purposes only. Fees vary by procedure and location.

Please note that an out-of-network dentist is not bound by Delta Dental's in-network contractual obligations and may bill patients for the remaining balance, called balance billing. The practice of balance billing refers to a provider's ability to bill patients for outstanding balances after the insurance company pays the required portion of the bill (coinsurance percentage). Check your specific plan to see what the coinsurance rate is as they differ from plan to plan.

Your dental plans

- ✓ Basic
- ✓ Enhanced

Quick reference to your plan

Catalent Pharma Solutions
Group # 09533

	Delta Dental PPO Plus Premier Basic Plan 00001	Delta Dental PPO Plus Premier Enhanced Plan 00002
Calendar year deductible (waived on Preventive & Diagnostic)		
<ul style="list-style-type: none"> • Per person • Family aggregate deductible 	\$100 \$200	\$50 \$100
Calendar year maximum – per person (Preventive & Diagnostic does not apply)	\$1,000	\$2,000
Preventive & diagnostic		
<ul style="list-style-type: none"> • Exams, Cleanings Bitewing X-Rays (each twice in a calendar year) • Fluoride Treatment (twice per calendar year, children to age 19) • Sealants, Space Maintainers 	100% Covered	100% Covered
Remaining basic		
<ul style="list-style-type: none"> • Fillings, Extractions • Root Canals (Endodontics) • Periodontics, Oral Surgery 	60% Covered	80% Covered
Crowns & prosthodontics		
<ul style="list-style-type: none"> • Crowns, Gold Restorations • Bridgework, Full & Partial Dentures, Repair of Dentures • Implants 	40% Covered	50% Covered
Orthodontic benefits (Adult & Child)		
<ul style="list-style-type: none"> • Coinsurance • Lifetime maximum – per patient 	NA NA	50% Covered Up to \$2,000

Dependents covered until the end of the year they turn age 26

Glossary

Coinsurance

percentages indicate what Delta Dental pays towards your visit to the dentist

Plan Maximum indicates the total amount Delta Dental will pay per benefit period

Deductibles apply, per plan benefit period, as indicated

Using a non-participating (out-of-network) dentist may result in **balance billing**

Plan summaries

Your dental plan information:

DELTA DENTAL Your Dedicated Customer Service Number: (877) 690-6090

**Catalent Pharma Solutions
Group # 09533-0001
Delta Dental PPO Plus Premier™**

	Basic Plan
Preventive & Diagnostic:	100%
<ul style="list-style-type: none"> • Exams, Cleanings, Bitewing x-rays (each twice in a calendar year) • Routine Treatment (twice per calendar year; children to age 18) • Sealants • X-ray Interpretation 	
Restorative Work:	60%
<ul style="list-style-type: none"> • Fillings, Extractions • Endodontics (root canal) • Periodontics, Oral Surgery 	
Covers & Prosthetics:	40%
<ul style="list-style-type: none"> • Crown, Gold Remounts • Bridges • Full & Partial Dentures • Repair of Dentures 	
Calendar Year Maximum - per person (Preventive & Diagnostic does not apply)	\$1,000
Calendar Year Deductible (Applied on Preventive & Diagnostic):	
<ul style="list-style-type: none"> • Per Person \$100 • Family Aggregate Deductible \$200 	
Orthodontic Benefits, full comprehensive treatment (J&H & J&H)	N/A
<ul style="list-style-type: none"> • Lifetime Maximum (per person) N/A 	

Conquer Max™ is a new Delta Dental option you can use to increase your benefits. This valuable benefit feature allows you to carry over a portion of your standard annual maximum benefit limit into the next year, and beyond. You now accumulate part of your annual benefit limit from a healthy year and use it for services such as bridges, crowns, and root canal.

Conquer Max™ is easy and automatic:

- To qualify for Conquer Max™, you must receive at least one filling or one crown during the plan year. If you then receive a cleaning or exam, you will be eligible to carry over any of your benefit dollars to the following year. If you fail to do so, any accumulated carryover will be lost.
- Conquer Max™ allows you to carry over up to 25% of the standard annual maximum to use in the prior benefit year.
- Conquer Max™ allows you to carry over up to 25% of the standard annual maximum up to a maximum of \$500. For example, if your standard annual maximum is \$1,000, and you use \$250, you can carry over \$250 (\$500 x 25% = \$125).
- The accumulated amount can never exceed your standard annual maximum.
- Standard annual maximum dollars are used first. Conquer Max™ dollars are used after the standard annual maximum is met.

Delta Dental's Orthodontic Treatment Benefit will only pay for orthodontic treatment for your dependent child(ren) who is/are under the age of 19 and who is/are not a dependent child(ren) of any other Delta Dental plan. Delta Dental's Orthodontic Treatment Benefit will not pay for orthodontic treatment for dependent child(ren) who is/are under the age of 19 and who is/are not a dependent child(ren) of any other Delta Dental plan. Delta Dental's Orthodontic Treatment Benefit will not pay for orthodontic treatment for dependent child(ren) who is/are under the age of 19 and who is/are not a dependent child(ren) of any other Delta Dental plan. Delta Dental's Orthodontic Treatment Benefit will not pay for orthodontic treatment for dependent child(ren) who is/are under the age of 19 and who is/are not a dependent child(ren) of any other Delta Dental plan.

When the eligible patient is treated by a Delta Dental PPO dentist, the fee for the covered services will not exceed the Delta Dental PPO maximum allowable charge. Where the eligible patient is treated by a Delta Dental Premier™ dentist who does not participate in Delta Dental PPO or by a Participating Specialist, the dentist has agreed not to charge eligible patients more than the Delta Dental PPO maximum allowable charge. Delta Dental will not pay for services provided by dentists who are neither Delta Dental Premier, Delta Dental PPO dentists, or Participating Specialists and are paid based on the lesser of the dentist's actual charge or the prevailing fee.

Visit your own dentist. If you do not have a dentist, there is a directory available on our website at www.deltadental.com.

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

For more information regarding your benefits, you may contact our Customer Service Department Monday through Thursday, 8:00 a.m. to 8:00 p.m. EST and Friday, 8:00 a.m. to 5:00 p.m. EST or (877) 690-6090.

Effective 1/1/2015

Basic Plan

DELTA DENTAL Your Dedicated Customer Service Number: (877) 690-6090

**Catalent Pharma Solutions
Group # 09533-0003 Enhanced
Delta Dental PPO Plus Premier™**

	Enhanced Plan
Preventive & Diagnostic:	100%
<ul style="list-style-type: none"> • Exams, Cleanings, Bitewing x-rays (each twice in a calendar year) • Routine Treatment (twice per calendar year; children to age 18) • Sealants • X-ray Interpretation 	
Restorative Work:	60%
<ul style="list-style-type: none"> • Fillings, Extractions • Endodontics (root canal) • Periodontics, Oral Surgery 	
Covers & Prosthetics:	50%
<ul style="list-style-type: none"> • Crown, Gold Remounts • Bridges • Full & Partial Dentures • Repair of Dentures 	
Calendar Year Maximum - per person (Preventive & Diagnostic does not apply)	\$1,000
Calendar Year Deductible (Applied on Preventive & Diagnostic):	
<ul style="list-style-type: none"> • Per Person \$10 • Family Aggregate Deductible \$200 	
Orthodontic Benefits, full comprehensive treatment (J&H & J&H)	100%
<ul style="list-style-type: none"> • Lifetime Maximum (per person) \$1,000 	

Conquer Max™ is a new Delta Dental option you can use to increase your benefits. This valuable benefit feature allows you to carry over a portion of your standard annual maximum benefit limit into the next year, and beyond. You now accumulate part of your annual benefit limit from a healthy year and use it for services such as bridges, crowns, and root canal.

Conquer Max™ is easy and automatic:

- To qualify for Conquer Max™, you must receive at least one filling or one crown during the plan year. If you then receive a cleaning or exam, you will be eligible to carry over any of your benefit dollars to the following year. If you fail to do so, any accumulated carryover will be lost.
- Conquer Max™ allows you to carry over up to 25% of the standard annual maximum to use in the prior benefit year.
- Conquer Max™ allows you to carry over up to 25% of the standard annual maximum up to a maximum of \$500. For example, if your standard annual maximum is \$1,000, and you use \$250, you can carry over \$250 (\$500 x 25% = \$125).
- The accumulated amount can never exceed your standard annual maximum.
- Standard annual maximum dollars are used first. Conquer Max™ dollars are used after the standard annual maximum is met.

Delta Dental's Orthodontic Treatment Benefit will only pay for orthodontic treatment for your dependent child(ren) who is/are under the age of 19 and who is/are not a dependent child(ren) of any other Delta Dental plan. Delta Dental's Orthodontic Treatment Benefit will not pay for orthodontic treatment for dependent child(ren) who is/are under the age of 19 and who is/are not a dependent child(ren) of any other Delta Dental plan. Delta Dental's Orthodontic Treatment Benefit will not pay for orthodontic treatment for dependent child(ren) who is/are under the age of 19 and who is/are not a dependent child(ren) of any other Delta Dental plan. Delta Dental's Orthodontic Treatment Benefit will not pay for orthodontic treatment for dependent child(ren) who is/are under the age of 19 and who is/are not a dependent child(ren) of any other Delta Dental plan.

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Visit your own dentist. If you do not have a dentist, there is a directory available on our website at www.deltadental.com.

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

For more information regarding your benefits, you may contact our Customer Service Department Monday through Thursday, 8:00 a.m. to 8:00 p.m. EST and Friday, 8:00 a.m. to 5:00 p.m. EST or (877) 690-6090.

Effective 1/1/2015

Enhanced Plan

This overview 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.

Benefit enhancements

- ✓ CarryOver Max™
- ✓ Oral Health Enhancement
- ✓ Virtual Visits
- ✓ Special Health Care Needs benefit
- ✓ Hearing Savings Program - *New for 2025!*

Carryover MaxSM (COM)

Allows members to carry over up to 25% of their unused annual maximum (up to \$500) in one year to increase benefits for the following year.

The accumulated amount can never exceed your standard annual maximum.

Who is eligible?

- Members who have had a preventive visit
- Members who have not used more than half of their regular plan maximum

See how Carryover Max works year over year (based on a member's standard annual maximum amount of \$1,000):

Annual maximum		\$1,000	\$1,000	\$1,000
Carryover amount from previous year	N/A	\$150	\$150	\$50
Total benefits dollars available	\$1,000	\$1,150	\$1,150	\$1,050
Total claims paid*	\$400 (less than \$500)	\$800 (more than \$500)	\$1,100** (more than \$500)	\$300 (less than \$500)
Cleaning or oral exam during the prior year	Yes	Yes	Yes	Yes
Carryover amount earned	\$150	\$0	\$0	\$175
Accumulated Carryover Max total available***	\$150	\$150	\$50	\$225

* If you use less than one half of your standard annual maximum, then you are eligible for Carryover Max.

** In year three, the \$1,000 standard annual maximum was exceeded, but the member had enough Carryover Max dollars accumulated (\$150) to cover the additional \$100 cost.

*** If you fail to see a dentist at least once during the benefit year for an oral evaluation (exam) or prophylaxis (cleaning) and submit a claim to Delta Dental for that service, your accumulated Carryover Max will revert to zero and you will begin another accumulation process.

Oral Health Enhancement (OHE)

Who is eligible for OHE?

Members with a history of periodontal (gum) surgery or scaling and root planning.

How does the OHE help members?

Allows up to two extra routine dental cleanings and/or periodontal maintenance procedures per benefit period (up to a total of four).

What do you need to do?

Your dentist will need to submit evidence of your history of having periodontal surgery or scaling and root planning.



Dental emergency? Use our Virtual Visits service!

Delta Dental Virtual Visits, delivered by TeleDentistry.com, provides 24/7 access to a dentist, 365 days a year, for our members.

You can use Delta Dental Virtual Visits when:

- having a dental emergency while on vacation, during holidays, or away from home
- needing access to a licensed dentist after hours or if your dentist is unavailable
- having a dental emergency and you do not have an established dentist



Call: (866) 443-1882



Visit: [DeltaDentalNJ.com/VirtualVisits](https://www.DeltaDentalNJ.com/VirtualVisits)



Always try to access your regular dentist before using this service.

Special Health Care Needs benefit*

Who qualifies for this benefit?

Covered members (children and adults) with a qualifying special health care need.

How does this help Special Health Care needs patients?

- Additional dental examinations and/or consultations.
- Up to four total dental cleanings in a benefit year.
- Coverage for anesthesia and nitrous oxide.

What do you need to do?

- Please share the [Special Health Care Needs flyer](#) with your dentist to help them better understand the benefit and how to bill for services provided.
- Call Delta Dental Customer Service at 800-452-9310.



For the 6.5 million people of all ages in the U.S. with intellectual or developmental disabilities, oral health care can be inaccessible or overwhelming.

Delta Dental is changing that.

*Does not apply to Flagship, DeltaCare® USA, or Individual and Family Plans.



Hearing Savings Program

Who qualifies for this enhancement?

All members are can take advantage of the Hearing Savings Program.

How does the Hearing Savings Program help members?

Provides access to virtual screenings and in-person evaluations on hearing, as well as savings on hearing aids and services at no cost to members.

Where can I find more information?

- DeltaDentalNJ.com/Hearing



40 million* Americans experience hearing loss.

We teamed up with Amplifon Hearing Health Care, so you can have access to quality hearing care.



*from the National Institute on Deafness and Other Communication Disorders, March 2022

ID cards

Delta Dental of NJ - ID card



As of your effective date, you may download your ID card from our mobile-friendly website by registering at www.DeltaDentalNJ.com/Catalent in our MySmile portal.

From our Delta Dental mobile app, you can also email this card or even save it to your Apple Wallet.



Member experience

Your MySmile® account has it all

Easy-to-use dashboard to navigate your benefits:

- View your coverage details
- Check your dental claims
- View and print your ID card
- Review your treatment history
- Find the right dentist for you
- Get accurate estimates and more

Two simple ways to register for and then access MySmile®:



www.DeltaDentalNJ.com/Catalent



Delta Dental Mobile App

- Use the same log in for both the website and app.
- The subscriber and any adult dependents on the plan can create their MySmile® account with or without an ID number.

Watch these handy videos:

[Navigating the website](#)

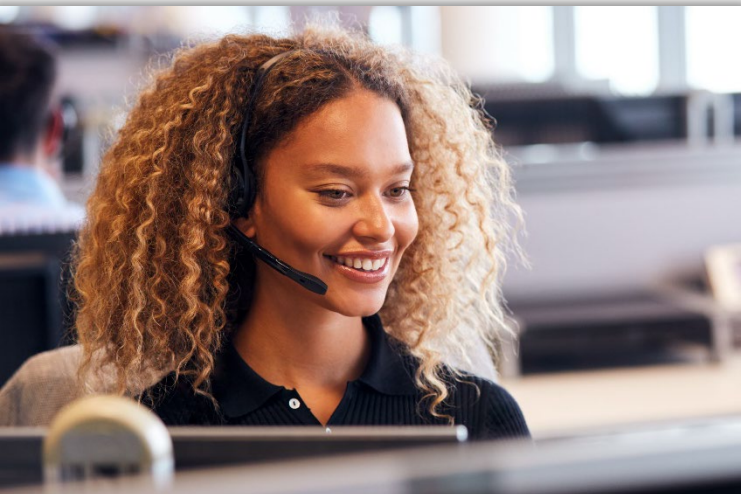
[Your Explanation of Benefits \(EOB\) Explained](#)

[Why it pays to stay in network](#)



Delta Dental of NJ contact information

Connect with Delta Dental of NJ



Catalent Pharma Solutions

Your group number is
09533



(877) 690-6090

8:00 a.m. - 6:30 p.m. EST Mon. - Thurs.
8:00 a.m. - 5:00 p.m. EST Fri.



Email us



www.DeltaDentalNJ.com/Catalent



Delta Dental Mobile App



Oral health information

Educational member resources



- [Dental Central](#)
- [Oral health library](#)
- [Captain Supertooth](#)
- [grin! Magazine](#)
- [MyDentalScore.com](#)
- [Wellness articles](#)



Additional plan information

Learn more about your dental benefits

INFORMATIONAL FLYERS

Navigating your benefits:

- [Registering for your benefits on MySmile](#)
- [No ID Card? No problem!](#)
- [How to find a network dentist](#)
- [Delta Dental PPO Plus Premier™](#)
- [CarryOver™ Max](#)
- [Oral Health Enhancement \(OHE\)](#)
 - [OHE Qualification Form](#)
- [Using Delta Dental's Virtual Visits](#)
- [Our Special Health Care Needs benefit](#)
- [DeltaDentalNJ.com/Hearing](#)



Questions?

Log into your MySmile® portal

or

Contact us at **(877) 690-6090**

This presentation is available at: www.DeltaDentalNJ.com/Catalent