



Delta Dental Plan of New Jersey

Benefits Connection

Site Map Search



**Benefit Levels**

THIS IS NOT A GUARANTEE OF BENEFITS. ALL BENEFITS ARE GOVERNED BY THE GROUP CONTRACT AND ARE SUBJECT TO ELIGIBILITY, MAXIMUMS, DEDUCTIBLES, LIMITATIONS, EXCLUSIONS, WAITING PERIODS, AND/OR FREQUENCY LIMITATIONS CONTAINED THEREIN.

**Benefits & Eligibility as of: 11/3/2005**

Subscriber's Name: JEFFREY FETZKO

Plan Description: DeltaPremier/DeltaPreferred (POS)

Eff. Date of Coverage: 11/01/04

Group Number: 9146

Benefits For: JEFFREY FETZKO

Group Name: SOCIAL SVC PURCHASING ALLIANCE

Service Category / Common Procedure - Code #

Benefits Percentage	Deductible Applicable	Waiting Period (# of months)	Incentive Applicable
---------------------	-----------------------	------------------------------	----------------------

**Diagnostic**

Exams - 00120

Cleanings - 01110\*

X-Rays - 00274

**Basic**

Fillings - 02150

**Sealants**

Sealants - 01351

**Oral Surgery**

Extractions - 07240\*

**Periodontics**

Maintenance Cleanings - 04910

Scaling & Root Planing - 04341

Surgery - 04260

**Endodontics**

Root Canals - 03330

**Crowns**

Caps - 02750\*

**Prostodontics**

Dentures - 05213\*

Fixed Bridge - 06240\*

**Orthodontics**

- Home (Log Off)
- Dentists
- Benefits Connection
  - Welcome
- Claims Submissions
  - View Log
- Benefits Inquiry
  - Eligibility/COB
  - Benefit Levels
  - Deductibles
  - Age Limitations
  - Frequency Schedule
  - Maximums
  - Procedure Code Search
- Claims Inquiry
  - Return to Patient Inquiry
- Participating Handbook
- In-Net Program
- Forms
  - Contact Customer Service
  - Fee Filing
  - Abbreviated Fee Filing form
  - W-9
  - Address Change

Braces - 08080

N/A

\* Subject to Age Limitations  
For More Detailed Benefits, please use our Procedure Code Search.

**Orthodontic Schedule of Benefits**

**Initial payment:**50%      **Maximum payments:**2      **Payment schedule:**Annual      **Adult Ortho:**No

Delta Dental's payment is calculated at the percentages listed above. For in-network benefits, benefits are based on Delta Dental's approved fee. For services rendered by out-of-network dentists, and groups that offer fee schedules, benefits are based on Delta Dental's allowed fee. Some groups may offer more than one plan type. Due to different family enrollment plans, eligible family members may not display if a claim has not yet been processed for them or the patient relationship entered may not be eligible for benefits.

©2005 Delta Dental of New Jersey, Inc.



**Deductibles**

Benefits & Eligibility as of: **11/3/2005**

Subscriber's Name: JEFFREY FETZKO

Plan Description: DeltaPremier/DeltaPreferred (POS)

Eff. Date of Coverage: 11/01/04

Group Number: 9146

Benefits For: JEFFREY FETZKO

Group Name: SOCIAL SVC  
PURCHASING ALLIANCE

Benefit Year: 2005

Type	Standard		Implants		Specific Basic Service		TMJ	Orthodontic	
	Deductible	Utilized	Deductible	Utilized	Deductible	Utilized		Deductible	Utilized
Individual	\$50	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Family	\$150	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Lifetime									
	<b>Standard</b>		<b>Implants</b>		<b>Specific Basic Service</b>		<b>TMJ</b>		<b>Orthodontic</b>
<b>Type</b>	<b>Deductible</b>	<b>Utilized</b>	<b>Deductible</b>	<b>Utilized</b>	<b>Deductible</b>	<b>Utilized</b>	<b>Deductible</b>	<b>Utilized</b>	<b>Deductible</b>
Individual	N/A	\$50.00	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Family	N/A	\$50.00	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Deductibles may apply to more than one category and are calculated for a "benefit year," defined by the: Calendar Year

Existence of a column (e.g., Implants) does not mean that type of service is covered. The Utilized amounts are based on claims fully processed and may not reflect other claims that are pending.

©2005 Delta Dental of New Jersey, Inc.

- Home (Log Off)
- Dentists
- Benefits Connection
  - Welcome
- Claims Submissions
  - View Log
- Benefits Inquiry
  - Eligibility/COB
  - Benefit Levels
  - Deductibles
  - Age Limitations
  - Frequency Schedule
  - Maximums
  - Procedure Code Search
- Claims Inquiry
  - Return to Patient Inquiry
- Participating Handbook
- In-Net Program
- Forms
  - Contact Customer Service
  - Fee Filing
  - Abbreviated fee filing form
  - W-9
  - Address Change



Delta Dental Plan of New Jersey

### Benefits Connection

Site Map

Search:



### Age Limitations

Benefits & Eligibility as of: **11/3/2005**

Subscriber's Name: JEFFREY FETZKO

Plan Description: (POS) DeltaPremier/DeltaPreferred

Eff. Date of Coverage: 11/01/04

Group Number: 9146

Group Name: SOCIAL SVC PURCHASING ALLIANCE

#### Standard

##### Coverage Age

##### Coverage Period

Dependent	19	Benefit coverage stops at the end of the calendar year.
Full Time Student	23	Benefit coverage stops at the end of the calendar year.

##### Coverage Age

##### Coverage Period

Dependent	19	Benefit coverage stops at the end of the calendar year.
Full Time Student	23	Benefit coverage stops at the end of the calendar year.
Adult Orthodontic?	No	

©2005 Delta Dental of New Jersey, Inc.

- Home (Log Off)
- Dentists
- Benefits Connection
  - Welcome
- Claims Submissions
  - View Log
- Benefits Inquiry
  - Eligibility/COB
  - Benefit Levels
  - Deductibles
  - Age Limitations
  - Frequency Schedule
  - Maximums
  - Procedure Code Search
- Claims Inquiry
  - Return to Patient Inquiry
  - Participating Handbook
  - In-Net Program
  - Forms
    - Contact Customer Service
    - Fee Filing
    - Abbreviated fee filing form
    - W-9
    - Address Change



Benefits Connection

Site Map

Search



### Frequency Schedule

Benefits & Eligibility as of: 11/3/2005

Subscriber's Name: JEFFREY FETZKO

Plan Description: DeltaPremier/DeltaPreferred (POS)

Eff. Date of Coverage: 11/01/04

Group Number: 9146

Group Name: SOCIAL SVC PURCHASING ALLIANCE

#### Limitation on Frequency of Benefits - per individual.

Exams	2 in a Calendar Year.
Prophy (Cleaning)	2 in a Calendar Year.
Bitewing x-rays	2 in a Calendar Year.
Full mouth series of x-rays	1 in 36 Months
Fluoride treatment	1 in a Calendar Year.
Fillings	Once in 12 months, per tooth, per tooth surface, from the prior procedure's date of service.
Post and Core	Once in a 5 year period, per tooth, from the prior procedure's date of service.
Crowns	Once in a 5 year period, per tooth, from the prior procedure's date of service.
Bridgework	Once in a 5 year period, per tooth, from the prior procedure's date of service.
Partial Denture per arch	Once in a 5 year period, per tooth, from the prior procedure's date of service.
Full Denture per arch	Once in a 5 year period, per tooth, from the prior procedure's date of service.

Under the group dental contract, this plan has other limitations and exclusions. For further assistance please contact Delta Dental Plan of New Jersey's Customer Service Department at 1-800-452-9310, Monday through Thursday 8:00AM until 6:30PM EST. Friday 8:00 until 5:00PM EST.

©2005 Delta Dental of New Jersey, Inc.

- Home (Log Off)
- Dentists
- Benefits Connection
  - Welcome
- Claims Submissions
  - View Log
- Benefits Inquiry
  - Eligibility/COB
  - Benefit Levels
  - Deductibles
  - Age Limitations
  - Frequency Schedule
  - Maximums
  - Procedure Code Search
- Claims Inquiry
  - Return to Patient Inquiry
- Participating Handbook
- In-Net Program
  - Forms
    - Contact Customer Service
    - Fee Filing
    - Abbreviated fee filing form
    - W-9
    - Address Change